



**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:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	13 January 2022
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0035543

## About the designated centre

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

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 57 residents. The centre is located close to the village of Boherbue and is situated on large, well maintained, landscaped grounds with ample parking facilities. The centre provides long-term, short-term, convalescence and respite care to both female and male residents over the age of 18 but primarily accommodates older adults. For operational purposes the centre is divided into four units, Honeysuckle, Primrose, Daffodil and Bluebell. Honeysuckle comprises 14 single bedrooms; Daffodil comprises 13 bedrooms, of which three are twin rooms; Primrose comprises 13 bedrooms, of which three are twin rooms; and Bluebell comprises nine bedrooms, of which two are twin rooms. All of the bedrooms are en suite with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms, and entrance and exit to this part of the centre is controlled by an electronic keypad. There is a large sitting room and a number of small sitting rooms located throughout the centre. There is a large dining room and a number of smaller dining rooms in each of the units. There is also a large oratory available for residents for prayer or can be used by residents if they would like to have some quiet, contemplative time away from the rest of the centre. Outdoor areas comprise a large secure garden and two courtyards, one of which is accessible from the dementia unit.

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

Number of residents on the date of inspection:	54
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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
Thursday 13 January 2022	09:45hrs to 16:45hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

Throughout the inspection day it was evident that Araglen was a nice place to live where residents were facilitated to avail of spacious, nicely decorated bedroom and communal accommodation. This unannounced inspection of Araglen House Nursing Home took place over one day as a result of the Chief Inspector being notified of an extensive outbreak of COVID-19. This was the first time that the centre had experienced an outbreak since the beginning of the pandemic. Fortunately, all residents were reported to be well and documentation seen indicated that their medical and care needs were being met. In addition, their rights were respected in relation to their daily lives and residents and their families had been informed regularly as to the status of the outbreak and changes to visiting rules.

The designated centre is located near the town of Boherbue in spacious rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection there were 54 residents in the centre and three vacant beds. The inspector arrived to the centre and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face mask wearing and temperature check. This was very significant at the time of this inspection as the centre was experiencing an active outbreak of COVID-19. The person in charge was absent from the centre on the day of inspection, however experienced management staff were on duty.

Following an opening meeting with the senior nurse, the inspector was accompanied on a tour of each section of the premises. A number of residents in all units were infected with the virus and staff followed public health advice in relation to staff allocation and isolation rules. Consequently all residents remained in their bedrooms apart from those who could not conform to any restrictions. A small number of such residents were seen to walk around or sit in the communal rooms while occasionally being redirected back to their units with patience and a calm approach. One resident spoken with declared that he was very happy and staff were "very good to him". The inspector saw that, generally, there was a good level of compliance with infection control guidelines around the centre. In relation to infection control, throughout the day, staff were seen to wash their hands frequently in one of the conveniently located hand washing sinks, to don and doff (put on and take off) their protective gowns appropriately and to use the hand sanitising gel provided.

Overall, the physical environment in the centre appeared clean and well maintained throughout. Bedrooms were spacious with sufficient space for residents' personal items. Bedrooms were seen to be personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. Staff were seen to knock on residents' doors and don appropriate PPE (personal protective equipment such as gloves, masks and gowns) prior to entering to deliver meals and meet care needs. Residents were well dressed and in the afternoon they were seen to rest in bed where necessary and to sit watching their TVs, using their phones or read the daily newspapers. The inspector observed that a snack trolley with tea, drinks and

snacks was brought around to each room in the afternoon. Meals being served appeared wholesome with adequate portions served up. Where residents requested help from staff they were seen to respond without delay. The corridors were sufficiently wide to accommodate walking aids and small alcoved areas. Handrails were available in each hallway and toilet area for residents' use.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in infection prevention and control processes, as addressed under the quality and safety dimension of this report.

Araglen House was a designated centre for older people operated by Araglen House Nursing Home Limited, which was the provider. There was a clearly defined management structure in place, with clear lines of authority and accountability. There were two directors in the company. At operational level, support was provided by one director of the company, representing the provider, who was present in the centre each week, including on the day of inspection. The second director who is a registered nurse assists with the centre's routine Covid-19 testing, carries out pre-assessments of prospective residents and also attends clinical nursing meetings. The organisational structure within the centre had changed since the previous inspection with the appointment of a new person in charge who was appropriately qualified. She was supported in the delivery of care by an assistant person in charge, clinical nurse managers (CNMs), nurses, administration staff and a healthcare team, as well as household and catering staff. There was evidence that regular management and staff meetings took place, where topics such as risk, staffing, COVID-19, complaints and incidents were discussed. Minutes of these meetings were made available to the inspector.

The service was appropriately resourced as evidenced by the ongoing programme of maintenance and the careful upkeep of the centre. Overall, the staffing number and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff had been assessed in the required competencies to fulfil their roles and duties. The inspector saw that there was an adequate supply of PPE which was available for this outbreak of COVID-19 and the provider stated that there were

plentiful stocks available for the further management of any infection. Staff retention was high and staff were supervised throughout their probation and annual appraisal meetings thereafter. A quality management system, which included reviews and audits, was in place to ensure that the service provided was safe and effective. The recording and investigation of incidents and complaints included improvements in practice, where necessary.

Staff received training appropriate to their various roles, as required to update their knowledge and support them to provide best evidence-based care to residents. There were regular in-house training sessions for staff on any new updated infection control procedures as well as training in the prevention of elder abuse and correct handling of residents requiring help with mobility. The assistant person in charge was qualified in infection prevention and control and delivered training sessions to staff on correct hand washing techniques and managing the outbreak of COVID-19. Consequently, staff were aware of the actions to take to keep residents safe and were generally seen to demonstrate good practice in communicating with residents and in infection prevention and control practices.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were seen to be securely stored, maintained in good order and easily retrievable for inspection purposes.

#### Regulation 14: Persons in charge

The person in charge was experienced in management in the centre, while new to the role of person in charge. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team who had additional expertise and knowledge.

Judgment: Compliant

#### Regulation 15: Staffing

A review of the roster was seen to reflect the staffing levels discussed with the nurse in charge. There were sufficient staff on duty, in various roles, on the day and night of inspection to meet the assessed needs of residents. There was a registered nurse on duty at all times. Staff confirmed that they had received induction training.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector viewed the training matrix which indicated that all staff had received mandatory and appropriate training. For example, all staff had received infection prevention and control training, staff in the kitchen had completed training on modified diets, nursing staff had attended medicine management training and housekeeping staff had been trained in the appropriate cleaning products to use as well as the dilution of products.

Induction and appraisal of staff competencies were supported by staff recruitment policies. A file which contained these completed staff forms was made available to the inspector.

Copies of the regulations and standards for the sector were accessible to staff, who were supervised throughout the day.

Judgment: Compliant

## Regulation 21: Records

A review of a random sample of four staff files indicated that all the required regulatory documents were held for staff.

Records required for inspection were well maintained and easily retrievable.

The provider gave assurance that all staff had the required Garda Síochána (Irish Police) vetting clearance in place prior to commencing employment.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined. Staff were aware of same.

There were robust systems in place to ensure the service was safe appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in



the quality and safety of care.

There was evidence of regular management meetings taking place and of actions resolved following same.

Resources were available to ensure the effective delivery of care in accordance with the centre's statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Specific incidents had been notified to the Chief Inspector in accordance with the regulations, in a timely manner.

These included an outbreak of infection, falls where a resident was hospitalised, or any sudden death.

Learning from incidents was identified and put into practice.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were seen to be recorded in detail and each element of the complaint was documented. Complainants were advised of the appeals process and advised to use this if they were dissatisfied with the outcome of any complaint.

One complaint was unresolved at the time of inspection, however it was apparent that attempts were being made to address the issues involved and to communicate with all parties.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures on the management of the COVID-19 virus and the policies required under Schedule 5 of the regulations were maintained and updated as required, and also within the regulatory time frame.

Judgment: Compliant

## Quality and safety

Overall, residents in Araglen House Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and good opportunities for social engagement. Nonetheless, this inspection found that some improvements were required in relation to monitoring infection control practice.

The premises was generally well maintained, homely and comfortable. It was colourful throughout and thoughtfully decorated. Improvements required after the last inspection had been addressed. The laundry area was well set up and tidy with two distinct areas to manage clothes before and after washing. There was adequate seating in the garden to be enjoyed by residents as they wished. Residents' bedrooms were personally decorated and individualised. Residents were seen to have sufficient space and privacy in their en suite bedrooms.

Residents' records were maintained on an electronic system. Recent medical input was seen in each of the care plans reviewed. Residents' needs were assessed using clinical assessment tools and care plans were developed to meet residents' identified needs. The inspector reviewed six care plans during this inspection. Care plans were underpinned by a human rights-based approach and ethos. Overall, care plans were person centred, periodically reviewed and updated at least every four months, as required under the regulations. Staff members spoken with demonstrated a good knowledge of residents and their physical, social and psychological needs, and this information was reflected in the care plans.

The health of residents was promoted through ongoing medical review and general assessments included skin integrity, nutrition, cognitive ability and falls. Care plans for health issues were developed with residents' support or that of a representative. Residents had good access to general practitioners (GPs) and there was evidence of regular medicine reviews by the GPs. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice. Medicines were carefully stored and recorded and medicine management was subject to audit. Dietitian and speech and language services (SALT) were provided by a private nutritional company. There was access to physiotherapy and occupational therapy (OT) services when required. Residents also had access to specialist services including podiatry, dental, palliative care, wound care and psychiatry. psychiatry,

Fire fighting equipment was located throughout the building. Emergency exits were clearly displayed and free of obstruction. A fire safety policy was in place. The risk

management policy included the regulatory, specified risks and a live risk register was in place which included area-specific identified risks, such as risks related to working in the kitchen and the mitigating controls in place. A major emergency plan was available and there was evidence that where an incident occurred, reviews which identified learning were completed and these informed the risk register.

Staff in the centre continued to monitor residents and staff for COVID-19 infection and residents and their families were informed of any test requirement and the status of the resident. Vaccinations and booster doses against the virus had taken place for staff and residents. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. Staff of all grades had received appropriate training in hand-washing, donning and doffing PPE, food safety and cleaning processes. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use, to risk assess the centre's practices three monthly, as required. The laundry had facilities and space to segregate clean and dirty laundry to prevent cross infection. Nonetheless, the inspector found that a number of improvements were required in infection prevention and control processes which were highlighted under Regulation 27.

Activity provision was central to the daily experience of residents. These had been adapted during the current outbreak to facilitate more one to one sessions of staff contact. Residents were seen to have access to radios, television, telephones and newspapers. The community was very supportive, sending in cards and treats during any time that visits were restricted. Residents' meetings and surveys were held which provided opportunities for residents to express their opinion, to discuss their food preferences, their activity choices and their concerns about the COVID-19 virus. Minutes of these meetings were documented and made available to the inspector. Staff said that efforts had been made to allow visits in exceptional cases at all times, such as for those residents feeling depressed or those at the end of life. Mass was facilitated, currently by video link to the local church on a weekly basis and monthly in the oratory.

Comprehensive systems had been established to support residents' rights and their safety:

For example;

- audit and review of the need for restraint such as, bedrails
- mandatory and appropriate training
- external advocacy access
- transparent family communication and promoting daily life choices.

Required improvements in relation to infection control processes were detailed under the respective regulations in this dimension of the report.

## Regulation 11: Visits

Visitors were not generally attending in person at the centre at the time of inspection, in accordance with the public health guidelines. The CNM explained that any resident who was receiving end-of-life care was facilitated to have a compassionate visit with relatives at any time. Window visits were encouraged and visitors were kept up to date with the evolving situation and the status of their relatives. Emails to this effect were seen by the inspector. Residents also had access to their visitors using video technology, their personal phones and tablets.

Judgment: Compliant

### Regulation 13: End of life

End-of-life wishes were recorded and in most cases residents were seen to have signed the plan for future care wishes.

These were updated four-monthly and the GP input was clearly signposted, communicated and recorded.

Palliative care expertise was available to guide best evidence-based practice.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained. These were building works underway at the time of inspection as the provider planned to add on an additional 34 bed spaces and associated communal and staff accommodation. At the time of inspection this work was external and had not impacted on the daily lives of residents.

The design and layout of the home promoted a good quality of life for residents. Bedroom accommodation consisted of mainly single, fully en suite bedrooms as well as eight, similarly equipped, double bedrooms. There were a variety of communal spaces for residents to enjoy, including sitting rooms, a spacious oratory, dining rooms and visitors'/quiet rooms. A specialised dementia care unit was set up in the centre with its own separate sitting area and dining area. Staff informed the inspector that a number of residents from this unit usually availed of communal rooms in the main section, except during the current isolation period when most of the residents stayed in their bedrooms. The inspector found that the communal rooms were comfortable, nicely decorated spaces. Suitable signage was in place to orientate residents to their bedrooms and in the direction of communal rooms.

Appropriate pictures were displayed around the walls which were placed at a suitable height for residents' enjoyment. Residents had access to an enclosed garden with colourful outdoor furniture and raised flower boxes planted by residents and staff.

Judgment: Compliant

### Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

### Regulation 27: Infection control

Although the centre was seen to be very clean there was evidence of ongoing transmission of COVID-19 within the centre at the time of inspection.

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example:

- Not all PPE stations were fully stocked and some were not maintained in a tidy manner: For example, at one PPE station a full box of gowns was seen to be under the PPE table (station) and the box was sealed. This meant that staff did not have ready access to the required infection prevention clothing especially in the event of having to attend an infected resident in an emergency.
- COVID-19 guideline signage required lamination over each donning station as this would enable staff to wipe the signs when engaged in the daily cleaning protocols.
- Records of cleaning down movement hoists between use with different residents, where required to be available near to the point of care to ensure that staff could quickly check when the hoists were last cleaned.
- Alginate bags, plastic aprons, black bags and gloves were seen to be inappropriately stored on the grab rails around the units.
- Some alginate bags were stored on the floor next to the PPE stations which is not in line with good infection control practice.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Residents who had contracted COVID-19 were seen to have been assessed by the GP and appropriate medical treatment was prescribed. Medical personnel had also reviewed each resident's medicine on a routine basis and changes were seen to have been made where it was assessed as appropriate.

Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Members of the multidisciplinary team had also provided advice for staff in best evidence-based care. Care plans were written in a personalised, detailed way and updated within the regulatory time frame. A number of residents were seen to have been consulted about their personal plans.

Input was seen from the activity staff members which indicated a holistic approach to addressing residents' needs and an understanding of their backgrounds.

Judgment: Compliant

## Regulation 6: Health care

There was good access to local GPs and a consultant, if required. Residents had availed of a range of other health professional advice and care such as weekly physiotherapy classes. Dental, optician and podiatry services were accessible to residents. Dietitian and speech and language therapist (SALT) visits to the nursing home were facilitated by the nutritional supplement company and documentation seen by the inspector confirmed that they provided input in residents' care plans when requested to review residents. There was also good input from local palliative care services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff identified residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident. Residents had access to psychiatry services also.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training.

Those spoken with were knowledgeable of how to report any allegation of abuse. Records reviewed by the inspector provided assurances of the ongoing commitment to training and addressing any allegations of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.

Staff assured the inspector that choices were respected in relation to visits, meals, bedtimes, to access external gardens, smoking choices, personal newspapers and mobile phones.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented. There was a suitable hairdressing salon in the centre.

The inspector saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the provider throughout the COVID-19 outbreak.

Two activity staff members were maintained on the roster throughout the outbreak to ensure residents' social and communication needs were met and supported.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0035543

Date of inspection: 13/01/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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> <ul style="list-style-type: none"><li>• All PPE stations are routinely restocked. Increase number of times stations are restocked throughout the day implemented and monitoring of stations carried out by senior members of staff on duty.</li><li>• All Covid guideline signage over donning stations now laminated and are wiped down daily as per daily cleaning protocol.</li><li>• Hoist cleaning schedules now implemented for all hoists and signed by staff after the hoist has been cleaned between each resident. This to be monitored by senior members of staff on duty and audited on a regular basis.</li><li>• All items removed from grab rails and placed in appropriate stored area such as Dani-Centers.</li><li>• Alginate bags removed and stored appropriately.</li></ul>	

## 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	31/01/2022