



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Rivergrove
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0003010
Fieldwork ID:	MON-0031944

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rivergrove is a large four bedroom, two storey detached house located in a village in Co Louth. There is a large garden to the back of the property. The centre is within walking distance of all community amenities and a bus is available for residents to travel to other towns and areas. An additional bus is also available at weekends and in the evening times. The centre supports four male adults, some of whom have mental health issues and require supports with positive behaviour support. All of the residents had transitioned to the centre last year. All of the residents were supported by staff in the centre to have meaningful activities during the day. Supports are well planned for and were done in collaboration with the staff team and allied health professionals. The person in charge is suitably qualified and is supported in their role by a clinical nurse manager. Both of whom have responsibilities for other centres. The skill mix in the centre includes social care workers, nurses and health care assistants. Three staff are on duty during the day and two staff are on duty at night time in order to support residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 12 April 2022	10:00hrs to 17:00hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, the care and support being delivered in the centre by the staff team was observed to be caring and to a good standard on the day of the inspection. However, there had been an outbreak of COVID-19 in the centre in recent weeks which had resulted in significant shortfalls in the amount of staff on duty to support the residents during the day and night. The premises required a considerable amount of upgrades and other improvements were required in residents rights, risk management, staff training and infection control.

This centre was for the most part clean. Staff were observed carrying out cleaning duties when the inspector arrived in the centre. Residents had their own bedrooms which were spacious, provided ample storage and were decorated in the residents preferred styles and interests. One resident had recently painted their bedroom and had been supported by staff to choose paint colours and other accessories for their bedroom. Another resident liked a minimalist look and had chosen pictures and accessories of their favourite television characters in their bedroom.

Since the last inspection remedial works had been carried out to the premises to address issues identified. A new bathroom had been installed upstairs which was accessible for both of the residents sleeping upstairs. However, there were a significant number of issues with the premises that needed to be addressed and are discussed further in this report.

There was a large garden to the back of the property that residents enjoyed. One resident had their own area in a shed as they liked to do some of the work involved in maintaining the garden. There was a large poly tunnel which the residents enjoyed using also.

All of the residents were out on trips on the day of the inspection, only returning for short periods. There were two buses provided in the centre which enabled the residents to choose different places to go. The person in charge informed the inspector that a second vehicle had been purchased following a collective community effort to fund raise for this. The residents had been involved in this event.

Residents had their personal plans stored in their bedrooms and they were in an accessible format. For example; there were pictures of some of the activities they liked to do, their family members and an outline of their likes and dislikes.

One resident had a communication aid in their bedroom which was shown to them before a specific activity was due to take place. This informed the resident of what was happening next in their daily routine (which was something that was very important to them).

Residents were supported to develop goals where preferred and their wishes were

respected if they did not want to develop goals. For example; one resident liked structure, routine and did not like new activities, therefore developing new goals would cause anxiety to them. Instead they were supported to do the activities they liked on a day to day basis.

Some of the goals for residents included developing or enhancing new skills. For example; one resident wanted to improve their hand writing and this was developed through writing letters to their family. The resident also really enjoyed receiving and listening to the written letters they received in return.

Some of the residents had achieved some of their goals set last year and had enjoyed a short holiday to a five star hotel in Ireland.

Residents were supported to keep in touch with family members and one resident had just returned from a visit home with their family at the time of the inspection. Family contact sheets were also maintained and these indicated that regular correspondence was maintained with family members who appeared to be kept informed of changes to the residents' care needs. There were pictures on the wall to remind residents of some special visits they had from family members who lived in another country and other special events in their life.

One resident had recently wanted to buy a fish tank and some fish, this had been purchased the day before the inspection. The staff had already made out a list of tasks required to care for the fish so as the resident could be reminded and supported with this.

Weekly residents meetings were held in the centre to discuss menu options and activities. Residents could chose if they wished to attend or not.

Because the residents liked routine and structure Tuesday was always take away night in the house. There were also pictures of meal options displayed for each meal to inform residents of their choices and pictures of staff working in the centre were also displayed.

It was evident from talking to one staff member that they knew the residents very well. Providing positive behaviour support was a strong focus in this centre, in order to manage residents' anxieties. For example; on arrival to the centre, the inspector was informed that one resident would find interacting with the inspector very difficult. This information was also evident throughout the residents plan.

There were a number of examples observed where residents' rights were respected in the centre. One resident who did not like any medical interventions carried out was supported each time by the staff team, this was to ensure firstly if the medical intervention was necessary and if it was necessary then it was reviewed and agreed how this could be managed, to best support the resident. Another resident had a communication plan developed which outlined what the resident was trying to communicate when they made specific gestures or sounds. This meant the resident was being supported to have their voice heard.

The next two sections of the report outline the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

## Capacity and capability

Overall, this centre was for the most part managed well at a local level by the person in charge and the staff team. However, a recent outbreak of COVID-19 in the centre had not been effectively managed to ensure that the staffing arrangements in the centre were in line with the needs of the residents. The registered provider also needed to provide sufficient resources to ensure that the required upgrades to the property were addressed. Improvements were also required in staff training and the supervision of staff.

There was a defined management structure in place. The person in charge of the centre was also responsible for a number of designated centres under this provider. A clinic nurse manager was employed to support the person in charge given their other responsibilities. The person in charge reported to a director of care who was also a person participating in the management of the centre.

The registered provider had systems in place to monitor and review the care and support being provided. An unannounced quality and safety review had been conducted in January 2022 where a number of improvements had been highlighted. These included remedial works to the premises, refresher training for staff and additional communication training workshops for staff. While the refresher training was planned for the coming weeks, some of the training was out of date since September 2021 and there was no plan to complete further communication training for staff. In addition, and as discussed under premises in the next section of this report the registered provider needed to provide sufficient resources to ensure that the required upgrades to the property were addressed.

The inspector also found that the registered provider had not implemented or reviewed the contingency plan for the centre during the recent outbreak of COVID-19 which had resulted in a shortfall of staff during the day and at night during this outbreak.

There was sufficient staff on duty on the day of inspection to meet the needs of the resident. However, as stated earlier there had been a recent outbreak of COVID-19 in the centre, where a large number of staff had been affected. As a result contingencies were required to address this. The inspector found that there were no effective contingency plans in place and as a result a number of shifts could not be filled. For example; one staff was only allocated on duty for three out of seven nights in one week. The contingency plan in place stated that in the event of a shortfall of staff that a risk assessment should be completed to ensure that

residents' needs were met. This had not been carried out.

There was a planned and actual rota maintained in the centre. However, the actual rota did not include all the staff names who worked in the centre for some weeks. This needed to be reviewed.

The staff spoken with said that they were supported in their role and were able to raise concerns to their managers. They demonstrated a very good knowledge of the residents' needs in the centre. However, while the provider had systems in place to provide supervision to all staff, one staff had not had this completed since starting in the centre last year. This needed to be addressed.

Staff had completed mandatory training in basic life support, safeguarding adults, fire safety, manual handling, infection prevention and control. The training records viewed indicated a number of gaps in refresher training for staff. As stated earlier some of this training had been out of date since September 2021 and communication training had not been completed with all staff.

A review of incidents in the centre informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) as required under the regulations.

## Regulation 15: Staffing

Some of the actual staff rotas did not include all the names of staff who worked in the centre every week.

During the COVID 19 outbreak in the centre, the registered provider had not ensured that staffing levels in place were in line with the assessed needs of the residents. This is also referenced under regulation 23 governance and management.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The training records viewed indicated a number of gaps in refresher training for staff. Some of this training had been out of date since September 2021 and communication training had not been completed with all staff.

Some staff had not been provided with supervision in line with the providers own policies and procedures.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems in place in the designated centre during the recent COVID 19 outbreak did not ensure that the service provided was safe and appropriate to residents' needs. The COVID-19 contingency plan had not been updated, risk assessment had not been reviewed and there was a shortfall of staff numbers in the centre some of the days and nights during the outbreak.

The registered provider needed to provide sufficient resources to ensure that the required upgrades to the property were addressed.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A review of incidents in the centre informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

## Quality and safety

Overall, notwithstanding the recent outbreak of COVID-19 in the centre, the residents enjoyed a good quality service. All of the residents looked well cared for and staff knew them well. However, significant improvements were required under the premises, infection control, risk management and some were required to ensure that access to community facilities were in line with all of the residents' rights.

As stated the property was for the most part clean and spacious, however, a significant number of improvements were required to the property which had been identified through the providers own audits. A number of senior managers had recently visited the centre at the request of the person in charge to conduct a review of the premises. Following this, one of the bathrooms had been remodelled. The other improvements included further upgrades to a down stairs bathroom, replacing a large portion of the flooring downstairs, addressing a potential damp area in the hallway. Remodelling the kitchen, repairing cracks in surfaces which could pose an infection control risk. However, the inspector also found that the

storage of some foods in the centre was not appropriate (this was addressed on the day of the inspection) and one of the bathroom windows in the centre required a blind to ensure privacy.

Personal plans were in place for all residents. A detailed assessment of need was in place for each resident, which had recently been updated. Detailed support plans were also in place to guide staff practice. These plans were reviewed regularly to ensure that the care and support being delivered was effective. An annual review had also been conducted which included the residents, the staff team and some allied health care professionals.

Residents health care needs were supported well in the centre. They had timely access to a range of allied health professionals and were supported by staff to attend all health care appointments. Where required, residents had been provided access to national health screening programmes.

As stated there was a strong focus on providing positive behaviour support to the residents. Staff demonstrated a good knowledge of the supports that residents required to manage their anxieties. Restrictive practices were reviewed and in conjunction with behaviour support plans, there were examples of a commitment to reduce restrictive practices in the centre by trying to establish what residents were communicating through their anxieties and behaviours of concern, in order to support them.

There were systems in place to manage and mitigate risks in the centre. This included a risk register for overall risks and individual risk assessments for residents as required. From a review of incident report forms, the inspector found that, in general there was a low number of incidents occurring in the centre. However, a review of one adverse incident which had been notified to HIQA prior to this inspection, found that the control measures listed to manage risks could not be implemented due to the shortfall of staff in the centre during the COVID 19 outbreak. While the provider was conducting a full review of this incident to determine the cause, the inspector found that the risk assessments had not been updated to reflect changes during the COVID-19 outbreak.

All staff had been provided with training in safeguarding vulnerable adults. Of the staff spoken with, all were aware of the procedures to follow in the event of any concerns around the well being of residents.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Systems were in place to ensure that, both staff and residents were monitored for possible symptoms. However, as discussed earlier, the COVID-19 response plan developed in the centre had not been updated since December 2021 despite the fact that there had been a significant outbreak in the centre. Some of the issues also identified under the premises posed an infection control risk and

needed to be addressed.

The provider had fire safety measures in place to ensure that staff and residents were alerted to a fire occurring in the centre and the procedures to follow in the event of this happening. Fire fighting equipment was available, along with emergency lighting, a fire alarm and fire doors. Personal emergency evacuation plans were in place for each resident which outlined the supports each resident required. The inspector followed up on a number of these supports and found that they were in place. For example; one resident required a vibrating pillow to alert them to a fire at night. This was in place. The person in charge also took actions to support a resident who would sometimes not evacuate the centre and had devised a plan that was now working to support this resident to evacuate.

There were a number of examples observed where residents' rights were respected in the centre. One resident who did not like any medical interventions carried out was supported each time by the staff team to ensure, firstly if the medical intervention was necessary and if it was necessary then it was reviewed and agreed how this could be managed to best support the resident. Another resident had a communication plan developed which outlined what the resident was trying to communicate when they made specific gestures or sounds. This meant the resident was being supported to have their voice heard. However, one area needed to be improved to ensure that one resident was able to choose all of the activities they liked to do on their own. For example; two residents who got on well generally went out together on community activities. However, one resident liked going swimming and this was not always facilitated because the other resident did not like swimming.

### Regulation 17: Premises

A substantial amount of upgrades were required in the property at the time of the inspection. This included upgrades to bathrooms, replacing a large number of the flooring downstairs, addressing a potential damp area in the hallway. Remodelling the kitchen, repairing cracks in surfaces which could pose an infection control risk. Addressing the storage of some foods in the centre and one of the bathroom windows in the centre required a blind to ensure privacy.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Residents individual risk assessments had not been updated to reflect changes in

staff supports during the COVID-19 outbreak.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
The COVID-19 response plan developed in the centre had not been updated since December 2021 despite the fact that there had been a significant outbreak in the centre. Some of the issues identified under the premises posed an infection control risk.
Judgment: Not compliant
<b>Regulation 28: Fire precautions</b>
There were fire safety measures in place to ensure that residents and staff could be safely evacuated from the centre.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal plans were in place for all residents. A detailed assessment of need was in place for each resident, which had recently been updated. Detailed support plans were also in place to guide staff practice. These plans were reviewed regularly to ensure that the care and support being delivered was effective. An annual review was also conducted which included the residents, the staff team and some allied health care professionals
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents health care needs were supported well in the centre. They had timely access to a range of allied health professionals and were supported by staff to attend all health care appointments. Where required residents had been provided access to national health screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their anxieties and behaviours of concern in the centre. Staff were knowledgeable around those supports.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

One area in relation to the rights of residents needed to be addressed. This was to ensure that one resident was able to choose activities they liked to do on their own. For example; two residents who got on well generally went out together on community activities. However, one resident liked going swimming and this was not always facilitated because the other resident did not like swimming.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rivergrove OSV-0003010

Inspection ID: MON-0031944

Date of inspection: 12/04/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Names of staff from other centres who work in this DC during a 'covid outbreak' for example, will be maintained, including hours worked, on an additional rota for that period, and withheld by the PIC.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding training identified at time of inspection has all been formally scheduled by the CNM2.</p> <p>All staff supervision has been carried out and completed as per local supervision policy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of a recent covid outbreak in the centre has been carried out. The covid-19</p>	

contingency plan has been updated.  
 Risk assessments have been carried out to establish/address safe staffing levels going forward, in case of another outbreak.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Deficits identified under Regulation 17 will be addressed as follow :

Upgrade works for 1. Small Upstairs bathroom 2. Shower room downstairs 3. Small downstairs bathroom ( Sept '22)  
 Address dampness damage on wall and door modifications ( Sept '22)  
 Remodeling of Kitchen ( Jun '22)  
 Remove existing wooden floors on ground level with concrete floors (Jan '23)

Privacy screen has been installed in upstairs bathroom & two household appliances have been removed from the external building & no longer in use.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 Residents individual risk assessments have been updated to reflect changes in staff supports during the COVID-19 outbreak.

Regulation 27: Protection against infection	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
 The COVID-19 response plan developed in the centre has been updated.

Upgrading of kitchen and remaining bathroom areas will take place by Jun 2022 and Sept

2022 respectively, which will address physical issues with IPC.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
An area in relation to the rights of one resident has been formally identified and a restoration plan put in place to address and reinstate the person's right.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/05/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	20/05/2022

	as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/01/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	20/05/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the	Not Compliant	Orange	20/05/2022

	effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	20/05/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of	Not Compliant	Orange	20/05/2022

	healthcare associated infections published by the Authority.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	20/05/2022