



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

## Issued by the Chief Inspector

Name of designated centre:	Glen 1
Name of provider:	Avista CLG
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0004907
Fieldwork ID:	MON-0038046

## About the designated centre

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

Glen 1 designated centre is located on a campus setting and provides a residential service for 18 adults with an intellectual disability who require moderate to high support interventions. The centre is located in a suburb of Co. Dublin with access to a variety of local amenities. The centre is nurse led and residents are supported 24 hours a day by a team comprising of a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff. Residents are supported to engage in a range of activities which were meaningful to them both in the community and on the campus where the centre is located. The designated centre consists of three bungalows. In the bungalows, there is a main living room and a smaller sitting room where residents can meet family and friends or have some personal space. There is a shared dining space and kitchen where residents can prepare or choose snacks of meals. There are two bathrooms and one toilet and six bedrooms with a sink in each bungalow. Each bungalow has a shared garden area which leads into the main centre grounds. There is a restaurant within the inner garden of the main centre which is accessible to all residents, staff, families, friends and volunteers and offers a wide variety of food to suit all dietary requirements. There is also a quiet reflection room where residents can express their spiritual needs.

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

Number of residents on the date of inspection:	17
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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 7 December 2022	09:30hrs to 16:20hrs	Erin Clarke	Lead
Wednesday 7 December 2022	09:30hrs to 16:20hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). As part of this inspection, the inspectors met with residents who lived in the centre, staff on duty, the person in charge and the service manager. The inspectors also observed the care and support interactions between residents and staff at intervals throughout the day. COVID-19 restrictions were still in place for residential services during the inspection, and measures were taken by staff and inspectors to reduce the risk of infection. This included wearing face masks and regular hand hygiene.

The designated centre consists of three purpose-built bungalows in a congregated setting, alongside two other designated centres consisting of nine bungalows in total. A day service building, a restaurant and office space are also located within the shared site. This inspection also aimed to follow up on the provider's compliance plan from June 2022 for the congregated setting that addressed infection prevention and control issues found within another designated centre on site.

Each bungalow accommodates six residents who require assistance with their specific needs, which may be related to a mental health diagnosis or behaviours that require positive behaviour support. Residents may also need support with complex medical and physical needs. A palliative care approach and support with dementia are necessary for other residents. All residents are supported by a multi-disciplinary team, including a clinical nurse specialist in dementia, speech and language therapy, occupational therapy, physiotherapy, a consultant physician, a general practitioner (GP) and a consultant psychiatrist.

On arrival at the centre, there was an area set up with masks, hand gels and a pedal bin so that anyone entering a bungalow could take appropriate infection prevention and control measures. The inspectors commenced the inspection with a walk around of the premises. All of the bungalows include spacious interior hallways with handrails that can accommodate hoists or other mobility devices. Wider fire doors and additional fire exits extending from residents' bedrooms to the outside grounds were recently constructed in one bungalow. This enabled residents who are medically frail a more effective fire evacuation plan.

The inspectors greeted all residents that lived in the centre and were present during the course of the inspection. Most of the residents the inspectors met and greeted during the inspection were unable to verbally communicate their feedback about the service. The inspectors also observed the care and support interactions between residents and staff at intervals throughout the day. Some residents were in bed when the inspectors arrived while others were having breakfast or had gone to day services. The person in charge, who also functioned as the centre's infection control lead, facilitated the inspection. This was a specific role in ensuring relevant systems

and policies regarding infection control were implemented throughout the centre.

The inspectors completed a walkabout of the communal spaces within all bungalows within the designated centre. There was information available for the residents regarding staying safe from COVID-19 and other infection control measures, including effective hand hygiene. The inspectors found the bungalows were decorated with personal items reflective of the residents living in the designated centre. All three houses were decorated for Christmas, and residents showed the inspectors the decorations in their homes. Furnished on the walls were professional photos taken of all the residents.

All three bungalows were set in an attractive garden setting with each bungalow leading out into individualised and well-maintained courtyards. There was outdoor seating available for residents which they spent time in during warmer months. Residents had access to plenty of space to spend time with their family and friends or to spend time alone if they so wished. Each bungalow had a second smaller second living room which were used for sensory activities, listening to music and meeting with visitors in private. Residents' bedrooms were personalised to suit their tastes and preferences. Residents had storage for their belongings and had their favourite items on display. They had pictures of themselves and the important people in their lives and pictures and certificates of their achievements on display. While most areas of the centre had adequate storage, there remained an outstanding storage issue within one of the houses, as actioned on the previous two inspections in this designated centre. The inspectors observed six supplementary wheelchairs and mobility chairs in one of the living rooms due to insufficient storage space for these large items which took away from the homely feel of the house.

The provider had reviewed the centre to identify areas that needed maintenance through health and safety walkarounds and infection prevention and control audits. Actions included resealing shower units, replacing bathroom fittings that had rusted, repainting and addressing areas that required enhanced cleaning. The inspectors observed many aspects of the centre were well-kept. The inspectors found that this was a proactive effort to ensure that residents were living in a well-maintained home and that staff members could efficiently clean and disinfect all parts of the centre. However, although the provider was actively working to enhance centre maintenance, there were some areas that needed attention that had not yet been identified in the centre's improvement plan. This included the stock check and storage of cleaning products and toiletries. This is discussed under the quality and safety section of the report.

Throughout the inspection, residents appeared comfortable and content, and kind and caring interactions were observed throughout the inspection. However, some practices were observed concerning responding to requests made by a resident and ensuring residents' dignity, which were not found to be person-centred. These practices did not contribute to any significant risk for residents but were brought to the attention of the person in charge and the service manager.

Overall, the inspectors discovered that the registered provider and the person in charge were working hard to ensure that residents received a high-quality service.

Although the bungalows were generally seen to be homely and clean throughout this inspection, the inspectors found a number of areas where adherence to these guidelines required improvement. Additionally, the inspectors discovered that some monitoring and oversight procedures that may be utilised to self-identify areas for improvement were not entirely effective.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

This inspection found some good practices in areas such as premises cleanliness and some actions had been addressed since the previous inspection, such as the oversight of the water systems. However, taking into account the overall findings of this inspection and the number of actions to be completed by the provider and the person in charge, the systems to oversee and ensure continued delivery of safe and effective prevention and control measures in the centre were found to require improvement.

This inspection was part of a Health Information and Quality Authority (HIQA) monitoring programme that began in October 2021 and focused on infection prevention and control. Governance and management, the leadership of the centre, monitoring of the provider's infection control practices, and staffing were all key topics of focus during this inspection.

The person in charge, a clinical nurse manager (CNM2) was responsible on a day-to-day basis for the overall implementation of the provider's policies and procedures as they relate to infection prevention and control. In addition the provider had put in place a number of additional measures to support the overall governance and oversight of their services. For example, the centre had access to two CNM2s who had undertaken additional infection prevention and control training.

Residents were supported by a team of nurses and healthcare assistants. The staffing arrangements in the centre were based on an assessment of residents' needs. However, the inspectors found one house had a lower minimum staffing level at times than the other houses, which was not conducive to support residents to engage in activities outside of the centre. The person in charge informed the inspectors that a staffing review was due to take place in January 2023 to assess the staffing levels across the centre. At the time of the inspection four vacancies existed. An on-call management system was in place for staff to contact in case of emergencies outside of regular working hours. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose.

The provider had implemented systems to support the provision of information, escalation of concerns and responses to infection prevention and control matters. In regards to COVID-19, the provider had established a COVID-19 contingency plan for the centre that laid out the plans for staffing arrangements and isolation of residents in the event of a suspected or confirmed case of COVID-19. The inspectors looked at a sample of recent staff meeting minutes and observed that COVID-19 and the infection control measures in place were frequently discussed.

The provider had developed an infection, prevention and control policy dated November 2022 based on findings from previous inspections. The policy referred to the roles and responsibilities of staff, staff training and education, hand hygiene, sharps and waste management. The policy required further development to ensure it provided adequate guidance or signposted other standard operating procedures relating to cleaning, decontamination and aseptic techniques used within the centre.

There was evidence of quality assurance audits being performed on a regular basis to check on the safety and effectiveness of the care being provided. This included the annual review from 2021 which identified areas for improvement, in particular to premises and maintenance issues. In addition to the infection prevention and control policy, the provider had developed a suite of internal controls to support good practice and adherence to these policies and procedures, including requiring staff to complete mandatory training in infection prevention and control, environmental audits, and daily and weekly cleaning checklists. However, when the inspectors reviewed the provider's compliance plan, infection prevention and control self-assessment tool, and documented practices, they discovered some gaps. For example, a previous inspection identified inaccurate cleaning records being documented and signed. This was also the case within this centre.

Also, the annual review stated that self-isolation assessments should be completed for each resident to demonstrate how residents could be supported in the event of a COVID-19 outbreak. While the inspectors viewed a sample of isolation plans dated October 2022, the inspectors found some residents did not have completed self isolation plans. In addition, some they contained the wrong resident name and did not refer to how residents would access toilet facilities.

Household staff were appointed seven days a week from 9am to 2pm. Household staff were able to explain new processes in place since the previous inspection on campus, such as training received in the handling of chemicals. However, the inspectors found additional improvement and expertise was required in this area. For instance, a chlorine disinfectant product was found to be prepared and used outside of provider guidelines. There was an absence of protocols for the use and preparation of many of the cleaning products used within the centre to guide staff practice. For example, the inspectors were given conflicting accounts of how cleaning products were prepared and discarded.

The inspectors viewed the staff training arrangements and in line with the previous infection prevention and control inspection, there remained inadequate oversight of the training records. Only 48% of the listed training, according to the matrix, was completed. Although it was not evident from looking at the matrix whether all

training was mandatory, obsolete or if records were missing, it was found that only 16 out of 29 staff members had completed hand hygiene practical training. This occurred in March 2020, and no other recorded hand hygiene training had taken place since that time. Likewise, only 10 out of the 29 staff had completed standard and transmission-based precautions training, and 7 out of 13 staff nurses had aseptic technique training.

The inspectors requested copies of completed risk assessments to assess and evaluate the risks associated with infection prevention and control concerning the centre and resident-specific risks. These risk assessments should give an overview of the risks and the associated controls in place at the time of the assessment. These risk assessments were not made available to inspectors so therefore the inspectors were not assured that there were clear arrangements in place for the identification, management, control, and learning from infection prevention and control risks in the centre. From inspectors observations a number of residents had chronic respiratory diseases therefore increasing their risk of COVID-19.

## Quality and safety

The welfare and wellbeing of residents were maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. However, several issues identified during the inspection required improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards. The provider was also required to review the stock control system in place in the centre regarding cleaning products and personal care products.

The inspectors found that there was sufficient information in and around the centre to encourage and support good hand hygiene. Staff were observed to be regularly cleaning their hands, and they were wearing masks in accordance with current public health guidance in relation to long-term residential care facilities. There was signage at the front door to remind visitors of the requirements to ensure that they wore masks and would be required to give their temperature and adhere to hand washing / sanitising arrangements.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats, including posters promoting hand washing. In addition, there were regular meetings for residents where the agenda included infection prevention and control items such as reminders and updates on the COVID-19 pandemic. In the event of an outbreak of COVID-19, residents could remain in their own homes and not have to be admitted to an isolation unit or hospital, unless advised otherwise by an appropriate clinician. It was also noted that efforts were being made to keep residents informed around matters related to COVID-19 and infection prevention and control with a sample of notes of resident

meetings reviewed indicating that handwashing and cough etiquette were discussed with residents.

A key measure for minimising the risks that can come with infectious diseases is ensuring that effective cleaning is carried out consistently. In the houses of this centre, it was seen that there were schedules in place for routine cleaning of different rooms and from what inspectors observed, overall, there was a high level of cleanliness maintained. However, some areas required repair and maintenance to ensure that all surfaces could be effectively cleaned. For example, kitchen cabinets and presses in utility rooms were observed to be broken and damaged in places which impacted effective cleaning processes. The wooden furniture that was used in bathrooms to keep items had also begun to peel as a result of moisture. Additionally, when inspectors removed an oxygen concentrator machine stored inappropriately in a bathroom, they found accumulated dirt and debris underneath it. Some bathrooms were found to have woollen mats which presented an infection prevention and control risk.

Each bungalow had six resident bedrooms, several bathrooms and shower rooms, a small kitchen and dining area, two living rooms, a staff office and storage rooms. Each bungalow also had a utility room where the centre's laundry was carried out, and cleaning materials were stored. The inspectors noted through the signage relating to resident clothing and the way residents' clothing was hanging in the utility rooms that great care was given to ensure residents' clothing was handled and washed correctly.

The inspectors observed appropriate infection control practices in place concerning waste disposal (including clinical waste) and laundry management. There were appropriate areas for the storage of cleaning equipment. The centre also had a colour coding system for equipment such as mops, buckets, and cloths and, inspectors observed mops and buckets were stored appropriately. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections. Household staff were able to clearly describe this system to the inspector and discuss which item would be used in which area of the centre.

As previously mentioned, residents living in this centre presented with a variety of support needs. As a result, some residents needed additional medical equipment or tools to enable them to complete or take part in their activities of daily living. In some parts of the centre, the inspectors noted that there was a significant amount of equipment, ranging from electrically propelled wheelchairs, electric reclining chairs, hoists and other portable equipment such as shower chairs. Many of these items of equipment are stored in the centre's hallways or common spaces when not in use due to the limited space in the centre. It was unclear how equipment, such as portable hoists and shower seats, that were intended to be used by more than one person were cleaned in between uses.

The inspectors reviewed the processes and the records maintained by the provider in terms of the checking and review of the water supply, to monitor for the presence

of legionella. This had been actioned within the previous inspection of the campus. The inspectors improved systems in place with greater oversight from the person in charge regarding the recording and documentation of the water systems testing. The water supply and cold water storage system were subject to regular monitoring and maintenance by a suitable qualified external contractor. The inspectors also noted that the provider had a system in place for the regular flushing of water outlets, including taps, shower facilities and toilets in the centre.

The centre had an outbreak of COVID-19 in October 2022, which was declared over on 28 October. However, a review meeting was yet to take place to determine if there were any learning from how the outbreak was managed. The person in charge informed the inspectors that this meeting was due to occur when one of the CNM2s was back from planned leave.

The inspectors viewed the stock rooms located in the attic space of each bungalow. Each room stored personal protective equipment (PPE) and single-use equipment, for example, nebulisers and tubing. Large shelving units contained several boxes of cleaning products and personal use items. The inspectors found the over supply of products had resulted in many items not being able to be used before they expired. For instance, one box of cream cleaner had 22 bottles with a use-by date of August 2022, and 14 bottles of wash cream had expired in July 2022. Plentiful hand sanitiser bottles were located throughout the bungalows, but as these were being topped up when empty, the inspectors could not ascertain the expiry dates. Overall, the inspectors found a large number of overstocked items out of date and brought this to the attention of the person in charge. It was evident that a stock control system had not been implemented to ensure products were used in line with manufacturer guidance and discarded when they expired.

The inspectors reviewed the arrangements in place for the decontamination of some medical equipment and the guidance available to staff regarding cleaning single-use devices. It had been identified on the previous inspection that nebulisers packaged with the universal single-use symbol were being cleaned and reused. The inspectors viewed correspondence between the service and the supplier of the products whereby the supplier confirmed the nebulisers could be cleaned. While it was evident the provider had escalated this matter and sought further advice, the inspectors were not assured that medical equipment was being effectively cleaned in the absence of the manufacturer's guidance for cleaning.

## Regulation 27: Protection against infection

While the inspectors identified a number of areas of good practice in the centre, improvements were required by the provider to ensure the infection, prevention and control systems and arrangements were regularly reviewed to ensure that procedures were consistent with the national standards.

These included the following:

- Contingency plans required review to ensure these adequately guided on the specific response to be implemented, should an outbreak of infection occur at this centre
- The arrangements for the use and disinfection of denoted single-use sterile equipment require continued review to ensure that they are consistent with the manufacturer's instructions
- There remained an outstanding storage issue of large equipment within one of the houses
- The infection prevention and control policy required further development to ensure it provided adequate guidance or signposted other standard operating procedures relating to cleaning, decontamination and aseptic techniques used within the centre
- Inaccurate cleaning records were being documented and signed
- There was an absence of protocols for the use and preparation of many of the cleaning products used within the centre to guide staff practice
- There remained inadequate oversight of the infection prevention and control training records
- Infection prevention and control risk assessments were not made available to inspectors so therefore the inspectors were not assured that there were clear arrangements in place for the identification, management, control, and learning from infection prevention and control risks in the centre
- The provider was required to review the stock control system in place in the centre regarding cleaning products and personal care products
- Kitchen cabinets and presses in utility rooms were observed to be broken and damaged in places which impacted effective cleaning processes.
- Wooden furniture that was used in bathrooms to keep items had also begun to peel as a result of moisture.
- There was a musty smell in one bathroom and regrouting was required in this area
- Some bathrooms were found to have woollen mats which presented an infection prevention and control risk
- A stock control system had not been implemented to ensure products were used in line with manufacturer guidance and discarded when they expired

As a result of these gaps, the provider was unable to adequately demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Glen 1 OSV-0004907

Inspection ID: MON-0038046

Date of inspection: 07/12/2022

## 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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Contingency plans have been reviewed to ensure they adequately guide on the specific response to be implemented, should an outbreak of infection occur; completed 22/01/23.</li> <li>• The PIC has liaised with the CNS in IPC and guidelines are being finalised for the use and disinfection of denoted single-use sterile equipment for implementation by 31/01/23</li> <li>• An external storage unit has been ordered to address the storage issue of large equipment within one of the houses, due for delivery by 27/02/23.</li> <li>• The CNS in IPC is updating the infection Prevention and Control Policy to further ensure it provides adequate guidance or signposts standard operating procedures relating to cleaning, decontamination and aseptic techniques used within the centre, for completion by 31/01/23</li> <li>• New cleaning records are on trail and for roll out to reflect accurate cleaning. For implementation by 02/02/23</li> <li>• Large infographic documents are in production to provide visual protocols for the use and preparation of the cleaning products used within the centre to guide staff practice to be implemented by 06/02/23 smaller posters have been circulated in the interim to guide staff</li> <li>• The Service manager has implemented a plan for completion of all IPC training and update of training records by 07/02/23.</li> <li>• Infection prevention and control risk assessments were completed on 24/01/23 with clear arrangements in place for the identification, management and control of infections.</li> <li>• Outbreak meeting was held 19/01/23 and learning from this will be disseminated at team meeting by 31/01/23</li> <li>• A stock control system has been implemented for cleaning products and personal care products to ensure they are discarded when expired- 24/01/23</li> <li>• A plan is in place to repair broken and damaged presses throughout the centre to ensure effective cleaning processes</li> <li>• Wooden furniture has been removed from bathrooms- 15/01/23</li> </ul>	

- Regrouting has been completed in bathrooms.
- All shower traps have been cleaned by maintenance and will be maintained ongoing .
- Wollen bath mats have been removed from bathrooms, completed 07/12/22.
- The Provider will ensure ongoing governance and oversight of IPC measures at PIC/PPIM monthly meetings.

## 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	28/02/2023