



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

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Nursing Home
Name of provider:	SGNH Limited
Address of centre:	Glenayle Road, Edenmore, Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	23 September 2020
Centre ID:	OSV-0000174
Fieldwork ID:	MON-0030528

About the designated centre

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

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St. Gabriel's Nursing Home is located in North Dublin and provides residential and respite care for male and female residents over the age of 18 years. The premises is a 66-bedded facility expanding over two floors consisting of 58 single and four double rooms. The ground floor is called the Jasmine suite and consists of 26 rooms. There are 28 residents in total on this floor all of varying dependency. The top floor is called the Lavender suite and consists of 36 rooms. There are 38 residents all from varying dependency.

The designated centre has a reception area with seating space and a sun room, which looks onto one of multiple garden courtyards. Multiple communal living rooms are available for residents to relax, socialise, watch TV, read or participate in activities. The building also features a hairdressing salon, a chapel, large dining rooms, and on-site kitchen and laundry facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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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 23 September 2020	09:30hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Residents welcomed the inspector into their home and were happy to chat about how they were getting on. While there was some general concern regarding the impact of the global COVID-19 pandemic and the restrictions in place in response to it, residents were not distressed and were in good spirits during the day. Some residents told the inspector that they understood why some things needed to change with life in their home but that they weren't going to let it get them down. Residents had gotten used to staff wearing face masks and some residents opted to do so themselves as well.

Residents were observed carrying on with their day with minimal impact on their preferred routine. Residents could go out to the garden, get involved with group activities, or spend time relaxing, chatting with each other and with staff, watching television, or reading the newspaper or magazines. Requests were made on which music was playing in communal spaces with one gentleman encouraging others to sing along.

There was a relaxed and homely atmosphere in the service and the inspector observed respectful and friendly interactions and chat between staff and the residents. Staff had a good rapport with residents, encouraging people to keep busy, and any personal assistance was done so in a way that was discreet, dignified, and allowed the resident to go at their own speed. Residents were not over-assisted or discouraged in their independence, and were able to stroll around the centre or outside alone or in accordance with their personal support requirements. Residents spoke highly of the staff and told the inspector that they liked their home. Residents also commented that the food was quite good and that they had options if they wanted something else on offer.

Resident committee meetings had recently restarted having paused during the height of the social restrictions. Those who attended were glad of this avenue by which to have their voice heard in the running of the service. Suggestions raised at these meetings included ideas for activities, meal options and how to attend mass remotely, and some of the points raised had been tried out to varying degrees of success.

On the day of inspection the provider was in the process of composing the annual review of the designated centre for 2020 and advised the inspector of plans to roll out surveys to capture the satisfaction status of the residents with the different aspects of life here to incorporate into their report and their quality improvement planning.

Capacity and capability

The inspector found evidence indicating a strong culture and atmosphere of person-centred care and support in effect in this designed centre. Staff were keeping residents safe and supported, while encouraging and facilitating residents to keep occupied, active and independent in accordance with their assessed requirements. The inspector observed good examples of how residents were being protected while having relatively low impact on their quality of life and facilitating people to follow as much of their usual routine as possible.

This was a short-notice announced inspection, with the person in charge being advised the previous evening. This was done to ensure that key staff were available if required, and to ensure that the inspection could be carried out efficiently and with reduced interruption on the day of the people who live in the centre. At the time of inspection, an increased level of restriction on visits to designed centres for older people had just been effected for all centres in the Dublin region.

The designed centre had experienced an outbreak of COVID-19 from April to June of 2020 which resulted in the passing of three residents and required a number of staff members to go off-duty to self-isolate. At the highest point of this outbreak, there were seven residents and eleven staff members testing positive concurrently for COVID-19. Managers and staff in the designated centre received support and guidance from the public health teams during this time and had continued to engage with these contacts for ongoing advice in the months since.

The management structure and lines of accountability were clear and allowed for good provider oversight of the operation of the centre. A member of senior management with the service provider was based in the designed centre on a regular basis, to support the local management team and who could deputise for the person in charge should they not be able to attend work. There was also team of clinical nurse managers who could take over the duties of the person in charge if required. These measures would ensure a strong continuity of operation and leadership in the event of a future outbreak. Multiple nurses had been trained in swab testing to ensure timely identification of actual or suspected cases among staff or residents. The provider had an internal team established to ensure that the designed centre was suitably equipped and resourced with relief staff and personal protective equipment (PPE) to mitigate the impact of this risk.

There was a suitable number and skill mix of staff available to support residents, and the inspector observed residents being assisted and supported in a timely but unhurried fashion. The person in charge worked full-time in the centre and rosters indicated that there was at least two nurses on duty at all times of the day and night. There were some vacancies of healthcare assistants, for which the provider had scheduled interviews to fill. In the meantime, there was a panel of relief staff, and regular staff amending their shifts, to facilitate continuity of support to residents. Any changes made to shifts were clearly recorded on the staffing roster.

The inspector reviewed a random sample of personnel files and found them to contain the information required under Schedule 2 of the regulations, including

employment references and vetting by An Garda Síochána. Newer staff had a checklist to be completed during induction before being signed off to be added to the regular roster. The staff training programme has been adapted to ensure that staff were kept up to date on mandatory training in light of the current precautions, with fire safety training provided externally, and manual handling training provided in-house by the physiotherapist, being attended in smaller groups. Staff were also facilitated to undergo training in the use of PPE and effective hand-washing to keep themselves and others safe. At all times there was a member of staff present who was trained to perform cardio-pulmonary resuscitation (CPR) if required.

The governance and management team were committed to providing a good service and ensuring that in the absence of more regular visits, families were kept updated on how the service and their loved ones were doing. The inspector was provided with newsletters and emails which has been issued to families. Complaints and concerns received by the service were clearly documented, and a review of records showed that where complaints arose they had been managed in line with local policy and procedure. Residents noted that they would feel comfortable making a complaint about the service if they needed to.

Regular meetings were taking place with the management team in which ongoing issues were discussed and incidents, accident, complaints and infection risk was analysed. The provider had assessed their performance on how they managed their outbreak in April and what challenges arose during the period of risk for this centre. Spot-check audits were carried out of staff compliance with practices such as hand-washing, using appropriate PPE and staying bare below the elbow. Environmental audits were taking place to ensure the premises were clean and safe. Meetings were being held with the relevant staff in the centre to gradually and safely recommence services which had been restricted, and return as close as possible to normal routine. This included assessing dining rooms for their ability to safely accommodate residents at a safe distance from each other, and adapting the recreation programme to continue the activities which could be done with respect to safely guidance.

At the time of inspection, the provider was composing their annual review of the designed centre for 2020, and of the portions written, any points identified for quality improvement had been identified with actions to achieve these goals. The inspector was advised that with the resident committee meeting again and a satisfaction survey due to be rolled out to residents and their representatives, the commentary and feedback on living in the service would be incorporated into this report.

Regulation 14: Persons in charge

The person in charge had commenced in the role here in early 2020 and was suitably experienced in management roles in other designed centres for older people. They worked on a full time basis in this service and had an active

registration with the Nursing and Midwifery Board of Ireland. They were supported both from the provider-level management as well as by a team of clinical nurse managers, and were familiar of their duties and responsibilities under the Health Act 2007.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available to support residents in accordance with their assessed needs. Staff had a good knowledge of residents' support requirements, interests and personalities to deliver effective and suitable care. The provider was in the process of recruiting to fill vacancies, with said vacancies being temporarily filled in a manner which facilitated continuity of care. Nursing care was available at all times of the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been facilitated to attend mandatory training in areas such as manual handling and fire safety as well as to undergo training relevant to infection control best practice. Staff were recruited, vetted, inducted and supervised in accordance with centre policy. Staff who spoke with the inspector felt supported in their ability to carry out their role and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The registered provider maintained good oversight of service provided and ensured that there were adequate resources allocated in terms of staffing, equipment, facilities and catering arrangements.

The leadership and management team ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. As a result the culture of person-centred care was evident in staff practices and attitudes.

Effective audit and management and review systems were in place to promote the

delivery of safe, quality care services with robust layers of oversight. Risk management and quality assurance frameworks were in place.

An annual review for the centre was in progress at the time of inspection and there were plans discussed to ensure that residents and their families were consulted in respect of the quality of care provided as part of this report.

Judgment: Compliant

Regulation 34: Complaints procedure

The designed centre had a complaints policy which identified the procedure and primary contacts for making a complaint. Residents told the inspector that they would feel comfortable making a complaint if needed. The inspector reviewed a sample of the complaints records and found them to be detailed, and to contain timely correspondence between the complainant and the provider while coming to an outcome to the matter.

Judgment: Compliant

Quality and safety

While residents' lives had been impacted by the COVID-19 pandemic and associated social restrictions, the inspector observed good examples of how staff were supporting people to pursue their preferred routine as close to normality as possible. Staff had adapted the activities programme to continue with what could be done safely, and care staff were observed taking the time to chat to residents and keep people occupied while otherwise supervising communal areas and ensuring people were safe and comfortable.

The inspector reviewed a sample of resident care and support plans, which were based on ongoing assessment of clinical and social needs. These plans were reviewed and updated on a regular basis and as required based on changing resident dependencies. Care plans were reviewed for specific support needs including weight management, nutritional risk, wound care, positive behaviour support and risk of fall injury. These plans were specific and person-centred, with the primary care interventions clearly laid out for the reader to assist the resident in an appropriate way. General care plans relevant to all people, such as social and recreational interests, personal hygiene assistance and preferred daily routine were similarly tailored to each person and reflected the wishes and preferences of the person.

Residents had access to their general practitioner (GP) during the height of the

national restrictions and could access their relevant healthcare professionals in a timely fashion also by remote means. The physiotherapist and occupational therapist attended the centre on a regular basis and other services including chiropody, tissue viability, dietician and speech and language therapy were available on referral. The input of these clinical services to residents support plans was clearly documented on the centre's digital database. Where staff were instructed to perform monitoring to assist with care plan review, this was being carried out, such as regular documenting of weight fluctuation, fluid intake and wound healing progress. If a resident refused certain therapeutic interventions, this was recorded and taken into account in their care planning. All residents had advanced care directives in place that respectfully and plainly identified people's wishes regarding transfer and resuscitation.

The premises comprised of a two-storey building with multiple communal space options in which residents could relax, socialise or attend activity sessions. There were nicely-featured external garden and courtyard spaces which were located adjacent to communal areas to encourage access and safe use by residents. There was a sunroom area designed for accommodation of visitors which was located beside patio doors and near the reception foyer so that visitors could meet their loved ones in a way that allowed them to socially distance in a well-ventilated space. All corridors and communal areas had tape on the floor to discreetly support staff to achieve social distancing when seating residents or navigating living rooms.

Dining rooms were large and could effectively accommodate large numbers of residents. Menu options with pictures were displayed in prominent locations and resident who required higher levels of support were observed being assisted in a manner which did not put them under pressure and encouraged them to go at their own pace. Residents commented that they enjoyed their options on offer and additional suggestions raised at resident committee meetings had been introduced to the menu rotation. Snacks and drinks were on offer throughout the day. In the case of residents who had been identified as at risk of weight loss, there was clear instruction on snacks and supplements, as well as on preferred portion sizes to encourage a healthy and balanced diet.

Since the previous inspection, the provider had installed additional shower facilities for use by residents who did not have a shower in their private en-suite facilities. This had improved the availability of showers, with the 20 residents without en-suite options on the ground floor having two shower room options and the 30 residents without en-suite options on the first floor having two showers and two baths available, with the remaining residents having their own private shower. These shared bathroom facilities were clean and easy to access. Improvement was required regarding residents' toiletries being left in bathrooms used by other people. During the course of the day, the inspector observed four instances of labelled and unlabelled items such as shampoo, body wash, combs, grooming scissors and prescription creams belonging to multiple residents being left behind after use.

The premises were clean and well-maintained, and the household staff were clear on practices to mitigate the risk of infection spread. All bedrooms were on a schedule which would result in a general clean daily and a deep clean at least

monthly. Cleaning procedures which would be followed in the event that there is an infection risk were clear. There were appropriate procedures in the laundry area for handling items which were soiled or at risk of infection. Cleaning stores, clinical rooms and utility areas were secured and free of obstruction to their usage. PPE for use by staff was suitably stored and available for use.

The provider had performed a detailed serious incident analysis following the COVID-19 outbreak in April 2020. In this, they identified where there had been challenges to effectively achieving the practices set out by the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. As discussed with the inspector and provided in detailed contingency plans, the provider had identified a space which would be left vacant to quarantine residents who were recently admitted or who became symptomatic for COVID-19. In the event that space additional to what was identified needed to be used, this would be done through temporary relocation of residents, taking their consultation into account but reserving the right to act in the interests of keeping people safe and healthy. This area was located at the end of a hallway and staff could be allocated to specifically attend to residents with an active infection risk with enhanced precautions.

Regulation 17: Premises

The premises was comprised of single and twin bedrooms across two storeys with multiple communal living and dining areas to accommodate the number of residents living in the centre. While the premises was of an older build, it was clean, well-maintained with natural light and ventilation. There were nicely featured and secure garden and patio spaces which were visible and adjacent to living rooms, accessible and attractive for residents to use in their daily life.

Since the previous inspection, new showers facilities had been added for use by the 50 residents who did not have their own private en-suite shower in their bedroom. This provided two showers for 20 of these residents on the ground floor, and two showers and two baths for the 30 people on the first floor. There were suitable laundry and kitchen facilities onsite.

Dining areas were large enough to comfortably accommodate residents and those assisting them with meals while also allowing for social distancing. Smaller communal rooms were available to use as a space in which residents could receive their visitors. All rooms which could be hazardous to residents who wander, such as clinical rooms and cleaners stores, were safely secured. All hallways and floors were designed to allow for safe and easy navigation by residents who were independent or who required equipment or staff support to mobilise.

Judgment: Compliant

Regulation 18: Food and nutrition

The designed centre had an on-site kitchen and there was a sufficient supply of food and drink for the number and needs of residents. Menu options were displayed visibly and there was plenty of dining room space to accommodate residents comfortably. The inspector saw some residents being assisted with their meals by staff in their bedrooms or in a quieter area of the dining space.

Residents' nutritional plans clearly denoted what modifications or supplements were required, and in the case of residents being monitored due to weight loss concerns, this was clearly documented to provide a trend. Support plans also noted resident snack preferences and where people wished to not wear front coverings while eating. This choice was observed being respected during lunch.

Judgment: Compliant

Regulation 26: Risk management

The designed centre risk register had been updated to reflect COVID-19 and its associated secondary effects such as staff absence. For all risks identified, the hazard was rated and accompanied by control measures to mitigate said risk.

Incidents and accidents which had occurred in the designed centre were documented with notes on learning opportunities and risk control for future events. This included detailed analysis of how the centre performed and could improve upon in response to an infection control risk.

Judgment: Compliant

Regulation 27: Infection control

The premises was clean, tidy and well-equipped with antibacterial gel dispensers and information posters about COVID-19. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to inspectors the cleaning arrangements and the infection control procedures in place. Staff were observed to maintain social distancing as much as possible, and marking on the floor assisted with this.

There was a process in place and evidence for terminal (thorough) cleaning taking

place. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe waste management arrangements in place.

Some improvement was required to ensure that in shared bathrooms and shower areas, personally labelled and unlabelled items such as hair combs, lotions, nail scissors and prescription creams were not left behind when residents were finished bathing. Their use by other residents could risk cross-contamination.

Any visitors or visiting staff had their temperature taken in a contactless manner. Staff temperatures were recorded regularly and staff were aware of the local policy to report to their line manager if they became ill. Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were systems in place to ensure staff minimise movements around the centre.

Staff had been trained in infection control best practice and some nurses had been trained to carry out swab-testing in the centre. An area had been identified for the care of any residents with a suspected or confirmed case COVID-19.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with healthcare professionals in relation to care plans and interventions. Care plans were maintained under regular review and updated as required. Plans reflected the good knowledge of the staff members on residents' needs, preferences, interests and daily routine.

Judgment: Compliant

Regulation 6: Health care

Residents could access and receive input on their health and social care needs from their doctor as well as relevant allied health professionals who attended the service regularly and when required. Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs during the national social restrictions. Clinical advice was clearly documented in residents' support plans and contributed to its review. Where staff were required to record weights or nutritional intake, this was being done as per instruction.

Judgment: Compliant

Regulation 8: Protection

It was confirmed that all staff had a An Garda Síochána vetting disclosure in place prior to commencing their posts. A review of a sample of staff files confirmed this. Staff had attended mandatory training in safeguarding vulnerable adults and were familiar with how to identify and respond to incidents of actual, suspected or alleged resident abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector spend time observing residents and staff engagement and found a calm, relaxed and frie3ndly atmosphere. Residents who spoke with the inspector said they liked living in the centre and good examples were found or observed of how the provider and staff were ensuring that the routine of the centre was as close as possible to normal. All recreational activities had been reviewed to find ways to continue some of them in a way which allowed for smaller, socially distanced groups. Staff observed in the communal spaces were taking the time to chat to residents about their day, and did not discourage residents from leaving independently.

Where residents required personal support, this was done respectfully and discreetly, and the inspectors observed residents who required assistance with meals receiving it in a quiet manner which supported people to go at their own pace.

Resident committee meetings has resumed after being paused during the social restrictions, and these meetings had a regular attendance of residents who provided their feedback and suggestions for aspects of the service including activities and menu options.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Gabriel's Nursing Home OSV-0000174

Inspection ID: MON-0030528

Date of inspection: 23/09/2020

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>Following inspection on 23/09/2020, the management team has developed below action plan to achieve full compliance with regulation 27: Infection control.</p> <p>Action plan:</p> <ol style="list-style-type: none">1. To label all residents' personal cream / shower gel / toiletries.2. Staff must put all personal toiletries in one box when bringing resident for shower / bath in shared shower / bathroom, and ensure all items are brought back in the same box.3. All staff will be reminded at each handover.4. The Senior / team leaders / nurses / Clinical nurse managers will carry out spot check on daily base, any occurrence of cream / other personal items being left in the shared bath / shower room will be addressed individually. <p>This action plan has been implemented since 24/09/2020.</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	24/09/2020