



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

## Issued by the Chief Inspector

Name of designated centre:	The Beeches
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0003322
Fieldwork ID:	MON-0035704

## About the designated centre

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

The Beeches is a designated centre operated by Sunbeam House Services Company Limited by Guarantee located in a town in County Wicklow. This designated centre provides community residential care for up to four adults (male or female) who are over the age 18 years. The designated centre supports people who have severe and profound learning disabilities and may also have physical disabilities. The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms and a staff office. Residents are supported to participate in their local town by using the local shops, barbers, and restaurants. The centre is staffed by a person in charge, a deputy client service manager, social care workers, care assistants and a household staff.

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 10 February 2022	09:45hrs to 17:45hrs	Jacqueline Joynt	Lead
Thursday 10 February 2022	09:45hrs to 17:00hrs	Amy McGrath	Support

## 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 inspectors were met by a staff member who took their temperature and pointed out the hand-gel for the inspectors to use. The deputy manager met with the inspectors and after a short introductory meeting completed a walk-around of the house with them. The person in charge briefly met with the inspectors before heading off to a training course and returned later in the day to attend the feedback meeting.

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

The inspectors 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. On observing residents interacting and engaging with staff using non-verbal communication, it was clear that staff could interpret what was being communicated. On occasions, where residents used non-verbal communication, they were supported by staff when engaging with the inspectors by communicating some of the non-verbal cues presented by the resident.

Staff told the inspectors that the residents had been informed about COVID-19 in line with their understanding and that overall, residents appeared to adapt well to some of the environmental changes that took place during the current health pandemic and in particular, adapted well to staff wearing masks in their home. There was no group residents' meetings taking place in the centre and staff informed the inspectors that easy-to-read documentation relating to COVID-19 was not a meaningful communication tool for the residents. In line with residents' assessed needs, residents were supported with hand hygiene as appropriate.

Families played an important part in the residents' lives and the management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. Residents had found it difficult to adjust to not seeing their family members during the current health pandemic and during such times, staff supported residents to communicate with their family through zoom calls. In addition, arrangements had been made, under compassionate grounds and in a safe way, for a resident to visit their family's home at weekends. The person in charge and staff also supported

families visit their family members at the designated centre. This was arranged through window visits at the conservatory side of the house and where possible, garden visits.

The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms, a laundry room, and a staff office. The centre was staffed by a person in charge who shared their role with another designated centre, a deputy client service manager, social care workers, care assistants and a cook.

On entering the centre, the inspectors observed the house to have a homely feel with photographs of residents and their families along the hallways. The centre had a large garden area with wheelchair accessible walk-ways and paths which the inspectors observed staff supporting residents to use throughout the day. All residents were provided with their own bedrooms which were decorated in line with their likes and wishes and included family photographs, pictures and memorabilia that was of interest to them. Overall, the bedrooms were clean and tidy. Some bedrooms were observed to require cleaning however, where this was the case, they had yet to have their daily clean completed. Most rooms included an overhead hoist system which had been installed in the last year to provide better access and more space in the bedrooms. However, some door frames and walls which had been damaged during the installation of the hoists, required structural and decorative repair. These areas presented an infection control risk as they could not be adequately cleaned due to their disrepair. In addition, many of the doors and walls throughout the house had similar structural damage due to the movement of wheelchairs in and out of the rooms.

Staff were responsible for the 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. The inspectors found that 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 were systems in place to support the cleaning of the house such as cleaning schedules, deep clean rosters and touch surface cleaning checklists. However, some improvements were needed to the cleaning arrangements in place in the centre and in particular, regarding the checklists and monitoring systems, to ensure they included sufficient guidance and were completed in line with the roster in place.

Overall, the inspectors 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, a number of improvements were needed to ensure that the measures in place to assess performance against infection prevention control standard and best practice were effective and protected residents against acquiring a healthcare-associated infection at all times. 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 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.

However, the inspectors found that a number of the practices in place within the organisation (and designated centre) would be better enhanced if systems such as policies, committees, training, staff knowledge checks and other processes extended beyond COVID-19. In addition, the measures in place to assess performance against infection prevention control standards and best practice were not, at all times, evidence based. For example, there was no infection control audit or assessment, no infection control lead or specialist identified outside of COVID-19.

The provider had completed an annual report for the period of June 2020 to June 2021 of the quality and safety of care and support in the designated centre and there was an unannounced six-monthly review carried out in January 2022 including a written report on the safety and quality of care and support provided in the centre. The review reflected on the COVID-19 outbreak that had occurred in the centre in November 2021 and noted that the care and support provided to residents during this time was well managed and that residents affected had all recovered.

There was an assessment of measures in place to manage COVID-19 risk. The provider had completed a risk assessment for the centre relating to COVID-19 risks and had ensured there were adequate contingency plans in place during the current health pandemic. The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services. The person in charge, had put in place individualised self-isolation plans and individualised risk assessments for all residents to better ensure their safety and welfare in the event of an outbreak.

There was an infection control policy that contained well-defined procedures and provided clear guidance to staff. There were also guidance documents and information available to staff and residents in relation to COVID-19. However, the guidance in the policy to manage specific outbreaks, could be improved by including general transmission based precaution information and guidance for use of personal

protective equipment (PPE) for general care and infection prevention control.

In addition, the inspectors found that some improvements were needed to the information within the centre's (PPE) guidance. The guidance for using PPE during specific care practices was not in line with the current national guidance. For example, use of gowns and eye protection had not been included as per the Health Protection Surveillance Centre (HPSC) guidance.

The provider was actively using the Health Information and Quality Authority (HIQA) Quality Improvement Plan at organisational level which demonstrated active learning and reflection. The provider had completed their own self assessment template of their contingency plans and in addition, had completed the HIQA preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. However, improvements were needed to ensure that the HIQA self-assessment was reviewed on a more regular basis. The last review of this document was April 2021. Subsequent to the inspection, the provider submitted a copy of the document which was reviewed in November 2021.

There was a COVID-19 committee established in the organisation to provide guidance and support. This committee consisted of the organisation's principal social worker, a number of senior service managers, the quality compliance manager and a human resource manager. The committee provided a good output of information and updates relating to COVID-19 matters, which was easily accessible to staff through the organisation's shared information technology system.

There was a local auditing system carried out by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. There were monthly household audits taking place to monitor the cleanliness and upkeep and repair of the centre. However, improvements were needed to some of the monitoring systems in place to ensure that all cleaning systems were effective, and in particular, the centre's deep cleaning roster.

There was no specific infection prevention control audit carried out by the provider or by local management. This type of audit had the potential to ensure the effectiveness of local systems in place and to identify some of the infection prevention control issues that arose on the day of the inspection. In particular, the issue relating to water testing, which required the provider to submit an urgent action plan response.

The inspectors met with members of the staff team during the course of the inspection. There were effective systems in place for workforce planning which ensured 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 staffing contingency plan in place was regularly updated based on learning.

All staff were provided training in infection control areas such as hand hygiene, breaking the chain of infection, and donning and doffing of PPE. In addition, regular staff meetings were taking place and there was a standard agenda item which ensured staff knowledge in relation to COVID-19 matters were discussed. For example, items such as hand-hygiene, wearing masks, respiratory etiquette,



donning and doffing PPE, staff breaks, transport arrangements, cooking and the importance of daily cleaning, were all discussed.

A staff member was nominated as the COVID-19 lead representative in the centre. To support them in their role they attended the organisation's COVID-19 refresher training course which included guidance and information on hand-hygiene, signs and symptoms of COVID-19, communication pathway when reporting COVID-19, advice on reporting to HIQA and other appropriate services, recent updates on national guidance and donning and doffing PPE. In addition, the staff member received regular communication from the organisation's COVID-19 committee including updates from public health to share with their team.

For the most part, staff were knowledgeable with regard to standard precautions. Staff who spoke with the inspectors, understood the rationale for the colour coded products and the use of appropriate cleaning products in the house. Staff members were also able to explain to inspectors the signs and symptoms of COVID-19 and were aware of the procedures to follow and who to contact in the event of an outbreak. However, improvements were needed to ensure that all staff were familiar with the guidance relating to the donning and doffing of gloves when leaving a room.

One-to-one supervision meetings, alongside performance management meetings, were taking place to support staff perform their duties to the best of their ability. However, improvements were needed to ensure that meetings were carried out in line with the organisation's policy to enable learning and reflection and in particular, after an outbreak of infectious disease. Subsequent to the inspection the person in charge submitted evidence of a debrief session completed with the staff team post the COVID-19 outbreak in the centre. The debrief included reflection on what was managed well and what areas required improvement. The debrief also acknowledged and praised the support provided by local management during the outbreak.

## Quality and safety

Overall, while there were some areas of good practice noted in the local implementation of infection prevention and control procedures, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection. An urgent action was issued to the provider subsequent to the inspection regarding the management and maintenance of water systems. This is discussed in further detail in the regulatory findings below.

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 if

they were to isolate.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. The provider promoted positive risk taking whilst balancing the rights of residents. For example, during the current health pandemic restrictions, arrangements had been made, in a safe way, for residents to visit their family's home and for families to visit their family members at the designated centre. Appropriate safety checks had been put in place in advance of, and post visits taking place. Risk assessments and checklists had been completed to ensure the safety of the resident (and other residents and staff) during these occasions.

In addition, risk assessment were undertaken to support resident re-engage in community activities of their choice and there were further plans in place for staff to complete risk assessments to ensure residents returned to newly opened venues and activities which they had previously enjoyed.

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 the cleaning roster.

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, a number of the internal walls, doors and door frames were observed to be chipped and have peeling paint. Overhead hoisting systems had been installed in a number of residents' bedrooms over twelve months ago. However, the inspectors observed that some of the walls and door frames had been damaged during the installation and had not yet been repaired. Some furniture required repair or replacement, for example the paintwork on a storage cupboard in a bathroom was blistering and peeling and the leather cover on a small box stool in the sitting room was in disrepair. Some of the fitting and fixtures in the bathrooms required a deeper clean. For example there was lime scale build-up observed on some of the taps and plugholes. Some of the bathrooms were observed to have no hand soap or towels. A review of the layout and equipment in one of the bathrooms was needed to ensure it provided an environment where residents could enjoy a relaxing, comfortable and clean space, whilst enjoying their sensory bath. The bath in the shared bathroom was in very poor condition and required replacing however, a new bath had been ordered for this room and was due to arrive in April 2022. The inspectors were advised that a plan to change the layout and structure of a number of rooms in the house was currently being explored to ensure that the premises continued to meet the changing needs of the residents. However, in the interim, there was no satisfactory plan and timescale in place to address the poor upkeep and repair of the premises.

There was a weekly deep cleaning roster in place in the centre which assigned deep cleaning tasks to be completed on different days of the week. This was to ensure a thorough clean of the house in addition to the general and touch surface cleaning

that was taking place on a daily basis. However, on review of a sample of records for December 2021 and January 2022, there was a number of gaps where the deep cleaning tasks had not been documented as completed. Overall, the inspector found that a review of the monitoring the deep 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 deep cleaning roster was needed to ensure that it provided clear guidance to staff on how to carry out the task and what products to use.

Arrangements for waste management and hand hygiene needed to be improved in residents' bedrooms to ensure that it was in accordance with the centres policy for the delivery of personal care and medicine administration. Each of the resident's bedroom contained a specific box which contained all required PPE and items to support the residents' personal care take place in their own room. However, the inspectors observed that in two bedrooms, (where there was no wash-hand basins), that there was no hand gel included in the baskets. In addition, the disposal of PPE during personal care in residents' bedrooms required review to ensure there was minimum risk of contamination.

There was guidance in place for the cleaning of residents' equipment, such as, hoists, wheelchairs and 'comfy' chairs. There were checklists in place to demonstrate that the equipment was regularly cleaned. However, overall, improvements were needed to guidance in place for the cleaning and decontaminating of equipment. In addition, a review of single use equipment was needed to ensure that it was used only once. On the day of the inspection, single used medicine measuring cups were observed drying on the kitchen window sill.

The inspectors 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 overall, were wearing masks in accordance with the current public health guidance. There was signage in the front hall to remind visitors of the requirements to wear masks and that they would be required to give their temperature and adhere to hand washing and sanitising arrangements. 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 kitchen, the conservatory and in most bedrooms. The inspectors were advised that the bottles were regularly refilled however, some of the bottles were observed to be grubby and in need of cleaning.

The provider had completed their own self-assessment template which assessed the arrangements in place for the provision of specialist information, supplies of PPE, medication stock contingencies, visitors plans, the impact of restriction on residents' mental health, staffing considerations including, training and contingencies for on-call arrangements. The inspectors found that there was a clear outbreak plan in place for COVID-19. The plan contained specific information about the roles and responsibilities of the various roles 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 these documents also included

information on isolating procedures, enhanced environmental cleaning and laundry measures. However, the organisation's policy could be strengthened, in the area where other specific illness were included, by incorporating guidance on transmission based precautions, so that the correct response could be implemented prior to the known infection.

## Regulation 27: Protection against infection

Overall, the inspectors found that a number of the practices in place within the organisation (and designated centre) would be better enhanced if systems such as policies, committees, training, staff knowledge checks and other processes, extended beyond COVID-19.

The measures in place to assess performance against infection prevention control standards and best practice were not, at all times, evidence based. For example, there was no infection control audit or assessment, no infection control lead or specialist identified outside of COVID-19.

Improvements were needed to ensure that the frequency of staff supervision meetings were in line with the organisation's policy.

A review of the organisation's guidance on PPE was needed to ensure that it was in line with the HPSC guidance.

The HIQA preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak had not been reviewed since April 2021. Subsequent to the inspection, the provider submitted a copy of the document which was reviewed in November 2021.

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 as scheduled. Systems in place to monitor the deep cleaning roster needed review to ensure that they were effective at all times.

A bath with a shower facility in a bathroom in the designated centre was not in use. There was no documented evidence of any flushing arrangements in place and no documented evidence of Legionnaire flushing/testing for this facility. The provider was required to submit an urgent compliance plan to address this urgent risk. The provider's response provided assurances that the risk was adequately addressed.

The inspectors were advised that a plan to change the layout and structure of a number of rooms in the house was currently being explored to ensure that the premises continued to meet the changing needs of the residents. However, in the interim, there was no satisfactory plan and timescale in place to address the poor

upkeep and repair of the premises.

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 The Beeches OSV-0003322

Inspection ID: MON-0035704

Date of inspection: 10/02/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC will ensure there are hand sanitisers in each bedroom and paper towels bathroom for staff to use. Completed</p> <p>The PIC has provided small bins in each clients bedrooms, which staff can carry out of the room to dispose of its contents. Completed.</p> <p>The PIC will update PPE guidance plans to ensure Gowns and Goggles are contained in them. 30/04/2022</p> <p>Supervision at the centre will be completed for all staff in line with the organisations policy . 30/05/2022</p> <p>The provider has guidance in place at the centre of when and how to use PPE, all staff have watched a training video on hand washing and donning and doffing PPE, there are visual posters displayed in the centre and also a covid folder which contains these guidelines. Reminders are sent by the covid committee and also the PIC to staff around the importance of PPE and its use. It is also addressed at Team supervision meetings. The provider will introduce a mechanism to monitor that all staff have completed the training videos/demos.30/06/22</p> <p>The HIQA preparedness and contingency planning self-assessment was completed 03rd November 2021, the review timeframe for this assessment is 12 weeks, this was due 3rd Feb and completed on 03rd March 2022</p> <p>A deep cleaning roster is in place in the centre, there had been some gaps noted in the</p>	



documentation. The PIC will implemented a regular checking system of this documentation to ensure these are completed effectively. 30/04/22

The provider has implemented a weekly flushing checklist for the taps in the bathroom to provide evidence that there are in use and cleaned. The provider has carried out legionnaire testing by a contractor, should there be any anomalies highlighted these will be treated as required. Completed

The Provider has a maintenance system in place to raise maintenance issues, contractors or internal maintenance staff are assigned these tasks in occurrence with priority. The Provider continue to work on planning for major structural works to enhance the centre. In the interim the provider will address minor repair works such as painting, door and door frame repairs. 30/05/2022.

The providers infection control policy covers the general guidelines for wide range of infections including Covid 19 and also highlights the PIC should contact GP in relation to any specific infection control guidelines.

The PIC is the person identified with overall responsibility to manage infection prevention control in the centre in line with standard 5.2 COVID-19 Lead in the centre is the person identified with skills to manage key areas of infection prevention and control within the centre.

It is the understanding of the Provider that the controls and process required to prevent the spread of Covid 19 will mitigate the prevention and spread of another infectious diseases. In the case were there is any other infectious /notifiable diseases the Provider will link with the resident's GP and Public Health if required for further guidance.

The Providers current Covid 19 committee was established to manage and monitor the current Covid Pandemic, when this Pandemic is declared over this committee will then function to manage any other infection diseases outbreaks in line with Public health guidelines.31/12/2022

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2022