



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Arus Breffni Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arus Breffni Nursing Unit, Manorhamilton, Leitrim
Type of inspection:	Announced
Date of inspection:	17 January 2024
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0033033

About the designated centre

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

Arus Breffni Community Nursing Unit is a bungalow style unit which provides residential care for 25 residents. It is situated in the picturesque market town of Manorhamilton in County Leitrim. There is an enclosed courtyard which provides space for residents and their families. The centre is a community based residential service accommodating the care needs of the elderly population in North Leitrim. The centre provides care to male and female residents over the age of 18. Most of the residents in the service are aged over 65 years. The centre is staffed with 24 hour nursing care supported by Health care assistants and multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 17 January 2024	13:30hrs to 18:00hrs	Michael Dunne	Lead
Thursday 18 January 2024	08:30hrs to 14:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents living in this centre enjoyed good levels of care and support and a good quality of life, where they are able to exercise choice and make key decisions about their lives.

Upon arrival the inspector was met by staff who guided them through the infection prevention and control measures that were in place prior to accessing the designated centre which included adherence to hand hygiene protocols and a wellness check. Following an introductory meeting with the person in charge the inspector conducted a tour of the centre and met several residents during the walkaround.

Residents who provided feedback told the inspector that they were very happy living in the centre and that staff could not do enough for them. One residents said " I feel very much supported here, staff are lovely, friendly and willing to help" while another resident told the inspector " I am very happy with the amount of choice and control that I have, there is nothing I would like to change." These views expressed by residents were also reflected in the responses given in the resident's questionnaires, where residents were asked for their opinion on the quality of the service provided.

At the time of the inspection there were 24 residents living in the designated centre. Accommodation is provided in a range of single and twin occupied bedrooms which were suitable for the assessed needs of the residents. The centre was clean, warm and welcoming with fresh flowers at the reception area. There was several communal rooms which were suitable for the needs of residents and were observed to be frequently used. The centre was adorned with pictures and murals with particular reference to the locations around the Manorhamilton locality.

There was a variety of information for residents displayed in the centre. Notice boards were located in key areas of the centre and provided information in an accessible manner such as how to access advocacy or register a complaint and information about upcoming events in the centre. There was a daily schedule of activities advertised in the living room area which was reflective of residents interest. Activities was an agenda topic in resident meetings and it was clear that the provider was keen to use resident feedback to provide activities that residents wanted.

Residents were observed to engage and participate in activities throughout the inspection. Staff were very encouraging and ensured that residents were able to enjoy the activity sessions. These included pet therapy, a music session, exercise games and card playing. The inspector also observed a tea party where residents were served tea in china cups and were provided with a selection of cakes. Residents enjoyed this activity very much and reminisced about people they once

knew and shops they once visited in the town.

There were numerous murals located throughout the centre and featured many local areas that were familiar to the residents. Many residents were observed using the sitting room and other communal rooms throughout the day. In addition there was a hairdressing facility and an oratory which opened out onto an enclosed garden area. The garden area contained suitable seating and a gazebo feature, residents who expressed an opinion said they liked getting out into the garden for some fresh air. Activity staff confirmed that garden was well used by residents and for organised activities during the good weather. On the day of the inspection residents were observed to have unrestricted access to all areas of the home including the garden area.

Some residents required support and assistance with their mobility which was provided in a timely manner by a staff team who were familiar with residents assessed needs.

There were examples of good communication between staff and residents throughout the inspection. Staff who entered resident's rooms were observed to announce their arrival before entering resident rooms and explained the purpose of their visit to the individual resident. Staff displayed good listening skills and communication skills, they were aware of residents communication needs and responded to residents in a manner that was effective. Residents told the inspector that they liked the relaxed atmosphere in the centre and added that they were in control of when they went to bed and when they arose in the morning.

Findings on this inspection confirmed that residents enjoyed the food provided. All residents who spoke to the inspector said that the food was cooked very well and that they received good quantities of food. There was a varied menu available for residents to choose from and meals provided on the day included a cottage pie meal or a roast pork dish. The menu at teatime consisted of lasagna salad and chips or a selection of sandwiches. Catering staff were aware of the dietary needs of the residents including those who required modified diets.

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 the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection confirmed that the designated centre was well-managed for the benefit of the residents who lived there. There were effective management processes in place to ensure that resident's received quality care interventions to meet their assessed needs. The management team were proactive in response to issues as they arose and were found to have implemented all elements of their compliance plan submitted as part of the previous inspection held

in April 2023.

Prior to this inspection the provider had submitted an application to renew the registration of the designated centre which is due to expire on the 14 May 2024. All the required documentation to support the application had been received and was correct. An annual review of quality and safety for 2023 was also submitted by the registered provider and contained information gathered through consultation with the residents.

This was an announced inspection carried out by an inspector of social services to monitor the providers ongoing compliance of the Regulations and to follow up on the actions the provider agreed to implement arising from the last inspection in April 2023. The registered provider maintained high levels of compliance and was keen to ensure that resources to maintain a quality service were in place. There were good levels of governance and oversight in this centre and it was evident that the provider was using information gathered through various methods to continuously improve the quality of service available for the residents.

The registered provider for this designated centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that is accountable for the delivery of health and social care support to the residents. The management team consists of a general manager, a manager of the older persons service and a person in charge. They in turn, were supported in their role by a team which consists of clinical nurse managers, staff nurses, health care assistants, household, catering staff and maintenance staff. The provider had plans in place to recruit an additional clinical nurse manager (CNM) which would further enhance the level of clinical oversight in the designated centre.

The inspector found that there were systems in place to provide effective oversight and to monitor the quality of care and services provided for the residents. There were meetings held on a regular basis both locally and with the provider to review service provision. While there were many effective systems in place which included a robust quality assurance system, there were improvements needed to ensure that all equipment used in the care of residents had records confirming they had been cleaned in between resident use.

There were clear lines of communication in place between staff and managers. Reporting structures were clear and staff were clear about what was expected of them in their roles. Staff were seen to work well with each other which helped to create a positive and relaxed atmosphere for the residents. Observations confirmed that residents who required assistance were supported in a timely manner. Communal areas were well supervised and call bells were found to be answered within an acceptable timeframe.

There were sufficient numbers of staff available in the centre to ensure that the assessed needs of the residents were met. The provider maintained staffing levels since the last inspection and had plans to increase clinical support in the centre. The provider had well- established links with local community groups who provided two volunteers to support the service in the delivery of activity support. This

arrangement worked very well, volunteers had established good working relationship's with residents and provided ongoing support activity support 5 days each week.

Staff had good access to training opportunities in this centre. This was provided either on-line or by face to face training. Records confirmed that staff had access to mandatory training and to supplementary training to assist them in carrying out their roles effectively. New staff were inducted into the centre and a review of records indicated that staff had the required documentation in place before commencing employment in the centre. Staff confirmed that they were well supported in their roles and that this was a good place to work.

The provider maintained a policy and procedure on complaints which incorporated the amendments to Regulation 34 brought in by the SI 628 legislation. Records confirmed that the provider had received no formal complaints since the last inspection held in April 2023.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents living in the designated centre. A review of staff rosters confirmed that staff numbers were consistent with those identified in the centre's statement of purpose. Routine gaps on the roster were filled by existing staff or by agency cover.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training in line with their roles. A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was

provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies.

There was a range of supplementary training available for staff to attend such as medication management, responsive behaviours, infection prevention and control, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however notwithstanding the effectiveness of these systems an action was required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Systems that monitor the cleaning of equipment used to provide care to residents with their transfer did not identify that the cleaning of hoists was not being recorded in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which was made available for inspectors to review which set out the information as required by Schedule 1 of the regulations. The statement of purpose was reviewed in January 2024.

Judgment: Compliant

Regulation 30: Volunteers

There was a policy and procedure in place which provided guidance on the use of volunteers in the designated centre. The provider ensured that volunteers working in the centre had their roles and responsibilities set out in writing and that they received necessary levels of supervision and support.

The provider ensured that all volunteers working in the centre had the required garda vetting clearance in place prior to commencing work in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure available in the centre which was incorporated the amendments to regulation 34 as directed by SI 628. The provider confirmed that there had been no formal complaints received since the last inspection held in April 2023.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that residents' voices were being heard in this centre.

The inspector reviewed several resident care records and found that the resident's needs were being assessed using validated assessment tools. Assessments included the risk of falls, malnutrition, pressure ulceration and dependency levels. Care plans were informed using these assessments. Residents played an active role in the development of care plans to meet their assessed needs and where this was not possible residents' family's were consulted. This engagement formed the basis of person centred care planning and meant residents' autonomy was respected.

Residents had access to a GP of their choice. GPs visited residents in person and were contacted if there were any changes in the resident's health or well being. Medical notes confirmed that residents medication was reviewed by their GP on a regular basis and where there was a medication change there were records available to provide rationale for this change. Residents had good access to specialist treatment. Allied health professionals such as dietitian, physiotherapist, occupational therapy, speech and language therapy, and tissue viability nurse were made available to residents by referral to community services. There was good oversight of medication management in the centre which included medication audits focusing on the medication administration, storage and disposal. A review of training records confirmed that clinical staff had access to medication management training.

There were arrangements in place to ensure that residents were provided with a stimulating and varied activity programme. Observations on the day confirmed high attendance rates for residents at all the activities provided. The provider met with residents on a regular basis and was therefore able to use this feedback to develop

resident led activities.

The provider maintained the premises to a high standard. The centre was tastefully decorated and arranged to meet the needs of the residents. Residents rooms contained sufficient space for them to be to store and access their personal belongings. Many rooms viewed on inspection were personalised by the residents with objects and and photographs that were personal to them.

There were infection prevention and control measures in place to monitor and prevent the risk of infection. Staff had access to appropriate infection prevention and control training and there were three infection prevention and control nurses working in the centre who monitored the risks associated community acquired infections. A COVID -19 infection outbreak occurred in the centre in December 2023 which impacted eight residents and seven staff members. The provider implemented their contingency plan to manage and control this outbreak while at the same time followed advice from infection prevention and control teams (IPC) in the community. Records confirmed there was regular communication between the provider, IPC and public health in managing this outbreak.

The designated centre was clean and well maintained. The sluice facility was well organised, clean and contained racking and space to store equipment used to assist residents with their toileting requirements such as urinals and bedpans. Records confirmed the sluice machine was serviced regularly and was in good working order. There were sufficient numbers of alcohol hand sanitizers located throughout the centre. Several clinical hand washing sinks were in place having been installed as part of the centre's refurbishment upgrade. There were records available to confirm the regular cleaning of the centre and there was dedicated housekeeping staff in place to maintain the environment. There was a system in place where resident equipment was cleaned and recorded however some improvements were required to this system as described under Regulation 27.

There was a safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. There was full compliance regarding training as all of the staff team had completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred. The provider maintained records to confirm that staff working in the centre were garda vetted prior to taking up employment.

There were robust arrangements in place to safeguard resident finances. There were measures in place for residents to be able to access their finances seven days a week. A system of double signature and protocols around the access to the safe key ensured that these arrangements were secure. The provider acted as a pension agent for two residents. A review of the arrangements in place to manage these

residents' finances confirmed that there was a robust system in place which protected resident finances and enabled residents to access their personal allowances. Residents were able to access financial statements indicating how their finances were being managed by the provider.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system, certificates of servicing, quarterly checks and annual checks on emergency lighting and on fire extinguishers carried out by a competent person. The provider maintained and updated residents personal emergency evacuation plans (peeps) which were updated at least every four months or as and when residents mobility needs changed.

The provider had become aware as part of their regular fire door checks that a number of fire doors required upgrade. Gaps were identified when the closure mechanism of some doors was triggered and it was found that the intumescent strip which prevents the spread of smoke from one compartment to another also required replacing. The provider had already arranged for an inspection of these doors by a competent person and the provider was awaiting a report to identify the scope of the works required at the time of the inspection. Upon receipt of this report the provider informed the inspector that a plan would be developed to complete the necessary upgrades.

The provider maintained a risk register which was under regular review. The risk management policy was reviewed in January 2024 and guided staff in the development of their risk management strategies. A review of the risk register found that risks were well managed and were reviewed at governance meetings.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and the inspector observed several visitors attending the designated centre during the day. Residents access to their visitors was unrestricted and there were facilities available for residents to meet their visitor's in private in other locations apart from their bedroom.

There was a signing in register in place for all visitors to complete which requested information on infection status. Other precautions included the requirement to complete hand hygiene tasks.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, bright and tastefully decorated. The centre had undergone a number of upgrades in the preceding years which included, repainting, replacement flooring and improvements to resident personal rooms. In addition the inspector found further improvements had been made to rooms available for residents to receive their visitors. These rooms were developed to support families visiting with children and included a range of books, toys and games.

There was an secure garden facility for residents to use which was well-maintained by the provider. Recent upgrades to this area included the painting of a wall to include local scenes of Manorhamilton which was completed by residents and Leitrim volunteer group. Additional upgrades to this area was also being planned.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed two meal services and found that this was a pleasurable social experience for residents. There was a homely atmosphere in the dining room which was promoted by the staff team present. Dining tables were prepared in advance for the residents, menu's were available on all tables along with cutlery, serviettes and condiments. Residents confirmed that they had a choice of food and that if they did not like what was on the menu and alternative meal would be provided. Some residents required additional support with their eating and drinking and this was provided in a timely, discreet manner.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place that met the requirements of the Regulation. There was a risk register which was regularly updated and reviewed by the provider when new risks were identified. There was a proactive approach towards managing risk in this centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practices in relation to infection control at the centre, however the following area required improvement:

- The inclusion of hoists on the routine cleaning schedule.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. For Example

- The inspector observed fire fighting equipment was located throughout the designated centre and was found to be well-maintained and regularly checked by the centres fire engineers.
- Fire maps and information on evacuation were displayed in the centre.
- All staff including recently recruited staff had received fire safety training and were familiar with fire safety procedures.
- Residents peeps(personal emergency evacuation plans) were updated at regular intervals.
- The provider also carried out simulated evacuations of different fire compartments within the designated centre.
- Electrical testing of equipment had been carried out in July 2023

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that medication was administered in accordance with the prescribers' guidelines and that controlled drugs were checked and counted as each shift changed in line with professional guidelines.

There was a system in place for storage and disposal of medication that were no longer required or out of date. Records reviewed confirmed there was effective collaboration and communication between the provider, pharmacist and doctors to ensure that residents medication was effectively managed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of residents care records confirmed that they had a pre assessment in place prior to admission to the designated centre. Care plans were found to be

written in a person centred manner where residents preferences were clearly identified. There were systems in place for regular review and audit to ensure that care plan interventions met residents assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to regular medical review and input from allied health care services. Records confirmed that General Practitioners visit the centre on a regular basis while access to physiotherapy and occupational therapy was sourced by referral to the local primary care team.

A review of the residents medical notes found that recommendations from the residents doctors and allied health care professionals were integrated into the residents care plans.

Judgment: Compliant

Regulation 8: Protection

The Inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff working in the designated centre. Residents stated that they felt safe living in the centre and a review of several staff records confirmed that a Garda Vetting disclosure was acquired for staff prior to taking up employment.

There were arrangements in place to ensure that residents finances were protected. In instances where the provider acted as a pension agent for residents, there were measures in place to safeguard residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. The care staff adopted the role of activity co-ordinators in the centre and provided a varied and stimulating activities programme every day such as arts and crafts, quizzes, story telling, bingo, music session. One-to-one sessions also took place to ensure that all residents could engage in suitable activities such as

cards knitting to align with their interests. Detailed key to me assessments were completed and formed the basis of social care plans.

Residents had access to media such as radio, television and newspapers including the local newspaper the Leitrim Observer. Facilities promoted privacy and service provision was directed by the needs of the residents. There was access to advocacy services as required.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed confirmed that residents and or their family members were consulted in relation to creating a care plan that was consistent with the residents end of life wishes. Treatment and care preferences were clearly documented in the care plans reviewed. There was access to palliative care services to support residents who were at end of life. Records relating to resuscitation and not for resuscitation were maintained by the provider and reviewed on a regular basis.

Judgment: Compliant

Regulation 10: Communication difficulties

Residents who were assessed as having a communication need were provided with the required levels of support. For example,

Care plans were descriptive and gave a clear account of the support the resident required to assist them with their verbal communication. Care plan interventions also provided information on how residents with visual or auditory needs were supported to maintain their autonomy.

Judgment: 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: End of life	Compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for Arus Breffni Nursing Unit OSV-0000659

Inspection ID: MON-0033033

Date of inspection: 18/01/2024

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance with Regulation 27: Infection control the person in charge and the provider have put in the following measures:</p> <p>In relation to Regulation 27- Infection control</p> <p>The Provider Representative and the Person In Charge completed a review of infection control practices and cleaning of medical equipment within the designated centre on the 19/01/24.</p> <p>The Person In Charge has now implemented the use of ‘I am Clean stickers’ to be put on all medical equipment including hoists after each use since 19/01/2024. This will ensure that all medical equipment is cleaned after each use. This will be monitored on an ongoing basis as part of the environmental hygiene audits within the designated centre.</p>	

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 procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	19/01/2024