Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 23
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0007458
Fieldwork ID:	MON-0035683

About the designated centre

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

Cork City North 23 provides full time residential support for up to three adults with severe to profound levels of intellectual disability. The community based centre is a single storey dwelling which can accommodate full access to the entire building for all residents. The house is a detached bungalow with three individual single bedrooms, lounge room, kitchen-diner, multi-sensory room and shower room. There is parking for the transport vehicle at the front of the house and a spacious garden area to the rear. The centre is located in a mature residential area in the city with easy access to local amenities and public transport. Social and community integration is an integral part of the service provided.
Cork City North 23 provides support through a social model of care and staff support residents in all aspects of daily living. The staff team also includes support from nursing staff which is shared with another designated centre. Residents are supported day and night by the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Tuesday 18 January 2022	09:30hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. Residents in this designated centre were provided with a premises which was generally clean. However, areas for improvement that were observed related to cleaning practices, hand hygiene, daily monitoring of symptoms of infection for staff and aspects of the premises provided.

This designated centre was registered in January 2020 and had last been inspected in October 2020 with good compliance reported with the regulations. The centre is comprised of a bungalow which supports three residents. All of the residents communicate without words or with limited vocalisations and require staff support with activities of daily living. The inspector met with all of the residents during the day at times that fitted in with their schedule of activities. The atmosphere in the house was homely and relaxed throughout the day. Staff were observed to support the residents in a professional and respectful manner. Staff were familiar with the individual preferences and anticipated what residents required during the day. Staff spoken too during the inspection explained how residents would express themselves if they required assistance or were unhappy.

On arrival, the inspector had their temperature checked by staff. However, the staff member was unable to locate the recording sheet that they were required to complete for the date of the inspection. This recording sheet and additional completed recording sheets were subsequently given to the inspector by the person in charge to review. It was difficult for the inspector to establish if all staff were recording their temperatures at the start of their shift as per the provider's policy. For example, night staff were not always documenting the time they took their temperature, the word " nocte" was documented where the time was required to be written. In addition, the provider's policy outlined when and how often staff were to check their temperature while on duty. The inspector noted this was not being completed by staff in line with the provider's policy. This will be further discussed in the next section of the report.

The inspector noted that signage on the front door indicated only one visitor per resident was permitted to visit. This was discussed later during the inspection with the person in charge who outlined that visitors were permitted in line with public health guidance. However, the inspector was not assured at the time of the inspection all staff were aware of the most recent public health guidelines regarding visitors in the designated centre. While residents had been supported to meet with visitors, their access to the designated centre had not been in line with the provider's guidance or public health guidelines. This will be further discussed in the quality and safety section of the report.

At the start of the inspection, in the hallway the inspector observed a hand sanitising station with a supply of personal protective equipment, (PPE). However,

also located in the hall was a large pedal bin that was being used for the disposal of PPE and used incontinence wear. In addition, there was personal equipment for one resident. Staff explained that the bin and personal equipment needed to be taken out of the bathroom where they would usually be stored, to facilitate residents to access the shower. The inspector was informed that one resident was being supported with their intimate care at the time and the two other residents were sleeping in their bedrooms. Staff explained one resident was reported by the night staff to have had a restless night and hadn't slept very well.

The inspector continued the walkabout of the centre. The sitting room was a small and cosy room, while the area was observed to be tidy and well ventilated the inspector noted cobwebs above the doorway leading into the kitchen. The inspector continued into the kitchen area which was well ventilated, the patio door was open. However, a number of issues were identified immediately. There was some office equipment on the floor with trailing cables in a corner near the kitchen table. This did not facilitate effective cleaning of the floor space in this area. The person in charge outlined approval had been given for a desk to be purchased to put the office equipment on. In addition, the finished surface of the kitchen presses was peeling and damaged in multiple areas, reducing the effectiveness of any cleaning processes undertaken by staff. The inspector also noted the cleanliness of the oven and microwave. There were some deposits of food evident on the internal surface of the microwave. The oven had a grease stained and discoloured liner. Both of these appliances had been documented as having been cleaned the previous night on the cleaning checklist. Additional issues relating to storage and cleaning practices will be discussed in the quality and safety section of the report.

The inspector observed a staff member to be wearing gloves while assisting a resident to have their breakfast. The inspector spoke with the staff later on regarding their need to wear gloves while completing the task. They were unable to provide a rationale for this. The inspector observed another staff wearing gloves while completing a cleaning activity in one of the bedrooms. They spoke to the inspector explaining what they were doing. They had taken the bedclothes off the bed and were about to clean the mattress. However, they did not have all the required cleaning equipment and were observed to leave the area, go into the bathroom touching the door handle and then go into the kitchen before returning with the same gloves on and completing the cleaning activity.

Staff supported all of the residents to go out either for a walk or for a spin on the transport vehicle at different times during the day. One staff informed the inspector that they were the dedicated driver for the day and they outlined the cleaning regime in place for the transport. They advised they would clean the bus after the last outing of the day. Their rationale was that as residents were supported in different parts of the transport, for example, one resident was supported in their wheelchair at the back of the transport and the other in the dedicated seating area the bus was only going to be cleaned after the last outing. Only one resident was on the bus at a time during the day and they were supported to visit areas of interest to them which included a local public area with wildlife for the resident to enjoy watching. The inspector observed residents to be relaxed and engage in activities they enjoyed while in the house. One resident liked wildlife programmes and the

inspector could hear staff supporting them to put on such a programme on the television for the resident while checking to make sure the resident was happy with the programme. Another resident was supported to listen to music in their bedroom and the inspector observed this resident to be smiling as their room was filled with coloured lights. The inspector was informed that this resident also liked to spend time in the small activation room during the afternoon where they listened to music. This is where the inspector was completing the documentation review during the inspection. The resident came into the room to check if it was vacant a few times but declined invites to stay in the room. While staff supported the resident to engage in different activities in the sitting room and in their bedroom as well as a spin out in the community during the inspection they were happy to go into the activation room when the inspector was leaving at the end of the inspection.

Aspects of the house and the facilities did pose challenges from an infection prevention and control perspective. For example, there was only one bathroom in the house which was used by both residents and staff. While residents did not require to use the toilet facilities they did use the shower facilities. As already mentioned due to the size, design and layout of the bathroom staff were required to put personal equipment and a large waste disposal bin out in the hallway when residents were being supported to have a shower. The inspector later observed this room to have limited space for staff to access the sink and toilet facilities when the room was not being used by the residents and the previously mentioned items were being stored in the bathroom. In addition, due to the compact design of the house residents wheelchairs were kept in their bedrooms and the laundry facilities were located out in a garden shed near the kitchen patio door. While in the laundry area the inspector observed used cleaning cloths and a floor cloth in a basin on top of the washing machine, but staff were unable to explain to the inspector what areas of the designated centre these cloths were used to clean. This will be discussed further in the quality and safety section of the report.

While residents were supported to have additional space in the small activation room, there was no space for a dedicated visitor's room. Staff advised that if they were aware visitors were calling to the house arrangements would be made to support their privacy by supporting the other residents to engage in activities in the community, if possible. Staff explained that while family representatives were in regular communication with staff and photographs were being sent of residents engaging in different activities, visitors rarely came to the house.

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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

The overall governance and management in place, in particular in terms of monitoring systems being carried out required review to ensure that there was consistent and effective prevention and control practices followed in this designated centre. This inspection found that the provider had structures in place to escalate concerns around infection prevention and control while also providing access to policies and guidance for staff on how to respond to such matters.

Systems were in place in the designated centre for information related to infection prevention and control to be provided to staff members. These included team meetings, a COVID19 folder and handover emails. The inspector reviewed the folder and some of the handover emails which contained up-to-date information but staff practices during the inspection did not always reflect the information and protocols contained in the COVID19 folder.

The inspector was informed that the current guidance for staff in relation to infection control policies being followed in the designated centre was the Health Service Executive, (HSE) South Cork and Kerry guidelines on infection prevention and control in community disability services 2012. In conjunction with all updated guidance issued by the HSE. The provider's own infection prevention and control policy had been due for review in February 2019 and had been replaced by the HSE 2012 guidelines in conjunction with all updated IPC guidance issued by the HSE. The provider had identified a staff member as the COVID-19 lead in the designated centre. There was also dedicated staff with infection prevention and control expertise employed by the provider to ensure ongoing support to the designated centre in relation to any IPC issues that arose including support during the pandemic. The IPC staff linked directly with public health staff and ensured all up-to–date information including changes to guidelines were made available to the staff in the designated centre. The inspector noted that the staff member identified as the COVID-19 lead in this designated centre had reviewed the national interim guidance document issued by public health on 6 January 2022 and changes outlined were implemented on 17 January 2022. These changes which included guidance on the use of Filtering Face piece (FFP2) masks had been summarised by the staff member, documented in the handover to the staff team and all staff were requested to read the guidance.

The inspector noted that staff were provided with the most recent guidelines regarding visiting, Normalising Visiting in Long Term Residential care Facilities (LTRCFs) guidance implemented since 10 January 2022. At the time of this inspection the document recommended *"prospective occasional visitors should consider self-testing before they visit the designated centre… this should not result in a resident loosing access to that visitor if they co-operate fully with all other measures in place".* However, the inspector was informed that family representatives of one resident who had celebrated a milestone birthday in the days prior to the inspection were not permitted to enter the designated centre, as they had not taken an antigen test. They instead were supported to go for a walk in the local area with their relative. However, it was not clear if the provider had informed family representatives of this requirement once the new guidelines were implemented on 10 January 2022.

The inspector was informed the annual review completed in November 2021 and all provider-led six monthly audits for this designated centre since March 2020 had been completed off site by the auditors. The rationale given was that the house was compact and it was difficult to maintain social distancing. No residents were met with during these audits by the auditors. In addition, in relation to regulation 27, which was found to be complaint during the last six monthly audit completed on 18 and 19 October 2021; the auditors only referred to the person in charge completing the Health Information and Quality Authority Self-assessment in preparedness planning and infection prevention control assurance. The findings from this inspection outlined the requirement of more on-site monitoring.

The inspector reviewed the training records relating to IPC for the regular core staff team. The inspector was informed that individual staff member was responsible to ensure they had completed and documented the required training in relation to IPC measures. However, while all staff had completed a hand hygiene course, no staff had documented that they had completed the on-line training course, Breaking the Chain of Infection and not all staff had completed donning and doffing PPE. These courses were included as part of mandatory IPC training for staff by the provider. The person in charge had not reviewed the training records to ensure they had been updated to reflect courses completed by staff members. In addition, supervision of staff in the designated centre had not taken place in 2020 or 2021. On review of the provider's own hand hygiene assessments, it was found that not all staff had completed the hand hygiene audits as required by the provider's procedural guidelines and others had not completed the re-assessment as per the review date documented. The inspector was not assured that the current assessment of staff practices in hand hygiene were being adequately assessed to ensure they were effective and consistently used by staff. The hand hygiene assessment required staff to complete a knowledge assessment with the correct answers marked at the front of the IPC folder. In addition, the practical assessment was conducted by the assessor when staff were asked to complete the practice of hand hygiene for the assessor. No observational audits completed in this designated centre included hand hygiene practices of staff while they carried out their duties. As per the findings of this inspection and previously mentioned staff were observed to carry out duties such as assisting a resident to have their meal while wearing gloves when it was not deemed to be required. Another staff was unaware of the number of areas they had touched with their gloves while looking for equipment to finish a cleaning activity. In addition, some staff were observed to be wearing nail varnish on the day of the inspection.

The inspector also reviewed audits that had been completed in the designated centre which included environmental and weekly audits. However, there were inconsistencies noted in some of the findings. For example, weekly audits completed on 1 January and 7 January 2022 documented that staff temperatures were checked twice on shift on . However, staff were not completing this twice per shift as per the documented recordings viewed by the inspector during these periods. Also, the IPC decontamination audit conducted on 30 September 2021 and 2 October 2021 documented inconsistent findings. The section relating to safe storage and disposal of hazardous items such as needles was marked as yes and subsequently not applicable for the same items. In addition, staff were completing daily cleaning

checklists but there were items marked as cleaned that were not located in the designated centre which included a drug trolley and key pads on doors/gates.

The provider had developed a protocol for the monitoring of residents and staff temperatures. This protocol was present in the designated centre and clearly outlined the monitoring requirements of staff while they were on duty. All staff were to check their temperature at the start of their shift, day time staff were to check again between 16:00 hrs and 18;00 hrs and night staff were to complete a second check before they finished their shift. This was not the practice in this designated centre and staff spoken too were unaware of this requirement.

The person in charge outlined the minimal staffing arrangements that were considered safe as per the contingency plan for this designated centre which had last been reviewed in October 2021. The person in charge had consistently ensured that there was at least one staff familiar to the residents including the relief staff present in the house at all times. The person in charge was available to staff on the phone when they were not present in the designated centre. In addition, nursing staff in another designated centre located near-by were also available to support the core staff when required. On the day of the inspection, the person in charge had provided additional support to a regular staff member as that person had just returned to worked from an unplanned absence.

Staff were aware of the provider's management plan in the event of an outbreak and outlined to the inspector what they would do in the event of a possible outbreak in the designated centre. The person in charge was also aware of their role and responsibilities in the event of an outbreak.

In accordance with the 2018 National Standards for infection prevention and control in community services, effective governance and management are essential to creating and sustaining a safe infection prevention and control environment. However, the inspector was not assured that the overall governance and management arrangements in operation in the designated centre had ensured effective monitoring of infection prevention and control practices.

Quality and safety

While there was evidence that infection prevention and control practices were part of the routine delivery of care and support to residents, improvement was required to ensure these were carried out in a consistent and effective manner.

Staff had consistently supported residents to remain safe in the designated centre during the pandemic and none of the residents had contracted COVID-19. Staff spoken to during the inspection demonstrated a good knowledge around symptoms of COVID-19. Staff members were observed to support residents to engage in

regular hand hygiene, for example; on return to the designated centre from a spin in the community. Staff were aware that the residents relied on them to ensure their ongoing safety in relation to infection control practices. Staff outlined how consideration was given prior to going out in the community since the pandemic which included the ability of staff to maintain safe social distancing for residents from the public, going to popular amenity areas at quieter times of the day and supporting residents to wear masks in areas where there was increased risk such as shops or avoiding these areas if the resident chose not to wear a mask. Throughout the inspection staff members were observed to be wearing face masks and provision was made for the disposal of these masks. In addition, staff were observed to adhere to safe practices while having their break with only one staff at a time seated at the kitchen table. This did not impact on the residents or other staff present due to the location of the table at the end of a long kitchen-dining room.

The inspector was informed that antimicrobial stewardship was overseen by the clinical nurse specialist in IPC employed by the provider. In addition, staff were also supported with information and guidance relating to a blood borne virus. Staff demonstrated their knowledge on the management of bodily fluids and laundry relating to this virus in the designated centre. However, while risks to other residents and staff were identified as been low this was not assessed in the risk register.

Parts of the premises were seen to be reasonably clean and well maintained which included the residents' bedrooms and the communal bathroom. There were a number of hand santising units in the designated centre, all were checked to be working and clean on the day of the inspection. Staff explained that the cleaning rota was shared among the staff as there were no dedicated household staff employed in this designated centre. However, the inspector did observe some areas that required improvement such as cobwebs visible in the sitting room. The weekly cleaning checklist did not address high dusting in the designated centre. In addition, as previously mentioned not all items that were documented as being cleaned were located in the designated centre, this included the drug trolley and key pads on doors/gates. Also, the inspector observed items that were documented as being cleaned such as the microwave and oven to have evidence of food deposits or staining which appeared to have been present prior to the most recent cleaning been carried out. The inspector was not assured that the documentation completed accurately reflected cleaning actions completed by staff.

As previously described this designated centre was compact in size, resulting in issues with the storage of personal items, office equipment and stocks of PPE. However, staff reported that they had adequate supplies of PPE available to them in the designated centre with additional supplies readily available from a nearby location, if required. The inspector noted that the storage in some kitchen presses required review. At the time of the inspection, clean mop heads were being stored next to tea towels in a kitchen press along with supplies of cleaning materials.

Staff were unable to explain to the inspector the dilution ratio of the cleaning products being used in the designated centre. The provider had protocols in place of a named cleaning product including the storage and management of this product

after it was diluted. This was part of the environmental audit checklist and documented as being compliant in October 2021, including bottles being signed and dated, used within 48 hours and kept in locked storage. However, during this inspection, the staff were observed to be using a different product even though the named product was present in the designated centre. Staff spoken to outlined the process used to fill smaller containers of the alternative product which presented a risk of possible injury to staff. The inspector was informed that no eye protection was being worn when transferring the product into a smaller container and was a not identified on the risk register. The inspector was informed person in charge was unaware that an alternative product was being used and advised it would be removed from the designated centre.

While the staff outlined the cleaning practices regarding the floor surfaces, they were unclear about the colour coded mop heads that were to be used as per the provider's own protocol. The inspector observed used cloths and a floor mop in a basin in the laundry waiting to be washed. However, the staff were unable to identify what areas these cloths had been used to clean. At the time of this inspection staff were not adhering to the provider's guidelines on cleaning of floor surfaces which identified different colour coded mops for bathrooms, kitchens and communal areas. These were not present in the designated centre at the time of the inspection.

While all three residents were supported to remain safe in the designated centre, based on the findings of this inspection improvements were required in some areas as referenced throughout this report.

Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

- The governance and management arrangements in this centre had not ensured that that there was effective monitoring of infection prevention and control practices in the designated centre.
- There was inconsistent information provided by staff on certain practices while there was also a lack of clarity around aspects of the cleaning to be carried out in this centre.
- Some staff had not undergone relevant training in line with the provider's infection prevention and control policy.
- Hand hygiene practices/assessments required review to ensure that it was being carried out in line with best practice.
- Not all cleaning duties were being carried out as per the provider's protocol, based on the observations made during the inspection, cleaning was not always carried out consistently and effectively.
- Staff were unaware of the provider's protocol regarding the use of colour coded mops in the different areas of the centre, including bathrooms,

kitchens and bedrooms.

- Staff were unaware of the dilution ratio of cleaning products in use in the designated centre.
- The cleaning checklist in use was not reflective of the designated centre, for example there was no drug trolley or door key pads in the designated centre but these had been marked as cleaned the day before the inspection.
- There was inconsistencies in the monitoring of staff temperature when compared to the protocol documented in the provider's procedure.
  While most staff spoken with indicated what protocols were in place relating to visitors to the centre, these were not in line with public health guidance. Signage relating to visitors on the front door did not reflect actual practice in the centre while the risk assessment related to visiting during the pandemic did not document the requirement of visitors to phone in advance as a control measure as outlined by staff in the designated centre. In addition, another control measure documented two visitors were permitted for each resident but external signage on the front door stated one visitor per resident.
- Aspects of the premises provided and the facilities contained within it required review to help infection prevention and control efforts. For example, office equipment in use was located on the floor in the kitchen, the painted surface of the kitchen units was chipped and peeling in many areas, mop heads were seen to be stored next to tea towels without separation in a kitchen press.
- The safe storage and refrigeration of food was not being adhered to at all times. For example, there was an open packet of raw chicken observed in the fridge with no date of opening evident.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Cork City North 23 OSV-0007458

Inspection ID: MON-0035683

Date of inspection: 18/01/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;
• The governance and management arrangements in this centre had not ensured that that there was effective monitoring of infection prevention and control practices in the designated centre. An IPC meeting was held with all staff on both shifts by the PIC- Site visits by management will be co-ordinated on a weekly basis to spot check implementation of guidelines and protocols in relation to IPC measures.

• A new cleaning log has been developed and implemented including the dusting of high areas within the centre. During site visits by management the new log will be checked. An information page has been added to the front of the cleaning log with cleaning products and their storage location within the residence. All staff have been informed of new system. During future hand hygiene assessments staff will be reminded of the appropriate occasions to wear gloves.

• Training - All staff have been requested to complete the HSEland online training in IPC and certificates are currently being collected.

• Observational audits for hand hygiene will be carried out as part of the site visits by management. An organisation specific document is currentyl being prepared by the IPC team. Hand hygiene assessments for all staff will continue to be carried out regularly in line with policy.

• Environmental audits will be carried out during the spot checks of the centre and any issues addressed with the relevant personnel. New cleaning log will be checked against cleaning carried out.

• A notice regarding the colour coding system is now in the cleaning log. Signs regarding colour coding will be displayed in the laundry area. Colour coded bags for storage of mops will be sourced from contract cleaning company. Appropriate storage of cloths has been organised. Staff have all been reminded of the IPC guidelines.

• A sticker with the dilution ratio has been attached to each small bottle along with the date which the solution was prepared to ensure that it is changed as per guidelines. This information is now also stored in the cleaning log.

• A site specific cleaning log has been developed and is now in use. All items on the list are relevant to the designated centre.

• Staff are now taking their temperature and documenting same twice per day as outlined in protocol. Signage in relation to visitation has been removed. The risk assessment has been updated to reflect that the most recent controls as advised in the national guidelines have been included. This will be continue to be updated as new guidance is received. Families will be informed in relation to any changes to visiting procedures.

• A desk has been purchased to store the office equipment appropriately. The kitchen presses will be repainted in the coming weeks. Mop heads are now stored in an alternative location separate from other items.

• The safe storage of food and appropriate labelling pricedures was addressed with all staff during recent meetings and staff were reminded of IPC procedures. Food storage will be one the measures checked as part of the site visits.

Judgment: Not compliant

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	21/03/2022