



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

Issued by the Chief Inspector

Name of designated centre:	Elvira
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0003580
Fieldwork ID:	MON-0039129

About the designated centre

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

Elvira is a designated centre operated by St. John of God Community Services CLG. The centre is based in a suburban area of South County Dublin and is comprised of 11 separate apartments across three single storey buildings. The centre is located on a site shared with a nursing home and is a short walk from a variety of village services. There are four single occupancy apartments, two apartments with four bedrooms, two apartments with three bedrooms, and three apartments with two bedrooms in the centre. 24 hours residential services are provided by the centre and a total of 21 residents can be supported. There are three sleep over staff at night time to respond to resident needs should they arise. The staff team is comprised of a person in charge, a supervisor and social care workers a staff nurse and a health care assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Wednesday 5 April 2023	10:00hrs to 18:30hrs	Jacqueline Joynt	Lead
Wednesday 5 April 2023	10:00hrs to 18:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection, prevention and control (IPC) and to monitor compliance with the associated regulation. The inspectors met and spoke with senior management and staff who were on duty throughout the course of the inspection. The inspectors also got the opportunity to meet with nine residents who lived in the apartments in the centre.

On arrival at the centre, inspectors were greeted by staff who informed them that the person in charge and supervisor were on leave. The staff contacted the residential programme manager, (person participating in management), who attended the centre for the inspection.

The inspectors used conversations with residents and staff, observations and a review of the documentation, to form a judgment on the overall levels of compliance in relation to infection prevention and control.

The inspectors found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, and a number of significant actions were required to bring the centre in to full compliance.

The inspectors observed residents in their homes as they went about their day, including care and support interactions between staff and residents. Residents living in the centre had varying independence levels and were provided support and help specific to their assessed needs with a specific focus on helping them to be as independent as possible and to learn new skills and create community connections and employment where possible. While many of the residents were restricted in attending their day service during the height of the pandemic, most residents had returned. The inspectors were informed that due to staff shortages in these services, not all residents were in a receipt of the full-time service yet. Overall, the inspectors observed that residents seemed relaxed and content in the company of staff and that staff were respectful towards the residents through supportive and positive interactions.

Residents were empowered to be safe when in their home and out in the community. The inspectors found that residents were supported to be knowledgeable of practices that kept them safe during the recent health pandemic. Residents were supported to be aware of the importance of keeping their living environment clean and of the protective measures that had been put in place. Residents were consulted about and were part of, the decision making process regarding COVID-19 vaccination programmes. Residents' personal plans, included a record of the decision making and consent process to support them with matters relating COVID-19. For example, the record included decisions made by each resident, people who supported them with their decisions and how they were

supported to prevent and reduce any anxieties about the vaccination and subsequent doses they may of received.

The designated centre comprised of three one storey buildings, located on a shared site. Each of the one storey buildings was made up of ground floor apartments where residents had exit and entry points to the front and back. The apartments provide single occupancy accommodation and communal accommodation for up to three residents. In three of the apartments, there were sleep over staff rooms. The inspectors completed a walk around of eight apartments. Some of the residents were at home during this time and showed the inspectors around their apartments.

Overall, the décor and layout of the apartments were in line with residents wishes and preferences. Residents' bedrooms as well as some of the communal areas in the apartments, included family photographs, posters and memorabilia that was important to each resident. However, the inspectors observed that in many of the apartments there was upkeep and repair required to the kitchen and bathroom areas. While there was a plan in place to renovate and upgrade the apartment bathrooms, there was no plan in place for works to be completed to other areas of the centre that had been observed in a state of poor upkeep and repair.

On walking around the different apartments, the inspectors observed staff supporting residents to clean their homes. Some residents told the inspectors about how they enjoyed helping out with household chores, such as cleaning their own bedrooms and the communal areas in their apartment. One of the residents advised that they preferred to clean their own room without the help of staff. On observing the apartment, for the most part, it was observed to be clean, however, there were a number of soft furnishing that required a deep clean. While residents were empowered to be independent with household chores, overall, a review of the cleaning systems place, for residents who were reluctant to have staff support them clean their apartment, was needed. This was to ensure that where areas had not been cleaned adequately or frequently enough, that there were systems in place to monitor and address them.

The inspectors did not visit all apartments on the day. Not all residents were happy for the inspectors to visit their home and where this was the case, their wishes was respected by the inspectors. On review of one of the IPC audit tools for one of the apartments, it was evident that the apartment was not conducive to a hygienic environment. The inspectors were informed that this was in line with the resident's current preferences. The provider and person in charge had consulted with the resident and health and social care professionals about the situation. The provider and person in charge had completed an appropriate risk assessment and there were a number of controls in place to ensure the safety of the resident. In addition, in line with national safeguarding policy and procedures, the provider had consulted with the resident and their multidisciplinary team. The resident was provided with a safeguarding plan which was regularly reviewed by the appropriate professionals.

In one of the apartments visited by the inspectors, a resident relayed the laundry systems in place and pointed out the washing machine in their kitchen and the system for bringing their clothes to the dryer in the communal laundry room. The

resident told the inspector that their washing machine had not been working for over three days. The inspector observed there to be water and laundry in the machine. The resident commented on the malodour coming from that area of the kitchen. Staff reassured the resident that the maintenance department had been informed about it. In another apartment a resident talked to the inspectors about out some of the areas in their apartments that needed upkeep and repair. In one apartment, a resident pointed out the worn and torn floor lino in the kitchen area, another resident pointed to the kitchen cupboards where the top layer of covering had come off and raw timber was showing.

While walking around the centre, the inspectors observed a malodour in two of the apartments; at the time it was not relayed to the inspectors where the odour was coming from. However, on further observations, the inspectors saw that a drain out the front of one of the apartments had overflowed; there was paper and sewage spread across the patio and lawn area. The malodour was pungent. The inspectors were informed that a resident had to keep their front window closed to keep the bad smell out and that overall, the issue with the drains had been on-going for some time and was reported on several occasions.

Throughout the day, the inspectors observed staff engaging in cleaning tasks and duties in the centre. There had been a recent change in guidance which meant that staff were not required to wear masks in low risk settings. The provider had put a risk assessment in place to support this change. When speaking with the staff, the inspectors found that, for the most part, staff were knowledgeable of the cleaning systems in place in the centre. Staff were knowledgeable of the colour coded systems in place for mops and which areas of the apartments to use them in. However, some improvements were needed to other areas. For example, improvements were needed to staff knowledge regarding the cleaning systems in place for shared bathrooms during times of suspected or confirmed cases of COVID-19 and of appropriate cleaning procedures of residents' mobility equipment.

In summary, the inspector found that while the provider had enacted policies and procedures to support effective IPC practices and procedures, improvements were required to the implementation of practices to ensure that care was delivered in a safe manner at all times and to reduce the potential risk of residents contracting a health care associated infection. Improvements were also needed to the maintenance system in place to ensure that, where issues were reported, that they were responded to within an adequate timeframe. In addition, while there was a plan in place for the upkeep and repair of apartment bathrooms, poor decorative upkeep and repair of other areas of the apartments, meant that these areas could not be cleaned effectively and as a result, increased the risk of spread of healthcare-associated infection to residents and staff.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection, prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection against

Infection is provided.

Capacity and capability

The governance and management arrangements in place in the centre were not effective in assessing, monitoring and responding to infection control risks at all times. On the day of the inspection, the inspectors observed a maintenance issue which presented a significant risk to infection prevention and control (IPC) measures in place and which, overall, had not been responded to in a satisfactory manner by the provider.

The monitoring and oversight arrangements that were in place to ensure the effectiveness of the IPC measures in place required review. On the day of the inspection, the inspectors found that not all arrangements were effective. While there was a maintenance reporting system in place, overall it was not effective at all times. In the last eighteen months, the provider had changed the arrangements in place for the maintenance of the centre. On speaking with senior management and staff, the inspectors were informed the arrangements in place were not effective and had a times, lead to delays in getting matters dealt with. In addition, clarity of whether a task was completed or not, was not always in place. As a result of the ineffectiveness of the arrangements in place, a drainage issue which was ongoing since February 2022, had resulted in sewage leakage over a residents front patio and garden area. This posed a significant increased risk of the spread of health-care associated infectious disease to residents and staff and overall, impacted negatively on the safety and lived experience of residents in their home.

For the most part, there were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by a supervisor. The person in charge was responsible for two other designated centres. On the day of the inspection, the person in charge and the supervisor were on leave. The person participating in management supported the inspection and endeavoured to make available the necessary records and documentation that were required by the inspectors. However, there were a number of documents and information that could not be easily accessed through-out the day. Subsequent to the inspection, these documents were forwarded to the inspectors. Overall, the arrangements in place, when the person in charge and supervisor were absent, required review. In particular, to ensure that information and procedures, which related to the most up-to-date care and support of residents, was available at all times.

There was an infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy. There was an infection, prevention and control committee at organisational level which included members of the senior management and management team. However,

there was no senior identified individual at the highest level for the service (with the appropriate knowledge and skill), who had overall accountability, responsibility and authority for infection prevention and control. This had been identified on a number of previous infection, prevention and control inspections since November 2022 of other centres run by the provider. While, actions of the minutes of a committee meeting in March 2023 included an external infection prevention and control expert to be resourced, this action had not yet been completed.

The provider had nominated the person in charge, to manage key areas of infection, prevention and control within the designated centre. On review of senior management and person in charge meetings, the inspectors saw that an action had been put in place to ensure all staff were aware of who the IPC lead was. However, while it had been identified that appropriate training was required to support the person in charge in their role as IPC lead, this training had not yet been provided.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families. However, the report was not dated to specify when it had been completed and of what year it was completing about. A six monthly unannounced review of the quality and safety of care and support in the centre was carried out in line with the regulatory requirement. On review of the documents, the inspector found that they had considered infection, prevention and control within their review.

Subsequent to the inspection, senior management submitted an infection, prevention and control audit tool which had been completed for each of the apartments in November 2022. The audit tool was comprehensive in nature and any actions arising from the tool were added to the centre's quality enhancement plan to be addressed. The person in charge completed the audit and were supported by the centre's supervisors and staff to complete the action plan within the allocated timeframes.

There was a good handover system which reinforced the staff's responsibilities including infection, prevention and control for the day. There was a safety pause section on the daily handover document relating to COVID-19. This ensured that safety checks in relation to residents, staff and the centre were completed at the beginning of each working shift. However, on review of the daily hand-over documents the inspector saw that there was minimal oversight by the person in charge of the checks completed.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of a sample of minutes, the inspector found that the meeting agendas had not considered infection, prevention and control as a topic for discussion or shared learning. However, some infection prevention and control issues such as cleaning schedules, PPE had been raised under other agenda items such as staff safety, health and safety and risk management.

Staffing was in line with the Statement of Purpose, there was one line covered with consistent relief. The staff team were found to have the right skills, qualifications

and experience to meet the assessed needs of the residents. A planned and actual roster were maintained for the designated centre. Inspectors observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Staff spoken with were inconsistent in their knowledge of infection prevention and control measures. All staff required IPC training and while some training had been started it had not been completed in a timely manner. Staff were not aware of the correct cleaning procedure for outbreak management and there was a poor knowledge around the use of alginate bags for soiled laundry.

Quality and safety

There were some areas of good practice noted in the organisation's implementation of infection, prevention and control procedures. However, there were a number of improvements needed to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents and staff. On the day of inspection, the provider was required to urgently address the issues with the overflowing sewage drain on the designated centre grounds and make suitable arrangements to clear and clean the area.

During a walk around of the apartments the inspectors observed a malodour coming from three separate areas of the apartment block, a resident's kitchen, a resident's bathroom and the front section of the communal activity room, which included a foyer, toilet, and laundry facility. On a walk around of the external areas of the premises the inspectors observed a resident's front garden where the top of a drain had come undone and paper tissues and sewage were observed to have overflowed into the area. The issue had been reported on numerous occasions through the maintenance system, at staff meetings and handovers, however, as of the day of inspection the issue had not been resolved successfully.

Due to the risk posed by the situation the provider was requested to deal with the issue as a matter of urgency. By the late evening on the day of the inspection, the drains and the area surrounding the open drain was cleared and sanitised by an external contractor. The provider also submitted, to HIQA, photographs and a documented breakdown of the work completed by the contractor to demonstrate the matter had been addressed comprehensively.

However, it was noted the timeliness of resolving the issue was not satisfactory and as a result had impacted negatively on the lived experience of residents in the centre as well as significantly increasing the risk of spread of healthcare-associated infection to residents and staff.

The design and layout of the apartments ensured that each resident could enjoy living in an accessible and comfortable environment. While the apartments

presented as a homely environment and were decorated in line with the residents' likes and preferences, not all apartments were found to be conducive to a safe and hygienic environment. The provider had a plan in place to complete an upgrade to the bathrooms in each apartment, which was due to commence in April 2023. However, the inspectors observed that many other areas within the apartments required upkeep and repair and in particular, the kitchen areas such as the flooring and kitchen units and counter tops.

There was an adequate supply of personal protective equipment (PPE), including face masks and hand sanitisers. However, the stock of PPE was not audited regularly to check for expiry dates of the stock. There was ample supply of both face masks and hand sanitiser throughout the designated centre. However, some of the hand sanitiser observed in these locations were out of date and needed replacing.

A key measure for minimising the risks that can come with infectious diseases is ensuring that effective cleaning is carried out consistently. There were robust cleaning schedules in place for each of the apartments. There were weekly and daily tasks included on the schedule, which were broken down into different apartments and the rooms within each apartment. On review of a sample of cleaning schedules, the inspectors saw that staff were not adhering to the schedules at all times. There were a number of daily tasks during February and March 2023 that had not been marked as completed. In addition, for some of the schedules, there was no record of oversight by the person in charge or local management of the completion of the schedules.

Staff were knowledgeable in how to keep residents safe in the case of an infectious disease. In addition, staff spoken with, were aware of the importance of cleaning and were able to describe what cleaning products were used for different areas and how colour coded cleaning equipment was used. The inspectors observed that there were appropriate cleaning equipment in place and staff spoken with were able to describe what colour coded mops were used when cleaning the centre's floors. However, overall, the inspectors found that staff knowledge in relation to infection, prevention and control measures required improvement and in particular, knowledge of standard based precautions such as the management of blood spills, cleaning of soiled laundry, cleaning mobility equipment and cleaning of bathrooms during suspected and confirmed cases of infectious disease.

Residents were supported and empowered to keep safe during the recent health pandemic. Residents were consulted and supported to make decisions about their healthcare in relation to COVID-19 vaccines. There was a record of the decision making process and consent process that had been put in place to support each resident around COVID-19 matters. The records demonstrated how residents were supported with their decisions, how they were supported to prevent and reduce worries or dislikes about the vaccines, how they were supported after they had a vaccine and the supports in place when going for the second vaccine and subsequent booster injections.

Documentation relating to the residents was also reviewed during this inspection,

primarily from an infection prevention and control perspective. Residents' health, personal and social care plans were developed based on the residents' assessed needs. However a number of plans needed updating. Isolation plans for each resident was generic and did not take into account each resident's needs. The isolation plans were not contained within residents' individual support file and needed updating.

There were records to show how information was provided to residents around social distancing, hand hygiene, cough etiquette and protection from COVID-19. This information supported residents to access their local community as independently as possible in line with government restrictions.

The centre had a sharps bin for use of disposal of needles. This was stored appropriately, audited regularly and had clear instructions for use. However, improvements were needed to the cleaning practices in place of residents' mobility equipment . This was to ensure that the equipment was appropriately cleaned and decontaminated and minimised the risk of transmission of infection. Overall, there was no schedule or guidance in place, that was in line with the manufacturers' instructions, for the cleaning of residents' mobility equipment.

The provider produced a contingency plan in response to COVID-19, which outlined how the centre prepared for and would respond to an outbreak of COVID-19. It had been updated to include Influenza and other infectious respiratory diseases. The person participating in management informed the inspectors, they were in the process of updating and reviewing the contingency plan which was last reviewed in June 2022.

The IPC cleaning protocol in the outbreak management plan advised staff to refer to the HSE decontamination procedure, a copy of which was not available on the day and lead to staff confusion around this protocol. There had been an COVID-19 outbreak in the centre in July and October 2022, however, no appropriate review had been carried out as part of the centre, shared learning and quality improvement systems.

Regulation 27: Protection against infection

The inspectors found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, and a number of significant actions were required to bring the centre in to full compliance.

- As of the day of the inspection, there was no senior identified individual at the highest level for the service (with the appropriate knowledge and skill), who had overall accountability, responsibility and authority for infection prevention and control.
- The centre's IPC lead had not been provided appropriate training to support them in their role.

- Improvements were needed to the oversight and monitoring of some of the centre's local auditing systems in place. For example, cleaning check lists and daily hand-over documents (which were not always completed as required).
- The provider's maintenance systems were not effective and overall, issues reported were not been dealt with in a timely manner. Where maintenance issues related to IPC, this meant that there was an increased risk of the spread of infection disease to residents and staff.
- There was ongoing issues with a drain blockage. The inspectors saw that one external drain was blocked on the day of inspection and overflowing causing a malodour in one of the apartments.
- While there were plans in place to renovate a number of bathrooms on the day of the inspection, they were also observed to require upgrades and improvements in order to promote good IPC arrangements for example, inspectors observed the grout on the tiles and there was the presence of rust on a number of fixtures.
- Other areas of the apartments such as kitchen flooring, cupboards, kitchen tops were observed to be in disrepair. Not all areas of the apartments were observed as clean. A number of walls in the apartments were observed to have chipped and peeling paint.
- Staff were inconsistent in their knowledge of preventing transmission of infection, in particular, the cleaning of mobility equipment used by some residents, the cleaning of communal bathrooms in residents' apartments when there was a risk of suspected or confirmed COVID-19.
- Residents were informed and teaching/guidance was in place regarding infection transmission. This support was also evident in the residents care plans. However, the inspectors were not assured that residents were supported to clean and maintain their bedrooms frequently enough and in line with their assessed needs.

Judgment: Not 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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Elvira OSV-0003580

Inspection ID: MON-0039129

Date of inspection: 05/04/2023

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1- A staff member has been identified within the organisation and will complete an IPC practitioner course and will hold overall accountability, responsibility and authority for Infection Prevention and Control. (31/07/2023) 2- The centres current IPC lead has undertaken additional IPC training courses to support them in their role. (11/05/2023) 3- Supervisor now reviews the completed cleaning checklist on a weekly basis at a minimum and addresses any gaps with staff. Staff will handover any tasks not completed to the next staff coming on shift to ensure the tasks do not get overlooked. Any issues will be discussed at weekly staff meeting. Person in Charge will provide oversight and review checklists on a monthly basis. (31/05/2023) 4- Maintenance log in place for staff to record any requests to the maintenance department. This will be reviewed weekly at team meetings by the staff team and will be reviewed by the person in charge on a monthly basis and any outstanding maintenance issues will be escalated. (31/05/2023) 5- Housing association have sought plans from the local county council in relation to the drains on the complex as there are concern the there maybe cross over in the waste pipes from neighbouring properties which may contribute to the blockages. Once plans have been obtained a CCTV survey of the drainage system will be carried out to ensure there are no defects on the construction and there is no cross over of pipes with other properties. (30/06/2023) 6- Bathroom upgrades commenced on April 24th 2023 and the bathrooms will be upgraded at one apartment a week until all have been completed. The upgrades will consist of new tiles on walls, slip free floor coverings. New shower, hand wash basin, vent and toilet, all walls and paintwork being painted using anti bacterial paint. (31/07/2023) 7- Damaged flooring, cupboards and kitchen tops will be repaired and chipped and peeling paint will be freshened up. (31/10/2023) 8- Supervisor will complete pop quiz of learning outcomes from HSE Land IPC training at 	

weekly team meeting to ensure IPC remains high on the agenda. 13/14

9- staff have up to date IPC training and 1/14 is in the process of completing. The cleaning of mobility equipment used has been added to the cleaning checklists in the apartments where residents are living. Person on charge is currently reviewing and amending the procedure regarding the cleaning of communal bathrooms in residents' apartments when there is a risk of suspected or confirmed COVID-19 (31/05/2023)

10- Supervisor and Person in Charge are reviewing the cleaning schedules for bedrooms to ensure residents are supported to clean and maintain their bedrooms frequently enough and in line with their assessed needs.31/05/2023

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 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 healthcare associated infections published by the Authority.	Not Compliant	Orange	31/10/2023