



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar 5
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	29 September 2022
Centre ID:	OSV-0002760
Fieldwork ID:	MON-0029012

About the designated centre

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

This designated centre offers a full time residential service to three residents over the age of 18 in a detached bungalow in close proximity to the nearest town. Each resident has their own bedroom which will be personalised in accordance with their preferences.

In addition to personal bedrooms, there are adequate communal areas, including a living room, kitchen and dining area. There is a large enclosed garden to the rear, and a lawned front garden.

The provider describes the support offered as being based on a social model of care for individuals with high support needs. Support is offered to people with an intellectual disability, autism, sensory needs and complex medical needs.

Staffing will be provided on a 24 hour basis, with waking night staff, and numbers and skill mix will be in accordance with the needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 September 2022	09:35hrs to 17:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care which was meeting their assessed needs. Some improvements were required in relation to general welfare and development and protection against infection. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet with all three residents that lived in the centre. Residents had alternative communication methods and they did not share their views with the inspector. They were observed at different times during the course of the inspection.

On the day of inspection, all three residents went for a drive and to the beach. They then went for lunch followed by a coffee, before returning to the centre. All residents appeared comfortable in their home and at ease in each others company. They were observed to move freely about their home at different times of the day.

The house appeared clean and tidy for the most part and there was sufficient space for privacy and recreation for residents. There was suitable recreational equipment available for use, such as art supplies, jigsaws, games, and smaller sensory objects. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings. Residents' rooms had personal pictures displayed around their walls.

The centre had a back garden that had adequate space for the residents to enjoy. It contained garden furniture and a swing bench. The garden was easily accessible for residents with steps as well as a separate ramp to gain access to it. In addition, one resident had direct garden access from their bedroom.

In addition to the person in charge and the local centre manager, there were two staff members on duty on the day of the inspection. Staff spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. They were observed to engage with residents in a manner that was friendly and attentive. Resident and staff interactions appeared to be relaxed.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of staff representatives. They indicated that the residents were happy about all aspects of their care and supports.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire in 2021. Feedback received indicated a high level of satisfaction with the service. In addition, the centre had received compliments such as 'staff were doing a great job' from some of the residents

family members.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a statement of purpose available as per the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) and it contained any prescribed information required.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

There was a defined management structure in place which included the person in charge and the area director who was the person participating in management for the centre. The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

From a review of the rosters and speaking with the person in charge, there were sufficient staff available, with the required skills, and experience to meet the assessed needs of residents. Staff personnel files were not reviewed as part of this inspection.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There was a schedule of training opportunities available to staff that ensured they each had the minimum required training (as determined by the provider) to safely meet residents' needs, and additional training had been undertaken in areas specific to residents' assessed needs. There were monthly staff meetings occurring in the centre and there were formal supervision arrangements in place for staff.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application

to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge of the centre was a qualified professional with leadership experience in services for people with disabilities. They were also found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

The person in charge was responsible for the management of one other service in addition to the designated centre. The inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre. They were supported in their role by a local centre manager.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and they were maintained by the person in charge. From a review of the rosters, the inspector saw that they were an accurate reflection of the staffing arrangements in the centre.

The inspector observed that there were adequate staffing levels in place in order to meet the assessed needs of the residents.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. Staff training included, fire safety, safeguarding of vulnerable adults, transport training, and a range of infection prevention and control (IPC) training. Some staff refresher training was scheduled for staff to attend in the coming weeks in cardiac first response training.

In addition, there were formal supervision arrangements in place for staff.
Judgment: Compliant
Regulation 22: Insurance
The provider had taken out a contract of insurance against injury to residents and against other risks in the centre, such as property damage.
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a defined management structure in place which included the person in charge and the area director who was the person participating in management for the centre.</p> <p>The provider had carried out an annual review of the quality and safety of the service provided and there were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits, the inspector found that actions identified had been followed up on. There were other local audits conducted in areas, such as vehicle checks, health and safety, infection prevention and control, fire safety, and medication.</p> <p>The providers monitoring systems were effective in ensuring residents enjoyed a good quality of life and deficits identified were acted upon in a timely manner to ensure there was no negative impact on the quality of service provided.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose available as per the the regulations and it contained any prescribed information required.
Judgment: Compliant

Quality and safety

Overall, residents in this centre were in receipt of good quality care and supports that were individualised and focused on their needs. The care provided was being monitored and reviewed to ensure their needs were being met. However, some improvements were required in relation to general welfare and development and protection against infection.

Residents' needs were assessed on an annual basis and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

A review of safeguarding arrangements in the centre found that residents were protected from the risk of abuse. Staff had received appropriate training and there were established procedures in place to manage and respond to any safeguarding concerns in accordance with national policy.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and rights was a standing agenda item.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Staff members spoken with were knowledgeable about residents' preferred communication methods. They were familiar with regard to what communication goals each resident was working on and what staff supports were required.

Visits were facilitated with no visiting restrictions in place in the centre. Different private areas for entertaining visitors were available depending on residents' preferences.

There were improvements in residents' participation in internal and external activities in the centre, since the last HIQA inspection. For example, the centre provided residents with sensory objects available for use and residents had started to access the local community more. However, residents' quality of life could be enhanced further by exploration of recreational activities that may be of interest to them, as some of the activities they participated in appeared somewhat limited and

repetitive at times.

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

From a walkabout of the centre the inspector found the house to have adequate space which was laid out to meet the needs of the residents. While the centre was generally clean, some improvement was required to the cleanliness of the centre, for example, with regard to kitchen appliances and slight mildew. This is being dealt with under Regulation 27: protection against infection.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents were within regularly.

The inspector reviewed arrangements in relation to infection control management in the centre. While the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it required review. For example, the plans did not include isolation plans that provided practical detail to staff on how to support residents if they were suspected or confirmed of a notifiable disease. Hand hygiene arrangements in the shed required review to ensure disposable towels and hand soap were available for use at the sink. Some audit tools and cleaning checklists required review. For example, the checklist for touch point cleaning did not allow for the frequency of the cleaning to be recorded. Furthermore, some mildew was found around the sink in the water closet and some kitchen appliances were found to be dirty, such as the microwave.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP).

The inspector observed that there were structures and procedures in place to ensure the safe management of medications. For example, there were regular medication audits conducted and all open medications were observed to have the date of opening recorded on the packaging.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff had received additional training in relation to specific communication techniques used by residents. For example, staff were recently trained to use the most commonly used signs from a manual signing system. Staff demonstrated knowledge of these needs and could describe the supports that residents required.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated residents to receive visitors in accordance with residents' wishes. There were no restrictions to visiting at the time of the inspection and there were suitable facilities available in order to receive visitors in private. For example, residents could entertain their visitors in the sitting room or if the weather was nice visits could be facilitated in the garden.

Judgment: Compliant

Regulation 13: General welfare and development

There were improvements in residents' participation in internal and external activities in the centre, since the last HIQA inspection. For example, the centre now had art supplies and sensory objects available for resident use. Residents had started to access the local community more and regularly attended the local library to use the sensory room available there. One resident was due to start swim sessions and another resident was due to start equine therapy in the coming days after the inspection.

However, residents' quality of life could be enhanced further by exploration of recreational activities that may be of interest to them, as some of the activities they participated in appeared somewhat limited and repetitive at times.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated to their tastes. Some minor improvements were required with regard to the cleaning of some kitchen appliances and some slight mildew was observed in one water closet. This is being dealt with under Regulation 27: protection against infection.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a risk register in place. Risk assessments were within review periods and there were a number of centre risk assessments along with individualised risk assessments in order to support residents and keep them safe.

The inspector observed that the centre's vehicle was insured and had an up-to-date national car test (NCT).

Equipment provided by the centre used to support residents were all serviced just prior to this inspection.

Learning from incidents was discussed at team meetings which ensures the staff team were aware of any incident that occurred and from discussion minimised the risk of a similar incident taking place again.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection control management in the centre. There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, it required review as there the plans did not include isolation plans that provided practical detail to staff on how to support residents if they were suspected or confirmed of a notifiable disease.

Scenario one in the plan required review as there was outdated information in it. For example, it detailed that a resident would have to restrict their movements for a further 48 hours after a negative polymerase chain reaction (PCR) result if they had any symptoms. Other information was required to be included in order to appropriately guide staff, for example, with regard to personal protective equipment

(PPE) doffing station locations in line with best practice, clean rooms, and the type of cutlery and crockery to be used.

There were no disposable towels or hand soap for use at the sink in the shed where laundry was completed and mop buckets were emptied.

The self-assessment tool completed by the person in charge to review systems in the centre was used more as a tick box exercise and did not include any detail. The cleaning checklists were split into many checklists which would make them difficult to follow and ensure completion of tasks. In addition, there was a missing month worth of completed checklists for the cleaning of the bathrooms. The checklist for touch point cleaning did not allow for the frequency of the cleaning to be recorded. Furthermore, mildew was found along the silicone of the sink and around the base of one tap in the water closet. Some kitchen appliances were found to be dirty, such as the microwave and the extractor fan. The extractor fan required inclusion on the centre's cleaning list along with the washing machine.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and firefighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals.

There were emergency evacuation plans in place for all residents.

Staff had received appropriate training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place to ensure safe administration and stock control of medication. For example, all medications had the date of opening recorded on the packaging and there were systems for the disposal of out-of-date medications. In addition to the centre's own medication audits, the local pharmacist had recently completed a medication audit for the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need undertaken for residents and they were recently reviewed. There were care plans in place for residents as required to support them, such as communication plans, epilepsy care plans, and speech and language dietary plans. Personal plans were reviewed at planned intervals for effectiveness.

Residents had been supported to set goals for themselves with regard to different areas, such as promoting their independence skills and social activities for them to attend.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident.

Residents had access to a range of allied health professionals which included a general practitioner (G.P), reflexologist, masseuse and speech and language therapist as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Residents had access to behavioural support specialists in order to support them to manage behaviour positively if required. There were positive behaviour support plans in place as appropriate to guide staff as to how best to support residents and staff spoken with were familiar with the strategies within the plans. All plans had been reviewed in August 2022.

While there were restrictive practices in place, these were assessed as necessary for residents' safety and they were subject to regular review by the organisations restrictive practice committee. Restrictions in place included, a locked chemical press and front doors kept locked during the daytime. There was evidence of the removal of a restrictive practice when it was deemed no longer necessary.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of harm or abuse. There was a safeguarding policy and staff were appropriately trained.

There were systems in place to safeguard residents' finances whereby two staff counted and signed off on the finances daily and finance audits were completed monthly.

There were intimate care plans in place for residents that were recently reviewed, which guided staff on how best to support them and inform staff of their preferences.

There were no open safeguarding incidents in the centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents had opportunities to make choices about their care and how they spent their day which promoted their rights. There were weekly planner boards displayed in the kitchen along with pictures of food options in place to facilitate residents to make informed choices. There were weekly residents' meetings and rights was a standing agenda item.

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullingar 5 OSV-0002760

Inspection ID: MON-0029012

Date of inspection: 29/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • One resident has commenced swimming and is attending the local pool on a weekly basis. • One resident has commenced equine therapy in the local area and is accessing this on a regular basis. • One resident is exploring new activities such as fishing in the local lakes and canals. • While these activities are ongoing in the centre, staff identify that some of the residents prefer predictable, familiar routines and outings and that they can appear repetitive. In order to get a full picture of each resident and their needs, a complete reassessment of social care needs will be carried out with each resident, additional to the person centred planning review that took place. This will be facilitated by the Person in Charge in conjunction with resident’s keyworkers, to reflect individual choices and needs. • The recommendations from the assessments will be documented and activity sampling will further take place as well as community mapping and exploration. • Each resident’s personality profile will be taken into account and consideration will be detailed in appropriate care plans to reflect the likes/dislikes of particular activities (predictable, structured, indoor/outdoor, crowded/quiet, time of day etc.). This will also be used to inform staff on how to approach trying new activities and providing new experiences for the residents, e.g. small steps in goal plans to build up tolerance to new places, etc. • Ongoing exploration and activity sampling will continue with all residents in the centre. A suite of possible activities will be explored and will be trialed with residents over the coming months. • Development of a flexible/variable timetable for each individual. • A review of activities/goals will be scheduled for January 2023. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Contingency plan reviewed and updated, detailing isolation plans that provide practical details to staff on how to support residents if they were suspected or confirmed of a notifiable disease. The plan no longer states that a resident would have to restrict their movements if they had a negative PCR test. • Information is provided in the plan to guide staff in relation to personal protective equipment, detailing where the doffing stations are. • There are details identifying clean rooms included in the plan. • Designated cutlery and crockery is identified in the plan. • Hand towel and soap available for staff to use at the sink in the shed. • The self-assessment tool completed by the person in charge will provide more detail on systems in the centre. • The cleaning checklists in the centre has been simplified and frequency of touchpoint cleaning has been included. • Work request completed by person in charge to reseal sink in water closet. • Person in charge will reiterate in monthly staff meeting the importance of infection prevention and control and kitchen appliances being cleaned on a daily basis or as and when required. • Extractor fan and washing machine included in the cleaning schedule. 	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the	Substantially Compliant	Yellow	30/11/2022

	Authority.			
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