



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Glenashling Nursing Home
Name of provider:	Riada Care Limited
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	22 September 2020
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0030518

## About the designated centre

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

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24 hour nursing care to people with following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose built facility. Accommodation consists of 51 single rooms and 12 twin rooms. 44 beds have en-suite facilities. There are 13 communal rooms available to residents which include an oratory and a hairdresser. The centre's stated aims are to provide evidence based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

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

Number of residents on the date of inspection:	74
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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
Tuesday 22 September 2020	11:00hrs to 19:15hrs	Michael Dunne	Lead
Tuesday 22 September 2020	11:00hrs to 19:15hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

On entering the centre inspectors underwent a series of infection, prevention and control measures which included temperature checks and a declaration that Inspectors were free of symptoms associated with COVID-19. Inspectors confirmed that they would be following national guidance in relation to mask wearing, hand hygiene and social distancing. Inspectors also confirmed that all discussions and interactions with staff and residents would be less than 15 minutes.

On entering the centre through the entrance into the new wing, it was observed that there were no residents visible on the ground floor. Residents on the first floor of the new wing were also seen to be remaining in their rooms with care and support services provided in their room environment. Inspectors were informed that the new wing was COVID-19 free and that all residents in this area were advised to remain in their rooms on advice received from Public Health, this was a precautionary measure in order to prevent the transmission of infection from the old wing of the centre where residents with COVID-19 detected were living.

One resident informed inspectors that the staff were lovely and came to chat to them in their room and always attended to anything they asked for. They enjoyed the food and really liked their room where they could bring their personal belongings. Another resident said that they were a bit bored but understood that they needed to stay in the room to keep them safe from COVID-19.

The centres smoking room was not been used and was found to contain seating and furniture removed from communal areas to comply with social distancing measures. Residents were seen to access segregated garden areas in order to facilitate their desire to smoke.

Staff who spoke with inspectors said that they were getting used to a new way of working in PPE when they were looking after residents in the isolation area. They said that they were well supported by management who provided them with education and regular information and guidance updates on COVID-19. To manage the risk of COVID-19 being brought in from the community, staff changed into uniforms and masks when they came on duty.

## Capacity and capability

The purpose of this inspection was to review the provider's responses to managing an outbreak of COVID-19 which had been notified to the Chief Inspector on the 03 September 2020. In addition inspectors followed up on the receipt of information received by the Chief Inspector which highlighted concerns around the supply of

personal protective equipment (PPE) to staff, resident's access to advocacy and the management of residents displaying responsive behaviours.

There were good consideration of issues relating to COVID-19 but there were a number of concerns with regard to the provider following through with all agreed interventions i.e. processes to assure themselves that their monitoring of cleaning to stop the spread of infection was effective. While inspectors observed many areas of good practice regarding the monitoring of infection prevention and control interventions some improvements were required regarding the oversight of cleaning documentation. Post inspection information was received from the provider which indicated that there were now processes in place to review and sign off cleaning documentation.

Inspectors observed that the provider had arrangements in place to ensure appropriate staff cover for nursing and healthcare assistant roles. The provider had engaged the services of an agency to cover any roles that could not be covered internally.

On the day of the inspection both the provider and the person in charge (PIC) were unable to participate. The inspection team had liaised with a clinical nurse manager (CNM) the day before the inspection to request for records to be made available for the inspection.

Glenashling experienced an outbreak of COVID-19 on the 03 September 2020 with information provided to the Office of the Chief Inspector indicating that seven residents had a diagnosis detected for COVID-19. On the day of the inspection inspectors were informed that four residents and five staff had a diagnosis detected for COVID-19. Records seen on the inspection indicated that the provider had actively engaged with Public Health and had followed the advice given during a visit from an infection control nurse.

Inspectors observed the provider had arrangements in place for cohorting detected cases with the identified area having its own dedicated staff team. Staff were observed to comply with guidelines around social distancing, hand washing and mask wearing however a small number of staff were observed to be wearing jewellery and nail varnish.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE on the day of the inspection.

Inspectors reviewed the advocacy arrangements in the centre and were informed that a number of residents were currently in receipt of advocacy support and that this service is actively promoted within the centre.

The provider carried out a number actions to enhance infection prevention and controls measures in the centre resulting from recommendations and guidance received during a visit from an infection control nurse on 10 September 2020 such as the removal of communal seating, removal of items to facilitate cleaning and ongoing review of donning and doffing of PPE. Regular considerations was also given to the cohorting of residents who had responsive behaviours to ensure

cohorting arrangements were effective.

## Regulation 15: Staffing

There were sufficient numbers of staff on duty on the day of the inspection with the required skill mix to meet the support needs of the residents. The provider had arranged for agency cover in addition to the centres own resources to ensure roster levels were maintained during the current outbreak.

Arrangements were in place where staff were allocated to areas with detected cases of Covid-19, while a separate cohort of staff were allocated to residents who were symptom free.

Master rosters presented to inspectors to review during the inspection required further clarification as the allocation of staff to each unit was difficult to ascertain, additional information and explanation was submitted to inspectors post inspection. A review of night time staffing arrangements in the new wing which accommodated 25 residents indicated there was one staff nurse and one health care assistant allocated to this area.

Information accessed during the inspection revealed that the centre did not have a dedicated activity worker for a period of four weeks during which time this task was allocated to health care assistants to ensure that residents had access to activation interventions.

Judgment: Compliant

## Regulation 16: Training and staff development

A review of training records held at the centre indicated that staff had attended mandatory training which comprised of training related to safeguarding and fire safety. The provider had also arranged for training on infection prevention and control which included information on COVID-19. Discussions with staff on the day revealed they were familiar with the precautions that were in force to reduce and mitigate against the risk of COVID-19 spread in the centre.

Staff were also able to access supplementary training related to behaviours that challenge. Staff informed the inspectors that they found training useful and informed their current practice.

Records were provided which showed that staff had received induction, supervision and appraisal. Induction records to assist agency workers orientate themselves to the building and to the needs of the residents were also available for inspectors to

review.

Judgment: Compliant

### Regulation 23: Governance and management

There was a well-established management team in place with clearly defined governance and management structures which identified clear lines of authority and accountability. The person in charge (PIC) was supported in their role by the provider who was present in the centre on a daily basis. At the time of the inspection both the PIC and the provider were unable to participate in the inspection however a clinical nurse manager facilitated the inspection and was the identified person in charge on the day.

There was an effective audit system in place to monitor the quality of care provided and included data collated in relation to nutrition and hydration, wound management, responsive behaviours and falls. Clinical governance meetings facilitated an overview of audits to identify and improve current practice.

Quarterly Health and Safety team meetings focused on a review of the risk register, a review of regular health and safety checks within the centre and on COVID-19 which also featured as a separate agenda item. Daily management team meetings regarding health and safety issues also included daily monitoring of COVID-19 with a focus on the centres preparedness plan to mitigate against the spread of COVID-19 in the centre. On the day of the inspection it was found that cleaning schedules related to the cleaning of resident rooms required review to ensure that rooms were cleaned according to the stated policy. Additional findings identified other areas of practice that required review and improvement and can be found detailed under regulation 27.

There were support systems for staff which included a process of induction, regular supervision and appraisal to monitor staff performance. There were also records available which indicated that agency staff who attended the centre were also provided with an induction programme.

Effective communication within the team was promoted through regular meetings across all disciplines which included household staff, healthcare, nursing and management team meetings. Key messages and information was also communicated through the centres own communications systems and through regular staff handovers.

Inspectors noted that the management team proactively engaged with the COVID-19 outbreak control team since the start of current outbreak on the 3rd of September 2020. In addition the centre followed advice and guidance given by an infection, prevention and control nurse who attended the centre on the 10th of September 2020



Judgment: Compliant

## Quality and safety

The inspection highlighted there were infection prevention and control processes and procedures in place and the centre was generally clean and well maintained. However there were gaps identified which required review. These are discussed in greater detail under regulation 27: Infection Control. There was a good appreciation of risk, with risk assessments and health and safety audits carried out on a regular basis.

Care plans regarding resident activities reflected a time when group activities were occurring but these activities were now suspended due to the current outbreak. Inspectors spoke with healthcare assistants who confirmed that they were assisting residents with their one to one activation needs.

All residents spoken with on the day of the inspection mentioned that they found the staff team to be very supportive and caring. Inspectors also observed staff and residents interactions and found them to be positive with staff demonstrating good insights into the needs of the residents.

The provider ensured that there were arrangements in place during the pandemic for families and friends to visit their loved ones when there were no restrictions in place. The provider did however facilitate controlled visits for residents who were at end of life or for those residents where lack of familial contact would adversely impact on their mental health. During periods of restricted visiting residents were able to avail of social media and telephones to keep in contact with their families. Inspectors reviewed records which showed that family members and designated contact persons were kept informed of visiting arrangements and information on residents testing and swabbing.

Records relating to the monitoring of residents healthcare were well maintained. Regular review of healthcare audits ensured that residents healthcare needs were kept under constant review. There were arrangements in place for residents to access both primary and specialist health care interventions.

## Regulation 11: Visits

There were arrangements in place which facilitated family and friends visits to the centre. Records showed the provider adhered to the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care

Facilities.

The centre had prepared the oratory to allow for internal visits while there was a temporary gazebo erected outside for external visits. Prior to the current outbreak internal visits of 30 minutes duration were permitted with the centre able to accommodate at least eight visits per day. Inspectors were also informed that visits for residents who were at end of life stage were also facilitated.

There were records which indicated effective infection prevention and control measures were in place where visitors had their temperatures checked before being allowed admittance to the centre. Visitors were also asked to confirm they were symptom free before being entering the centre.

Records seen indicated that the provider kept families informed of the visiting restrictions including arrangements for resident swabbing.

Some residents spoken with in the course of the inspection mentioned they were able to communicate with their families over the phone during the lockdown period while others stated that they were using video calls to speak to their families.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place to guide staff identify and respond effectively to both clinical and operational risks. A risk register was in place and subject to regular review during health and safety meetings. In addition daily health and safety checks were carried out in the centre, this practice identified issues that required attention at an early stage. An internal programme of health and safety training was arranged in house for staff to familiarise themselves with the centres health and safety processes.

There was a range of both clinical and operational risk assessments in place which were reviewed on a regular basis and included a COVID-19 risk assessment. Regular review of data captured through health and safety audits further enhanced the centres response to manage risk in the centre.

Judgment: Compliant

### Regulation 27: Infection control

During this COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider, person in charge and the clinical nurse manager were liaising closely with

Public Health and frequent outbreak control meetings were seen in communication documentation between them. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

There was on-going monitoring of staff to identify signs or symptoms of COVID-19, which was documented before staff entered the building. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Visitors to the centre were also seen to be checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use.

There were infection prevention and control signs on display on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19, staff are aware of the infection prevention and control precautions needed when caring for residents. Isolation, zoning and cohorting arrangements are clearly signposted and only the staff assigned to these areas were working there. More infection control signage to prompt staff and visitors in the rest of the building was required and this was partially addressed during the inspection.

Social distancing measures were observed by staff when they were on break and residents were dining in their room following public health advice. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift.

There were good systems in place to ensure appropriate PPE was available in line with current guidance. Staff were observed donning and doffing (putting on and taking off) PPE in the correct sequence. Hand hygiene technique and correct use of PPE was good on the day of inspection.

There were safe laundry and waste management arrangements in place. Clean and dirty laundry were separated and laundry staff were knowledgeable about infection prevention and control. Records showed that bedpan washers were regularly serviced.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. The centre had an enhanced infection control training module to include information for staff on COVID-19 and the slide sets were available to staff. Training records showed that three staff were trained to take swabs for the detection of COVID-19 in the centre and COVID-19 swab tests were taking place in the centre on the day of inspection.

Infection prevention and control and health and safety audits were on-going in the centre. There were cleaning processes in place which were documented in cleaning sign off sheets for frequently touched surfaces and terminal cleaning of rooms when a resident had left a room and would not return. There were cleaning schedule

records available indicating the cleaning of patient equipment by nurses.

Following the advice of an infection control specialist nurse the provider was arranging to remove and review seating and other items that had surfaces which would not allow for effective cleaning.

Notwithstanding the positive findings outlined above there were basic issues fundamental to good infection prevention and control practices which required improvement:

- Staff hand hygiene practices required review as one member of staff was seen to wear a watch, and three staff wore nail varnish which meant that they could not effectively clean their hands.
- Sterile dressing were observed to be opened with part of the dressing removed with the remaining opened dressing pack among the dressing stocks which could result in a risk to residents if these non-sterile dressing being used.

A drug tray was observed to be cracked with tape covering the crack and a medicine cup holder box and pill crushers were not clean where evidence of medicine residue was seen. The cleaning practices observed and described on the day of the inspection were not appropriate. Solutions used contained disinfectant only, there was no process in place to clean surfaces using a detergent solution. Disinfectant solutions were not constituted consistently or according to guidance. Cleaning solutions were not labelled correctly. Spray bottles containing cleaning solution were topped up from day to day rather than left over solution being discarded and the bottles washed out and dried between uses.

- There was no cleaning schedules for general cleaning to guide staff to ensure or give the provider assurances that rooms had been cleaned.
- Some cleaning brushes were heavily worn and not clean.
- Some parts of the centre were not cleaned to the required standard for example a carpet, a chair in a sitting room on the ground floor were stained and marked and the floor in one cleaner's room.

Storage practices in the centre required review from an infection prevention and control perspective; for example

- Clinical and cleaning supplies were stored on the floor in store rooms, clinical rooms and cleaner's room, which could lead to floors not being cleaned adequately and contamination of supplies.
- Clean linen and continence wear were stored on an uncovered trolley on the corridor where residents with COVID-19 were walking.
- Drug trollies used to store medication for residents in the isolation area were stored in the same room where trollies used for the COVID-19 areas of the centre. This could lead to a potential for cross contamination.
- Sharps boxes were stored on the floor in a clinical room, obstructing access to a hand hygiene sink. In addition one of these sharps box was not signed when opened or the temporary closure mechanism engaged when it was not

in use.

- Christmas decorations and the belongings of some residents who no longer lived in the centre were stored on the floor of one treatment rooms.

Judgment: Not compliant

## Regulation 6: Health care

Residents healthcare needs were identified at the point of admission with processes put in place to ensure that healthcare interventions met the residents identified need. A selection of health related care plans were reviewed which showed that they were based on a relevant nursing tool to inform the formulation of the care plan. For example residents with poor nutrition and hydration intake had a Malnutrition Universal Screening Tool assessment (MUST) in place to guide clinical interventions.

There were a range of clinical audits carried out on a monthly basis which were subject to review and included falls, wound management, nutrition and hydration and behaviours that challenge. Access to dietitian, Speech and Language Therapists (SALT) and Tissue Viability Nursing (TVN) was achieved through telephone consultation while the centres GP visited the centre every Tuesday.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector reviewed records of resident committee meetings held in August and April of 2020. Key topics explored during these meetings included measures that were required to reduce and mitigate against the spread of COVID-19 infection. Guidance was issued regarding social distancing, the importance of hand washing, the wearing of masks and respiratory etiquette. Residents were reassured during these meetings that contact with family members would be maintained but that there would be restrictions as to how this would take place.

Inspectors followed up on concerns reported to the Chief Inspector regarding resident's access to advocacy support and found that the centre promoted and facilitated access to this service with a number of residents already receiving this support.

A number of resident activity care records were reviewed and all reflected interventions related to residents attending group activities. Group activities had been significantly scaled back and were not currently provided on the advice issued by public health. Inspectors were informed that healthcare assistants were

assisting the centres activity worker with regard to supporting residents with their one to one activation needs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glenashling Nursing Home OSV-0000040

Inspection ID: MON-0030518

Date of inspection: 22/09/2020

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Provider has reviewed all general cleaning schedules and took on board the suggested improvements of the Inspector to update the Centre's cleaning schedule. We assure the Inspector that we continue to take all necessary steps to ensure that the domestic team can clearly identify all areas that need to be cleaned daily. The cleaning schedule are checked and signed off daily by management. This is monitored on a continuous basis through our auditing, spot checks and Health &amp; Safety checks.</p> <p>The Provider confirms that all staff at handovers and through the weekly updates are reminded of the importance of removing wrist watches and nail varnish while at work and this will be monitored through our auditing system and daily observation.</p> <p>All staff continue, as part of the Centre's ongoing training programmes to be refreshed in cleaning and disinfection methods and the correct use of solutions. The Centre now uses a solution that cleans and disinfects in a one step process on advice from the HSE infection control team, which is most welcome advice and we continue to follow HSE directions and guidance. These solutions are made fresh daily as per recommendations to the correct concentration and are dated and labelled each day. This is monitored on a continuous basis through our auditing, spot checks and Health &amp; Safety checks.</p> <p>New equipment cleaning checklists are in use daily to provide a record of the cleaning of various equipment items including resident's equipment and medication trollies. Brushes have been checked and replaced as needed.</p> <p>The drug tray with a noted crack has been replaced and items on the medication trolley including the pill crusher are cleaned after every medication round and a checklist is in place for signing. Spot checks and management sign off is carried out for these equipment items. The sharps box has now been relocated to a more appropriate area and is not obstructing access the hand hygiene sink. Staff have been reminded about the</p>	

signing of sharps boxes when opened and ensuring they are kept in the temporary closed position when not in use. This is also assessed for compliance through our audit process.

Clinical supplies stored on the floor have been reorganized and relocated and allow for easier access to facilitate adequate cleaning of floors.

We do not currently have any active or suspected cases of COVID-19 in the Centre but should this situation change a plan is in place for the storage of drug trolleys for use in isolation and non-isolation zones. Drug trolleys are also cleaned and disinfected after every drug round and spot checks carried out by management.

Cleaning bottles have been removed from the domestic room sink and the area is cleaned on a continuous basis as part of the daily schedule of cleaning.

There is now a legionella management system in place and the Provider organized an external contractor to carry out the necessary tests for same following the Inspection.

We confirm that we have taken all necessary steps to ensure that clean linen and continence wear are stored in covered units.

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	26/11/2020