



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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 September 2022
Centre ID:	OSV-0007700
Fieldwork ID:	MON-0035806

About the designated centre

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

The Meadows provides residential services to three males aged between 22 and 35 that have a diagnosis of Autism. The centre comprised of a three-bedroom house. The house consists of a sitting room, a kitchen, toilet, utility room, an office downstairs and an office and three bedrooms upstairs. The three bedrooms included an en-suite toilet/shower facility in each of them. The centre is staffed by social care leaders, social care workers and support workers. The role of person in charge is shared between two people.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Friday 23 September 2022	10:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke in details with three members of the staff team who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with the three residents who lived in the centre. In addition, the inspector observed residents in their home as they went about their day, including the care and support interactions between staff and residents.

The inspector used conversations with staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and *the National Standards for Infection Prevention and Control in community services* (2018), however, some actions were required to bring the centre in to full compliance.

The centre comprised of a three-bedroom house, all with en-suite toilet/shower facilities, a sitting room, kitchen, utility room, a downstairs toilet and two offices. There had been a significant upgrade to the downstairs area of the house and in particular, a new kitchen had been installed which resulted in the layout of two rooms downstairs being changed. The sunroom was converted into a large kitchen which, overall, provided a brighter and more spacious environment for the residents to use. The area where the old kitchen was previously located was now a comfortable seating area with additional storage units and a small staff office. There was also additional upgrades completed in other areas of the house. For example, one of the residents' en-suite facilities had been upgraded in line with recommendations from allied health professionals.

On arrival to the house, the inspector was met by the person in charge who took the inspector's temperature and completed a symptom check as part of the visitor's procedure. The centre was observed to be clean and tidy however, there were a small number of premises issues which impacted on the effectiveness of some of the infection prevention and control measures in place. For example, there was mould and disrepair to the shower base and surround in two of the residents' en-suite facilities. There was peeling and chipped timber observed on the shelving in the upstairs staff office, on the window sill in a resident's bedroom and on the utility room counter. This will be discussed further in the quality and safety section of the report.

During the day the inspector observed the residents going out and about, with their staff members, to different activities of their choice. Residents did not provide their views on aspects related to infection prevention and control however, the inspector reviewed questionnaires from the annual report process where residents and their families had provided feedback on the service provided to them. Overall, the

feedback was very positive. For example, residents were happy with the care and support they received, their bedrooms, the activities they were supported to attend and with the staff that supported them.

Residents were supported to understand about infection prevention and control, and in particular the current health pandemic. For example, residents were provided with key working sessions and where appropriate, social stories and visuals regarding the processes and procedure for getting tested and being administered vaccinations.

Staff informed the inspector that they had completed training in infection prevention and control and were aware of who they could contact for any infection prevention and control related queries. Staff who spoke with the inspector were knowledgeable about what to do should there be an infectious outbreak in the centre. In addition, staff were aware of where to access policies, procedures and guidance relating to infection prevention and control and in particular, COVID-19. Overall, through conversations with staff, the inspector found that they were knowledgeable on practices and procedures to keep residents safe.

Throughout the inspection, staff were observed to be wearing appropriate personal protective equipment (PPE). There was ample availability of PPE within the centre, including gloves, masks and aprons. There were bins located upstairs and downstairs where PPE, such as masks, could be disposed of.

Residents' personal toiletries, toothbrushes, hair brushes and shaving equipment were stored separately in their own rooms and en-suite facilities for personal use only. There were sinks in each of the en-suite facilities, including the downstairs toilet, with hand soap and single-use towels available. The inspector observed hand-washing signage in all bathroom/toilet facilities.

The inspector observed hand-gel placed in appropriate locations throughout the house. There were a number of hand-sanitiser points located throughout the house. All hand soap and hand-sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished.

Staff were using colour-coded cloths and mops for each area within the designated centre to prevent the transmission of infection in the house. Staff engaged in the cleaning tasks and duties in the house and on completion documented them on a comprehensive cleaning rota. On speaking with the inspector, staff described the manner in which they carried out these tasks. Colour-coded systems were in place to ensure mops, cloths and other items were segregated and used to only clean specific surface areas. However, some improvements were needed to ensure that the cleaning cloths correlated with the colour-coded guidance in place.

In summary, the inspector found that residents' well-being and welfare was maintained to a good standard and that, overall, there was a strong and visible person-centred culture within the designated centre. The provider had enacted an array of policies and procedures to support effective infection, prevention and control practices in the centre however, some enhancements were required, to a number of the practices and guidance in place, to ensure that care was delivered in a safe manner at all times. There was also some upkeep and repair work required to

the premises, much of which the provider had self-identified, however, a timeline and completion date was needed.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that while the governance arrangements in place in the designated centre supported the delivery of care and support in a manner that endeavoured to protect residents from the risk of acquiring a healthcare-associated infection, while enhancements to some of the practices and guidance was needed to ensure that they were being effectively implemented at all times. In addition, while the provider had self-identified a number of premises upkeep and repair tasks, further actions were needed to ensure a plan and completion date to complete the tasks was put in place.

There were clear lines of authority and accountability in the service. The centre was run by two team leaders who shared the role of person in charge, with the support of a service manager. The two persons in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The two persons in charge were also given the responsibility as the centre's infection prevention control lead persons and were provided with appropriate training to support them in this role.

On the day of the inspection, one of the persons in charge was on duty. The inspector found that they were familiar with the residents' needs and endeavoured to ensure that they were met in practice. Staff spoken with were aware of the reporting structure and of who to contact if they required further infection prevention and control information or support. The persons in charge were continuously looking to improve the infection prevention control monitoring systems in place to ensure they were effective and in line with guidance and best practice. For example, a new service manager weekly checklist had been put in place recently which included comprehensive cleaning schedules for all areas inside and outside the house alongside staff allocations for the tasks. Where actions were needed these were followed up promptly with completion dates noted.

There was a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

The two infection prevention and control lead personnel, as well as the organisation's infection prevention and control committee, regularly liaised with staff

in the centre and provided guidance and support in matters related to infection prevention and control and in particular, in relation to the current health pandemic.

The inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres run by the same provider had been reviewed and shared, with many of the improvements addressed, or in the process of being addressed. This had resulted in improvement and enhancements to a number of infection prevention and control measures in place. For example, the provider held a steering meeting on a regular basis where matters relating to infection control procedures and practices were discussed and where improvements were identified, put in place and shared through-out the organisation's designated centre.

In addition, where there had been a suspected case of COVID-19 in the designated centre earlier in the year, a review of the infection prevention and control practice and procedures during that period was carried out by the person in charge and senior management. The outcome of the review resulted in improvements for residents, and in particular relating to their self-isolation plan. This information was then shared with residents and staff.

The provider had completed an annual report and six-monthly unannounced visits of the centre which reviewed the quality, support and care provided to the residents living in the centre. Both of these audits included action plans which identified clear time-bound plans. The inspector saw that most of the actions on the plans had been progressed or completed.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. There was a well-established staff team in the centre. The roster was maintained appropriately and improvements had been made to it since the last inspection. The roster clearly demonstrated the times worked by staff and their role and when the persons in charge were working in the centre. The provider was in the process of recruiting one staff through a specific purpose contract to cover staff leave. In the interim relief staff were covering a number of shifts. Where relief staff had been required, the person in charge had endeavoured to employ staff who were familiar to the residents and were knowledgeable of the residents' assessed needs.

Staff had access to a range of training and development opportunities. All staff had undertaken training in the basics of infection prevention and control, alongside training on the Health Information and Quality Authority (HIQA)'s, *National Standards for Infection Prevention and Control in Community Services: Putting the Standards into Practice* and training in food hygiene. However, a small number of staff required refresher training on some of the modules of infection, prevention and control training.

Overall, the inspector found, that the staff spoken with, had good knowledge and awareness of how to keep residents safe during an outbreak of infectious disease.

Staff also demonstrated good knowledge of standard and transmission-based precautions and overall, of the infection prevention and control measures in place in the centre.

One-to-one support practice meetings, alongside performance management meetings, were taking place to support staff perform their duties to the best of their ability. The meetings included conversations, shared learning and knowledge checks in relation to infection prevention and control matters. Staff who spoke with the inspector advised that they found these meetings to be beneficial to their practice.

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 for the resident and staff, and contingency plans in relation to staffing and other essential services.

Quality and safety

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

The residents living in the centre had been informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Residents were provided regular one-to-one meetings with their staff, using communication tools such as conversations and social stories to explain the various changes, restrictions and precautions that were in place. Some examples of social stories put in place for residents included, social distancing, information on self-isolating, getting tested for a virus, hand hygiene, staff wearing PPE and explaining the road map for returning to community activities. This was in an effort to better support residents' understanding of the current health pandemic and empower them to keep safe in their home and in the community.

In addition, residents had been supported to receive vaccinations and participate in the booster programme also. Consultation and informed-decision making with regards to availing of national vaccination programmes had been implemented. Residents had been supported to make decisions and choices in this regard using methods that were familiar to them and in line with their communication needs.

Residents were provided with self-isolation plans in case they needed to isolate during an outbreak. The inspector saw that the plans were person centred and took into account each resident's likes and preferences. However, the plans had not been reviewed since they were implemented in 2020. Furthermore, the plans had not been updated with any changes to the self-isolation procedures or to include the

change in layout of the house.

There was ample stocks of PPE in the designated centre. The centre had adequate hand-wash facilities in the house. There was a good supply of hand-sanitising gel and these were located at entry points and high risk areas. Through conversations with staff and through observations, the inspector found that residents' privacy and dignity was respected and promoted at all times. Where appropriate, and in line with residents intimate care assessed needs, PPE and appropriate health-related waste systems were available in residents' bedrooms.

Overall, the designated centre was found to be suitable to meet the residents' assessed needs. The design and layout of the premises ensured that residents could enjoy living in a comfortable and homely environment. This assisted the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

A walk-around of the centre demonstrated that, for the most part, the premises was clean, tidy and well maintained. There had been improvements to the facilities provided in the house since the last inspection. A new kitchen had been installed which provided for a more spacious and brighter environment for the residents to enjoy. In addition, recommendation from an occupational therapist report had resulted in an upgraded to a resident's en-suite shower.

The inspector observed that most of the areas of the house had been freshly painted with residents choosing the colours to be used. However, there were some areas of the house, including fixtures, furnishings and facilities, that required upkeep and repair to ensure the centre was conducive to a safe and hygienic environment, at all times. Some of these tasks had been identified by the provider but were at the early stages of progress.

There were cleaning schedules in place and there was evidence to demonstrate that staff were adhering to the schedules. There were cleaning procedures and guidance in place for staff to support them in effectively carrying out cleaning duties. However, some improvements were needed to further enhance the schedules in place. For example, where schedules included a deep clean section, there was minimum information provided in this section to support and guide staff on what needed to be completed and how to complete the tasks effectively. The inspector was informed that the persons in charge and staff team were currently addressing this matter.

Staff spoken with were able to describe what colour-coded mops were used when cleaning the centre's floors. Staff were also able to describe the high-touch point cleaning regimen and its importance in reducing the risk of infection transmission. There was ample stock of cleaning product in place. However, on observation of the stock of cloths to clean surfaces, the inspector saw that they did not fully correlate with the colour-coded system in the centre's guidance.

There were arrangements in place for the laundering of residents' clothing and linen; these were found to be in line with the providers' linen management policy. Overall, staff who spoke with the inspector, were familiar with the provider's

guidance on the management of spills and soiled laundry.

The centre used reusable medication cups when administering certain medications to residents. The inspector observed the cups to be clean however, when talking to staff about the cleaning process of the reusable cups, there were some inconsistencies in their response. In addition, the inspector found that staff were not fully aware if there was guidance in place for the cleaning and decontamination of reusable cups. Overall, the inspector found that improvements were needed so that clear guidance was readily available to staff regarding the cleaning of reusable medical cups.

Other equipment, located in the first aid cabinet also needed review. Although recently checked, products in the first aid cabinet, such as plasters and sterilised eye wash, were observed by the inspector to be out-of-date.

There was a clear outbreak management plan in place that took into consideration the individual needs and abilities of each resident. The plan included information on how to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre in line with their documented plans and in a person-centred manner. There were staff contingency plans in place. There was an ample supply of PPE, including the recommended PPE for use in the event of a COVID-19 outbreak.

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

The outbreak plan included specific plans and responses to residents where suspected or confirmed cases were identified. It provided clear detail on self-isolation plans for each resident which were person-centred in nature and took into account the understanding and communication of each resident. The self-isolation plans included information from each resident's "about me" section of their person plan and included what staff needed to know about the resident if they were required to self-isolate in their room.

The plan identified precautions to be considered for each resident such as laundry, staffing, direct contact, administration of medicine, showering including an individualised monitoring plan. The outbreak plan also considered PPE required in the isolation area, cleaning, cleaning supplies and disposal of clinical waste.

However, improvements were needed to the self-isolation plans to ensure they were reviewed, and where necessary, updated on a regular basis. The inspector saw that the residents' self-isolation plans had not been updated since they were first implemented in April 2020. In addition, the plans did not clearly demonstrate that all staff had reviewed and understood them.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak in the designated centre, which were

developed through a risk management framework. These risks and control measures were consistently reviewed and discussed by the infection prevention control team and when updated, were relayed back to the staff team.

In addition to the outbreak plan, where there was a suspected or confirmed case of COVID-19, there was a specific outbreak form completed. The form was used to monitor the resident's health and wellbeing during times of suspected or confirmed cases and to ensure that plans and protocols put in place were being followed. Part of the form included a review section to check if protocols had been followed and if they were effective. The review also looked at what worked well and what needed improvement. This form was then reviewed and discussed with area managers, person in charge, staff, residents and their families. Where appropriate, changes to better meet the needs of the residents, were made and included in their individual plans.

Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection Prevention and Control in Community Services*, however, some actions were required to be fully compliant.

There was a strong organisational and local governance framework in place which resulted in the delivery of safe and quality services and facilitated good oversight of infection prevention and control practices.

All staff had undertaken training in the basics of infection prevention and control, alongside training on the HIQA national standards however, a small number of staff required refresher training on some of the modules of infection, prevention and control training.

The person in charge had implemented local operation procedures that ensured infection control risks were promptly identified and addressed. Staff endeavoured to ensure that residents received person-centred care and support that protected them from healthcare-associated infections.

There was a comprehensive outbreak management plan in place which included a section on self-isolation plans for residents. However, improvements were needed to ensure that each residents' individualised self-isolation plan was reviewed on a more regular basis and included the most current information.

The provider had put in place guidance on the use of a colour-coded cloth system for cleaning surfaces; however, on the day of the inspection, the stock of cloths in use was not in line with the guidance.

There was a first aid cabinet that was fully stocked with regular stock checks taking place however, some of the items were observed to out-of-date.

There was regular PPE stock checks taking place. However, improvements were needed to ensure the effectiveness of the checks. For example, the stock check list did not monitor the 'use by date' on the stock.

The medicine cabinet was clean and well organised; however, not all liquid items had been labelled with an opening date. A review of the effectiveness of the local medicine audit was also needed as a recent audit in September 2022 had ticked that all medicines had been labelled with an opening date.

There was reusable equipment in place to dispense residents' medicine; however, improvements were needed to ensure there were clear guidance readily available to staff to ensure consistent and effective cleaning of the equipment, at all times.

The centre was found to be clean and tidy while still providing a comfortable and homely accommodation to the residents. However, some improvements were needed to the deep-clean section of the cleaning schedules to support and guide staff on what needed to be completed and how to complete the tasks effectively.

However, there were some upkeep and repair works needed to areas of the house to ensure that they could be effectively cleaned to mitigate the risk of spread of healthcare-associated infection.

For example, there was mould and disrepair to the shower base and surround in two of the residents' en-suite shower/toilet facilities. There was peeling and chipped timber on the shelving in the upstairs staff office, the window sill in a resident's bedroom and the utility room counter. Some of the tasks had been self-identified by the provider however, plans to complete this work was at the initial stages with no actual completion date in place.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for The Meadows OSV-0007700

Inspection ID: MON-0035806

Date of inspection: 23/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • All staff to have completed training in the basics of infection prevention and control and HIQA national standards by 27.11.2022. Any staff not scheduled prior to this date to complete prior to commencing their next scheduled shift. • Comprehensive outbreak management plans have been updated and reviewed for each resident with review date of 6 monthly, or sooner if any changes occur or if outbreak occurs, all staff to sign off on having read the plans, these plans to include the change of layout in the house – 27.11.2022 • Review of IPC Folder to ensure all information is the most recent available has taken place – Action Complete • Colour codes cloth system to continue – stocks to be sourced from alternative supplier if sufficient stocks of cloths are not available – Action Complete • First aid cabinet supply check to include items to be checked for 'use by' dates. Any items which are out of date prior to the next stock check are to be removed and reordered. Member of staff to be assigned to this task. 15.11.2022 • PPE stock take to include 'use by' date. Any items which are out of date prior to the next stock check are to be removed and replaced Action Complete. • All liquid items in the medication cabinet are to be labelled with an opening date – Action Complete. • Review of medication audit has taken place between PPIM and Local Management on 	

24.10.2022; changes were made to medication audit to ensure all required information is clearly captured – Action Complete.

- Clear guidance on the effective cleaning of reusable medication dispensing equipment has been issued and is visibly available in the medication room – Action Complete.
- Deep clean section of cleaning schedules to clearly identify required tasks and guidance on how to complete such tasks effectively. Centre management to obtain feedback from staff members who carry out these tasks to ensure they are able to complete these tasks – 27.11.2022.
- Action plans by provider to include timeline for completion – Action Complete.
- To ensure effective cleaning and upkeep of service user bathrooms replacement of vents as required, removal and replacement of any areas which are in disrepair – 27.11.2022 .
- Addition of all bathrooms to the monthly deep clean section of cleaning tasks along with current daily cleaning – 28.11.2022.
- All painting and varnishing which remains to be completed by 30.11.2022.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2022