



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

Issued by the Chief Inspector

Name of designated centre:	The Oaks
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	17 February 2022
Centre ID:	OSV-0008064
Fieldwork ID:	MON-0035705

About the designated centre

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

The designated centre is a ground floor apartment that can provide 24 hour care and support to three adults diagnosed with Autism, including other complex needs. The centre can provide for residents that have a mild to moderate diagnosis of Autism. Currently, there are two males adults living in the designated centre. There are three bedrooms in the designated centre all of which include en-suite facilities. The apartment has a communal open plan area consisting of kitchen/ dining room and sitting room. There is a utility room and one additional shared bathroom. There is also an office for staff where administration takes place. Part of the designated centre has a self-contained apartment with kitchenette and living space for one resident. The designated centre is supported by a staff team, made up of an area manager, a person in charge, a senior social care worker, four social care workers and two support workers. The person in charge is employed as a full time employee, dividing their time between this designated centre and one other.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 17 February 2022	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

On arrival, the inspector was met by the person in charge who took their temperature, asked them to sign the visitor's book and went through a number of key COVID-19 safety questions in advance of the inspector entering further into the apartment. There was a small table positioned at the other side of the room which contained hand gel, masks and visitor questionnaires. On the day of the inspection, the person in charge re-positioned the table so that it was located at the point of entry rather than across the room.

During the course of the inspection the inspector met with two residents and a number of staff. In addition, the inspector spent time observing care and support interactions between the staff and residents. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, wearing the appropriate personal protective equipment and in adherence with national guidance.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment.

The inspector got the opportunity to speak on a one-to-one basis with one of the residents before they headed out for their activity. The resident appeared to understand the measures and restrictions in place to keep them safe during the current health pandemic. They were aware that, at the time, they were required to wear a mask when travelling on the bus, going into shops and at specific times when dining out. Staff advised the inspector that the two residents were knowledgeable about hand-hygiene and just required a gentle reminder from time to time to complete the task.

During the walk-around of the centre, the inspector observed the apartment to be bright and airy with an open plan sitting room, kitchen and dining area. On the walls were photographs of activities and achievements completed by the two residents. There was a planning and choice board for future activities. There were also many photographs of residents and their families through-out the apartment. All residents were provided with their own bedrooms which were decorated in line with their likes and wishes. To continue to support their independence, one resident had recently moved back into a self-contained apartment (within the overall apartment). Previous to moving back into it, the area had been set up as a self-isolating area for residents who had presented with COVID-19.

Overall, the design and layout of the designated centre ensured that each resident could enjoy living in an accessible, spacious and comfortable environment. The centre was found to be suitable to meet the residents' individual and collective needs. For the most part, the centre appeared clean and tidy however, a deeper clean was needed to some of the fixtures and facilities in some of the rooms. In addition, there was a number of areas of the apartment that required upkeep and repair. These areas presented a potential infection control risk as they could not be adequately cleaned due to their disrepair.

Staff were responsible for the day-to-day cleaning of the centre and for other tasks such as laundering the residents' clothes, towels and bed linen. There were systems in place in the centre for keeping soiled laundry separate from clean laundry. Staff had access to soluble bags and were clear about the temperature soiled laundry should be washed at. On the day of the inspection, staff were observed carrying out some of the cleaning tasks in line with the schedule in place for that day.

On the day of the inspection, there were adequate resources in place to ensure that the cleaning needs of the centre were met given its size and number of residents. There cleaning systems in place and were part of the staff's daily and nightly duty list. These lists including specific cleaning and laundry tasks to be carried out at specific times during the week. There were also a number of health and safety checks being carried out on a regular basis, which included monitoring potential infection control issues. However, improvements were needed to ensure that the systems in place were effective and that they included sufficient guidance and were completed in line with the schedules in place.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place. However, some improvements were needed to ensure that the measures in place to assess performance against infection prevention control standards and best practice were effective at all times to ensure they protected residents against acquiring healthcare-associated infections.

The next two sections of the report present 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 service being delivered.

Capacity and capability

The governance and management arrangements in place in the designated centre supported the delivery of care and support in a manner that overall, endeavoured to protect residents from the risk of acquiring a healthcare-associated infection. There was a clear governance structure in place with defined roles and responsibilities; The management structure was clearly defined and identified the lines of authority

and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented governance and management structures in an effort to minimise the risks to residents acquiring or transmitting preventable healthcare-associated infections. There was a COVID-19 infection prevention and control team established in the organisation and was made up of the organisation's operating director and a number of senior area managers. The team was accountable for leading infection prevention and control practices and implementing the national standards. A review process had commenced following the guidance documents issued by the Chief Inspector in relation to infection prevention and control. Members of the team had been provided with training specific to the National Standards for Infection prevention and control in community services in addition to the organisational infection prevention control training and online training. However, the provider had not incorporated the Health Information and Quality Authority (HIQA) Quality Improvement Plan or HIQA's preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak as part of their active learning or reflective practice processes.

There was a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. These included guidance on infection prevention and control including COVID-19, a COVID-19 response plan for staff (for suspected or confirmed cases of COVID-19), guidance on the use of personal protective equipment (PPE), COVID-19 outbreak management plan for the centre, resident symptom checklist, checklist for PPE and supplies, and COVID-19 guidance on visits to the centre. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HPSC).

There were a series of audits completed in the centre which considered infection prevention and control. These included an infection prevention control audit which had been carried out in September 2021 and which reviewed matters such as vaccinations, facilities for visitors, procedures and process, health screening forms and checks, contingency plans, hospital plans and health pathways and self-isolation plans. In addition, there was an environmental infection prevention control audit completed in November 2021 alongside weekly health and safety local audits which reviewed matters such as PPE, safety signage, laundry, cleaning lists for premises and vehicles. In addition to reviewing health and safety documents, the audits also involved observations and physical checks to ensure the apartment was clean, in good state of repair, including free from mould and any other substances that were of risk.

However, on review of the auditing systems in place, the inspector found that some improvements were required, as not all audits were effective at all times. For example, a number of the infection prevention control issues that arose on the day of inspection, such as upkeep and repair of premises, observations of mould and grime, unclean extractor fans and maintenance of equipment, were not identified on

the weekly health and safety checklist or the environmental infection prevention control audit completed in November. In addition, the daily handover document, which included a checklist of day and night cleaning tasks to be carried out by staff, had not always been completed or followed up on. This gap had not been identified on either of the above mentioned audits.

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 who had been consulted in the process. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out in line with the regulatory requirement. The most recent review had identified a number of infection prevention control improvements, following an outbreak in adjoining centre, and these had been included on the action plan.

Overall, the systems in place for workforce planning endeavoured to ensure that there were suitable numbers of staff members employed and available with the right skills to meet the centre's infection prevention and control needs. The provider was actively recruiting new staff and in the interim, and in particular in recent months, the person in charge employed the same relief staff so that continuity of care was provided. On speaking with the person in charge and person participating in management regarding the staffing levels, the inspector acknowledged the challenges in managing services and supporting residents during the current health pandemic.

There was an actual and planned staff roster in place. The roster required some improvements to ensure it accurately recorded changes in shifts and appropriately recorded the staff who completed the shifts. There was a staffing contingency plan in place and was regularly updated based on learning, however, a small improvement was needed to ensure that the document provided greater detail in the section regarding the redeployment of staff.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training to support them to be knowledgeable of standard and transmission precautions such as hand washing and sanitisation. Staff members were also aware and familiar with the cleaning arrangements in place and the relevant policies and procedures associated with these. However, in relation to wearing personal protective equipment on entering the centre, and when supporting a resident with a specific health care issue, there were some anomalies in staff responses. Overall, to enhance the systems already in place, the inspector found that a review of guidance relating to these matters was needed to ensure that all staff were consistent in their practice and in line with national guidance.

All staff were provided training in infection prevention control such as hand hygiene, breaking the chain of infection and donning and doffing of PPE. Staff were also provided infection prevention control training within their health and safety training course which also included modules on food safety and risk. In addition, the person in charge and the deputy manager had been provided specific training in infection

prevention and control and auditing procedures. One-to-one supervision meetings, alongside performance management meetings, were taking place to support staff perform their duties to the best of their ability. Staff who spoke with the inspector advised that they found these meetings to be beneficial to their practice.

Quality and safety

The inspector found that overall, the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, however, improvements were needed at local level to ensure consistent implementation of standard infection control precautions and procedures at all times.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Residents were provided regular one-to-one consultation meetings with their staff, using communication tools such as social stories, to explain the various changes, restrictions and precautions that were in place. Some examples included, getting tested for a virus, the vaccination process, self-isolating, going to their GP and traveling on public transport. This was in an effort to better support residents' understanding of the current health pandemic and empower them in keeping safe in their home and in the community. On review of a resident's daily plans, during a period self-isolation, it was evident that the social stories had a positive impact in supporting them understand the importance of self-isolating.

There was accessible information displayed through-out the centre on effective hand hygiene practice. During the inspection, the inspector observed staff respectfully reminding and prompting residents about standard precautions such as hand hygiene, using personal protective equipment (when heading out in the community) and where possible, adhering to social distancing.

Residents and their families were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection. Residents' wishes and consent were sought in relation to any specific testing for infection, or vaccination using methods familiar to them and in line with their communication needs. There was good communication with family representatives to keep them informed of any changing guidance or controls in relation to infection prevention and control, for example to inform them of visiting arrangements or if there were isolation requirements that would impact on residents' visitors or care arrangements.

All residents had an individual COVID-19 self-isolation plan in the event that they were required to isolate or restrict their movements. The plans were personalised and overall, provided clear guidance on the supports that residents would require

and like, if they were to isolate.

A walk around of the centre demonstrated that while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. Overall, the cleaning arrangements in place needed improvements to their checklists and monitoring to ensure they had sufficient guidance and were completed in line with all cleaning schedules in place. In addition, a number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents.

For example, the kitchen counter top and entry gate to the kitchen area, were observed to have areas of the laminate surface damaged, exposing the wooden surface underneath. On opening one of the kitchen drawers, the inspector observed that it was not kept to a clean standard and contained crumbs and other food substance. There was a colour coded chopping board system in place, however, on the day of inspection two of the boards were not in place and on one of the chopping boards, in the drawer, was observed to require cleaning.

Through-out the centre, a number of radiators required cleaning and upkeep. Liquid spillage was observed on the sitting room radiator and rust observed on a number on hallway radiators.

The self-contained apartment, within the centre, required some decorative upkeep. The inspector observed marks and grubby areas on a number of walls. The kitchen sink and area was also found to be unclean.

Some of the fittings and fixtures in the en-suites required a deeper clean. For example there was lime scale build-up observed on some of the taps and plugholes. In one en-suite, the shower taps were unclean and there was mould on the sealant of the shower door. The surrounds of the shower tray were observed to be grubby with ingrained dirt in between the shower surround grooves and sealant. In addition, extractor fans in all en-suites had a build-up of dust and in some cases included black stains.

While bedrooms were observed to be tidy, and for the most part clean, some improvements were needed to ensure skirting boards were clean and free from a build-up of dust.

There were adequate laundry facilities in the centre. On the day of inspection, the person in charge updated the safe management laundry notice to ensure it was consistent with the facilities and guidance in place. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry in the event of an infectious disease outbreak.

Mops and cleaning equipment were observed to be stored appropriately in the utility room. However, improvements were needed to the guidance and systems in place for washing floors in the centre. The inspector was advised that different mops were used to clean different areas of the centre. There was a specific mop to clean the bathrooms, however, the mop used to clean the kitchen area, was also used to mop

communal areas of the house.

The cleaning checklists and schedules in place endeavoured to ensure a thorough clean of the apartment, in addition to the general and touch surface cleaning that was taking place on a daily basis. However, on review of a sample of the duty checklists, there was a number of gaps where the cleaning tasks had not been documented as completed. Overall, the inspector found that a review of the monitoring of the cleaning arrangements was needed to ensure, that where there were gaps, they were identified promptly, so that improvements could be made. In addition, a review of the cleaning checklist was needed to ensure that it provided adequate guidance that ensured all areas and facilities in each room were cleaned.

There was ample PPE in place in the centre and a stock take of PPE supplies was regularly carried out. Staff were observed to be wearing appropriate PPE on the day and there was guidance in place for effective use and disposal of the equipment. However, in one instance, where a resident required personal healthcare support over a limited period, the use and disposal of specific PPE required was not consistent or hygienic at all times. For example, when asking staff about supporting a resident apply medical cream, there were inconsistencies regarding the disposal of the PPE. However, the inspector was advised on the day, that plans had commenced to improve residents' healthcare plans to ensure that there were adequate guidance in place and where appropriate, included the effective use and disposal of PPE.

Additional guidance was also required to the cleaning of equipment in the house. There was an exercise bike in the communal area of the house and was available to all residents to use. However, there was no documented maintenance, decontamination or cleaning checklist for the bike after each use. On the day of the inspection, the bike was observed to be unclean and very dusty. In addition, one resident used a specific breathing apparatus to support them sleep at night. While the machine appeared clean, there was no documented evidence of the machine or its components being maintained or cleaned.

There was a system in place, that on entering the centre, staff members and visitors were required to sign in and complete checks and provide information to facilitate contact tracing. There were numerous bottles of hand gel around the communal areas in the centre including at the front door, the dining and sitting room and the staff office (and other points of entry into the apartment). The inspector found that there was sufficient information throughout the centre to encourage and support good hand hygiene. Staff were observed to be regularly cleaning their hands, and were wearing masks in accordance with the current public health guidance. However, on speaking with staff, there were inconsistencies regarding when and where they put their mask on at the beginning of a work shift. In most cases, it was not in line with national guidance.

Overall, the provider had effective contingency measures in place to follow if an outbreak occurred, the provider had plans in place to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre in line with their documented plans and in a person-

centred manner.

The outbreak plan specific to COVID-19 was clear and was regularly reviewed, with the most recent review completed in January 2022. Overall, the plan included effective contingency measures to follow if an outbreak occurred and how to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents in line with their documented plans.

The plan contained specific information about the roles and responsibilities of the various staff within the organisation and centre and also included escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within the plan also included information on isolating procedures, enhanced environmental cleaning and laundry measures.

For example, the outbreak plan included specific plans and responses to residents where suspected or confirmed cases were identified. It provided clear detail on self-isolation plans for each resident which were person-centred in nature and took into account the understanding and communication of each resident. The self-isolation plans included information from each resident's "about me" section of their person plan and included what staff needed to know about the resident if they were required to self-isolate in their room. The plan identified precautions to be considered for each resident such as laundry, staffing, direct contact, administration of medicine, showering including an individualised monitoring plan. The outbreak plan also considered PPE required in the isolation area, cleaning, cleaning supplies and disposal of clinical waste.

The staff contingency part of the outbreak plan required a small improvement. This was to ensure that the arrangements in place provided sufficient detail which clearly demonstrated how many staff were available and what centres and services they were being redeployed from.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak in the designated centre, which were developed through a risk management framework. These risks and control measures were consistently reviewed and discussed by the infection prevention control team and when updated, were relayed back to the staff team.

Regulation 27: Protection against infection

The provider had ensured that there was a governance and management structure in place to identify accountability and responsibility for leading infection prevention and control practices and implementing the national standards and a review process had commenced following the guidance documents issued by the chief Inspector in relation to Infection prevention and control. However, the inspector found that this process could of been enhanced by incorporating the Health Information and Quality Authority (HIQA) Quality Improvement Plan and HIQA's preparedness and contingency planning self-assessment for designated centres for adults and children

with a disability for a COVID-19 outbreak.

There was a series of audits completed in the centre which considered infection prevention and control. However, not all audits were found to be effective at all times. For example, the weekly health and safety checklist and the environmental infection prevention and control audit completed in November, had not identified many of the issues raised on the day of the inspection. In addition, tasks on the daily handover document had not always been completed, or followed up on.

There was an actual and planned roster in place in the centre however, some improvements were needed to ensure it was properly maintained at all times.

The staff contingency part of the outbreak plan required a small improvement to ensure that the documentation of the arrangements in place contained sufficient detail to ensure it clearly demonstrated how many staff were available and what centres and services they were being redeployed from.

For the most part, staff were knowledgeable and understood the centre's guiding policies and procedure in relation to infection prevention and control. However, improvements were needed to ensure that staff were familiar and consistent in the correct procedures for donning and doffing PPE at all times and, that where residents required short term health plans, that they were in place, and included the effective use of PPE within them.

While the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. Some fixtures such as radiators, extractor fans and showers required a deeper clean. In addition, a number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents.

Overall, the cleaning arrangements in place needed improvements to their checklists and monitoring to ensure they had sufficient guidance and were completed in line with all cleaning schedules in place.

Improvements were needed to ensure, that where equipment was used in the centre, that it was decontaminated and well maintained to minimise the risk of transmitting healthcare-associated infections. Shared equipment required guidance and a cleaning schedule to ensure that it was disinfected between use.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for The Oaks OSV-0008064

Inspection ID: MON-0035705

Date of inspection: 17/02/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The provider will incorporate the Health Information and Quality Authority (HIQA) Quality Improvement Plan and HIQA's preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak as part of our active learning or reflective practice processes. Self Assessment has been completed and will be reviewed at 12 weekly intervals. • All Audits completed including health and safety audit and the Environmental infection prevention audit will be completed at regular outlined intervals with particular attention to identifying all areas of upkeep and repair in the service. • Individual room cleaning checklists have been reviewed and improved to include maintenance and cleaning of equipment in each room, observation of mould and grime, cleaning extractor fans and skirting boards have been included, deep clean of all bathrooms completed, new green mop for use in the kitchen area only and updated signage to reflect same. • Further cleaning guidance has been included on the cleaning checklists. • Included on the maintenance list for repair include the following items (kitchen countertop, entry gate to the kitchen area, replace colour code chopping boards, painting and removal of rust from radiators and decorative upkeep of self- contained apartment. • Weekly manager’s checklist implemented to ensure oversight of all cleaning and infection control systems are maintained at all times and any maintenance concerns are reported. Oversight that checklist are completed and signed but also that all cleaning tasks have been completed, example- weekly cleaning of kitchen cupboards and drawers. • Maintenance request was reviewed and improved to include a priority rating for each 	

item and completion date and sign off by both manager and maintenance personnel.

- Roster has been improved with addition of full name of all relief staff covering shifts and additional information included if the manager on shift is required to cover staff shift on the floor due to absence.
- BCP plan has been reviewed and improved with greater detail in the section relating to redeployment of staff where an outbreak has occurred or staff shortages have been identified and reported.
- PRN protocol has been reviewed and improved to include further details relating to supporting resident with specific health care issues, such as application of topical creams and PPE required and disposal of same.
- Infection Prevention and Control is included on all staff team meeting agenda and additionally incorporated into staff supervision to ensure IPC knowledge and organisational procedures are known and followed by all staff.
- Correct procedures for donning and doffing PPE discussed at team meeting to ensure consistency and staff awareness of the correct procedures.

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.	Substantially Compliant	Yellow	11/04/2022