Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sallynoggin D.C.
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	16 February 2023
Centre ID:	OSV-0002890
Fieldwork ID:	MON-0039127

About the designated centre

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

Sallynoggin is a designated centre operated by St John of God Community Services Company Limited by Guarantee. This designated centre is comprised of three individual houses located within short walking distance from each other in a suburban South County Dublin area. One house is a detached two storey building that provides full-time residential services for up to four residents. The remaining two houses are located beside each other with one providing full-time residential services for up to five residents and the other house able to accommodate up to four residents. There is a person in charge appointed to manage the centre. They are also the person in charge of another designated centre located nearby. They are supported in their role by two supervisors and report to a senior manager. The staff team comprises of nurses and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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 16 February 2023	09:15hrs to 19:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with six of the residents who lived in the centre.

The inspector used conversations with residents and staff, observations and a review of the documentation, to form a judgment on the overall levels of compliance in relation to infection prevention and control.

Overall, on the day of the inspection, the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018),* and a number of actions was required to bring the centre in to full compliance.

The inspector observed residents in their homes as they went about their day, including care and support interactions between staff and residents. Many of the residents had returned to their day service while some residents were provided with a type of day service from their home. The inspector observed that residents seemed relaxed and content in the company of staff and that staff were respectful towards the residents through supportive and positive interactions.

Residents' independence was promoted in line with their needs and understanding. Residents informed the inspector how they enjoyed helping out with household chores, such as cleaning their own bedrooms and some of the communal areas in their homes. One resident informed the inspector that, while they enjoyed cleaning their own room, there was also times when staff supported them clean the room. There were cleaning planners in place for residents in an easy-to read format which included residents names, days of the weeks and tasks for them to complete, (if they so wished).

Residents were empowered to be safe when in their home and out in the community. The inspector found that residents were supported to be knowledgeable of practices that kept them safe through communication formats that they understood. For example, residents were provided with meetings, social stories, visuals and one to one conversations regarding masks wearing, hand hygiene techniques and cough etiquette. Resident were also supported to engage in vaccination programmes. Where residents chose not to engage in these programmes, appropriate risk assessments to keep them and other residents safe, were in place.

The designated centre, comprised of three houses; one house was a detached two storey building and the other two houses, a short distance away, were semi-

detached two story houses adjoined to each other.

In each house, residents were provided with their own bedrooms. The inspector observed that residents' bedrooms were decorated in line with their preferences and wishes, and included family photographs, posters and memorabilia that was important to each resident. In one of the houses, some bedrooms were observed to be small in size. In particular, where residents required mobility aids, the small size of the room impacted on easy access and movement within the room.

The two houses located next to each other were similar in layout and included a kitchen, dining room and sitting room as well as a downstairs and upstairs shower/bathroom facility. Both houses had a garden area out the back. One house included an outdoor laundry room which required upkeep and repair.

The detached house had a recent upgrade to the garden and patio area and was maintained on a weekly basis by residents family and friends. Staff and residents informed the inspector that everyone was happy with the new garden and that the top part of the patio was now accessible to all residents. To the side of the house were two sheds, one of which included PPE and cleaning equipment.

The inspector observed that overall, there was upkeep and repair needed to all houses. In addition, in some areas of the centre required a deep clean. Furthermore, a review of the storage systems in place was also needed.

The provider had identified that structural work was needed to upgrade some of the facilities in one of the houses. This was to ensure that each resident could enjoy living in an accessible, spacious, comfortable and homely environment that met their changing mobility needs. However, there was a delay in commencing the works. The inspector was informed that the provider had no suitable premises available for the residents to reside in during the upgrade works. (This is addressed further in the capacity and capability section of the report).

During the walk-around of one of the houses, the inspector observed there to be a malodour coming from the downstairs communal bathroom. When the door was opened, the malodour was noticeable in the hallway of the house which was close to the kitchen and a resident's bedroom.

The inspector observed two large healthcare non-risk waste bins in the bathroom which were full to capacity. The inspector was informed that there had been issues with the timely emptying of the bins since late January 2023. As a result there was often a malodour coming from the bathroom or from the outside shed where the overflow of waste was kept when not picked up. A complaint had been made by a resident about the malodour and how it had upset them and other residents living in the house.

Walking around the same house, the inspector observed a resident's bedroom door, (a fire door), to be wedged open by detachable wheels from a mobility aid. On further examination of the door, it was observed that the mechanical door closer devise to keep the door open, (and automatically close when fire alarm sounded), was not working. The item keeping the door open was removed from the door

immediately. On the evening of the inspection, the person participating in management, provided satisfactory assurances that the door closers would be fixed the following day.

Overall, the inspector observed that most of the houses had an appropriate safety system in place for visitors. There were masks, hand gel, foot pedal bin and a visitors sign-in sheet in the hallway of all houses. However, on entering one of the houses, the inspector observed there to be no masks or pedal bin in place. Within a short period, staff had put masks and a bin in the hallway.

Throughout the day, the inspector observed staff engaging in cleaning tasks and duties in the centre. Staff were observed to be regularly cleaning their hands and were wearing masks in accordance with current public health guidance. When speaking with the staff, the inspector found that, for the most part, staff were knowledgeable of the cleaning systems in place in the centre. For example, staff were knowledgeable of the colour coded systems in place for mops and which areas of the house to use them in.

There was ample stock of PPE within all the houses of the centre including gloves, masks and aprons. The inspector observed hand-washing signage in some bathroom/toilet facilities which provided staff and residents, guidance on good hand washing practices. Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were either kept separately for personal use in their bedroom or in separate plastic baskets in communal shower and bathrooms. All bathroom and toilets were observed to provide hand soap and single use towels and pedal bins.

In summary, the inspector found that while the provider had enacted policies and procedures to support effective IPC practices, improvements were required to the implementation of these practices to ensure that care was delivered in a safe manner at all times, to reduce the potential for residents to contract a health care associated infection. In addition, poor decorative upkeep and repair in many areas of the premises meant that these areas could not be cleaned effectively and as a result, increased the risk of spread of healthcare-associated infection to residents and staff.

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

Capacity and capability

The inspector found, that there were times, when the governance and management arrangements in place were not always effective in assessing, monitoring and responding to infection control risks. On the day of the inspection, the inspector observed an issue which presented a risk to infection prevention and control (IPC)

measures in place and which, overall, had not been responded to in a timely manner by the provider.

For the most part, there were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by two supervisors. The person in charge was responsible for two other designated centres. On the day of the inspection, the person in charge was on leave however, on different occasions throughout the day, the centre's two supervisors supported the inspection.

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

The provider had put together an infection, prevention and control committee at organisational level which included members of the senior management and management team. However, there was no senior identified individual at the highest level for the service (with the appropriate knowledge and skill), who had overall accountability, responsibility and authority for infection prevention and control. This had been identified on a number of previous infection, prevention and control inspections since November 2022 of other centres run by the provider however, as of the day of the inspection, there was no satisfactory resolve in place . During feedback at the end of the inspection, senior management informed the inspector, that the provider had planned to approach an external infection prevention and control expert and invite them to join the committee on a quarterly basis.

The provider had nominated the person in charge, to manage key areas of infection, prevention and control within the designated centre, however, not all staff were aware that the person in charge held this role. In addition, improvements were needed so that appropriate training was provided to the person in charge, to support them in their role as IPC lead.

There were monitoring and oversight arrangements in place to ensure the effectiveness of the IPC measures in place. However, on the day of the inspection, the inspector found that not all arrangements were effective. An external service, employed by the provider, to remove healthcare non-risk waste, was not providing a satisfactory service. As a result, there was an increased risk of the spread of health-care associated infectious decease to residents and staff. While the deficiencies had been reported on several occasions by local management, overall the timeliness in ensuring that an adequate service was provided was not satisfactory. As a result, the situation impacted negatively on the safety and lived experience of residents in their home.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out in line with the regulatory requirement. On review of the documents, the inspector found that they had considered infection, prevention and control within their review. Furthermore, the

provider had implemented a quality enhancement plan, (QEP), which was regularly reviewed and updated by local and senior management. One of the required improvements on the plan included the reconfiguration of one of the houses so that it better met the changing physical and aging needs of the residents. This reconfiguration would of also resulted in improvements to the upkeep and repair work needed in the house. Resources had been secured for the work, however, as of the day of the inspection, there was an on-going delay as the provider was unable to source alternative accommodation for residents to live in while the works were taken place. This had been identified on the quality enhance plan as a barrier however, overall there was no plan or timeline in place to resolve the barrier.

There was an infection, prevention and control audit tool in place which was comprehensive in nature. The person in charge completed the audit and were supported by the centre's supervisors and staff to complete the action plan within the allocated timeframes. However, on review of the December 2022 and the January 2023 audit tool, the inspector found that there was no satisfactory action plan completed for either audit. As such the provider could not be assured as to the effectiveness of the audits.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. However, on review of a sample of minutes, the inspector found that the meeting agendas had not considered infection, prevention and control as a topic for discussion or shared learning.

The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Overall, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

The provider was endeavouring to ensure that the centre was adequately resourced so that safe infection prevention and control practices were effectively implemented. Staff were responsible for the cleaning of the centre. In addition, the provider had employed a staff member, specifically for cleaning, for one and a half hours per week, per house. On the day of the inspection, there was one staff vacancy and one staff absence. The centre's management staff were endeavouring to ensure continuity of care so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief staff were needed to cover gaps on the roster for the vacancy and absence, the same cohort of five relief staff were employed.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training to support them to be knowledgeable of standard and transmission based precautions such as hand washing and sanitisation. Staff

members were also aware and familiar with the cleaning arrangements in place and the relevant policies and procedures associated with these. However, some improvements were needed to ensure they were aware of all standard based precautions. There was a supervision schedule in place and it was been adhered to so that staff were receiving planned one to one meetings to better support them in their practice.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. Residents were provided with a self-isolation plan that was comprehensive and person-centred in nature. However, on review of the outbreak plan, the inspector found it to be generic in nature and that the self-isolation template plans within it, did not correlate with each of the resident's self-isolation plans in place.

Quality and safety

The inspector found that overall, the management team and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection, prevention and control procedures. However, there were a number of improvements needed to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents and staff.

There was a system in place for the segregation and removal of healthcare non-risk waste. However, since late January 2023 the system was not effective. For example, an external company was contracted to remove healthcare non-risk waste from one of the houses on an on-going basis. Over a period of two and a half weeks, the service was not consistent and as a result, full bins were not being emptied in a timely manner. There were occasions, when bins were so full to capacity, that staff had to remove the bag of contents themselves and store the bag in an outside shed. Emails from local management seeking the removal of the full bins, noted the malodour in a bathroom and in the shed area, where the bags were being temporary stored.

On the morning of the inspection, the malodour from the bathroom was observed by the inspector. Two large bins, that contained healthcare non-risk waste, were full to capacity and an unhygienic smell was coming from the bins. At the time, assurances were not in place that the bins would be emptied that day. In the early afternoon, local management contacted to the waste removal service requesting an urgent pick-up. The inspector was informed that a complaint had been submitted by a resident regarding the malodour coming from the bathroom. On review of the

complaint, the inspector saw that the odour coming from the bathroom had upset the resident making the compliant as well as another resident hearing the complaint being verbalised.

By early afternoon, the healthcare non-risk waste removal service had arrived at the house and the contents of the two full bin were removed. The bins were cleaned on site with new bags inserted. This was a new procedure, (cleaning on-site), which the provider had not been made aware of until the day of the inspection.

The inspector returned to the premises at the end of the day. There was one large bin in the bathroom and it had been emptied. The malodour in the room had dissipated. Staff had stored the second emptied bin in the shed, as due to the inconsistent collection service, assurances were not fully in place at that stage. However, subsequent to the inspection, the provider followed up with satisfactory assurances that, a consistent service was now in place with a schedule of waste removal dates confirmed.

Overall, the situation posed an increase risk to all residents' safety and welfare. In addition, it impacted on residents' privacy and dignity and in particular, in relation to personal and intimate care needs.

Some of the residents living in the centre required supports in relation to their manual handling needs. The provider had ensured the centre was supplied with manual handling aids and devices to support residents' mobility and manual handling requirements. Where appropriate, bathrooms were supplied and fitted with assistive aids. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs. There were daily and weekly cleaning schedules in place for cleaning of residents' wheelchairs. However, this was not in place for all equipment. Overall, the inspector found that while residents' equipment appeared clean, improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment (such as comfy chairs, rollators and shower chairs). This was to ensure that all residents' equipment was cleaned, decontaminated, stored and used in accordance with manufacturer's instructions and best practice guidance.

The design and layout of the premises of two of the houses within the centre ensured that each resident could enjoy living in an accessible, comfortable and homely environment. While one of the houses presented as a homely environment, not all areas of house was conducive to a safe and hygienic environment. In addition to the required reconfiguration of the premises, there were a number of areas of the house that required upkeep and repair so that it could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents

The arrangements in place for laundering residents' clothing and linen were found to be in line with the providers' policy. For the most part, there were adequate laundry facilities in the centre however, in one house, where the laundry facilities were in an outside building, improvements were needed to they layout and cleanliness of the room. On speaking with staff, the inspector found that they were knowledgeable in

the management of laundry and in particular, in the event of soiled laundry including in the event of an infectious decease outbreak.

Staff were knowledgeable in how to keep the residents safe in the case of an infectious decease. In addition, staff spoken with, were aware of the importance of cleaning and were able to describe what cleaning products were used for different areas and how colour coded cleaning equipment was used. Overall, staff were aware of the majority of standard and transmission based precautions however, some improvements were needed to staff knowledge relating to the management of spills and bodily fluids.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, staffing and waste management, but to mention a few. However, the plan was generic in nature and not centre, (or house), specific. This meant that the outbreak plan had not considered the different layouts of each house and the impact this would have for some of the precautions that needed to be put in place. There were self-isolation plan templates within the outbreak plan however, they did not correlate with the newly improved person-centred self-isolation plans in place for residents.

Regulation 27: Protection against infection

Overall, on the day of the inspection, the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018),* and a number of actions were required to bring the centre in to full compliance.

The provider had not ensured a timely response to an infection control risk in place in the centre since late January 2023. The inconsistent and untimely emptying of healthcare non-risk waste, in one of the houses in the centre, impacted on the IPC measures in place and overall, resulted in an increased risk of the spread of healthcare-associated infection to residents and staff as well as impacting on the privacy and dignity of some residents.

A number of the provider's oversight, monitoring and shared learning systems in place required review so that they were effective at all times. For example, the quality enhancement plan (where there were no timelines for barriers), the local IPC audit tools (where there were no adequate action plans in place) and team meetings, where IPC was not included on the agenda as a regular item to be discussed.

While an IPC committee had been put in place at organisational level, which

included members of the senior management team, there was no senior identified individual at the highest level for the service (with the appropriate knowledge and skill), who had overall accountability, responsibility and authority for infection prevention and control.

The designated centre's outbreak plan was found to be generic in nature and the self-isolation plans (templates), within the plan, did not correlate with each of the resident's self-isolation plans in place.

Improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment (such as comfy chairs, rollators and shower chairs).

For the most part, there were adequate laundry facilities in the centre. However, in one house, where the laundry facilities were in an outside building, improvements were needed to the layout and cleanliness of the room. There was no covering on the cement flooring, there was dust and cobwebs in the room, there was excess fluff material from the dryer on the floor and there were no adequate storage or shelving to complete some of the required laundry tasks.

Overall, staff were aware of the majority of standard and transmission based precautions however, some improvements were needed to staff knowledge relating to the management of spills and bodily fluids.

Not all food in fridges was labelled with the opening dates.

During a walk-around all three houses, the inspector observed a number of areas in the centre required upkeep, repair and deep cleaning.

The following observations were relayed to the supervisors during the walk around of the houses;

- Shower curtains did not appear clean, liquid food stains observed on sitting room wall, carpet badly stained in a resident's bedroom, rust on shower taps and overall shower head and hose old and worn, cover on resident's comfy chair located in resident's sitting room,(chair currently not in use), stained, length of tubing coming from kitchen cooker extractor fan unclean with grease.
- Some cleaning equipment, such as dustpans and brushes, were observed to be very worn and needed replacing.
- The timber floor in the dining room area in one house was badly scraped, skirting in same room chipped and marked. Front door blistering and peeling paint.
- Extractor fans in some bathrooms were observed to have a heavy layer of dust. The surface on the timber at the back of an unused stair lift was not conducive to cleaning. There was no drawer cover on a kitchen cutlery drawer.
- The warning strip on a step in storage cupboard was peeling and unclean. Kitchen cupboards were worn and could not be cleaned effectively.

Overall, a review of the storage systems in place in the designated centre was needed. For example;

- Staff coats and a hoover were stored in a downstairs toilet.
- There was a filing cabinet in residents sitting room which stored archive folders and PPE, mobility equipment was stored in hallway under stairs, unused comfy chair stored in residents sitting room, large boxes of files and PPE stored at top of stairs landing, lack of storage in staff office and laundry room, the floor in a PPE storage room was unclean and the room was observed to be disorganised and included boxes of files to be archived and Christmas decorations.

Mould was observed in a number of areas in the designated centre, for example, the timber surrounding a Velux window was damp and mouldy, mould observed on the ceiling of a residents shower. Mould was observed on tiling around cooker and fan areas.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Sallynoggin D.C. OSV-0002890

Inspection ID: MON-0039127

Date of inspection: 16/02/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. The outside Laundry Room will be renovated to improve its layout and cleanliness. All maintenance works have been logged. They will be completed by 31.07.2023

2. The storage needs identified in one location will be addressed as part of the renovation plans and is already included in the architectural drawings.
This will be completed as part of refurbishment works by 06.11.2023.

3. The Manager of the service providing the Incontinence wear collections has agreed to a thrice weekly collection to prevent the buildup of malodor noted in the downstairs communal area.
This will commence by 31.03.2023.

4. A schedule for Cleaning of these Incontinence bins has been arranged.
This will commence by 31.03.2023.

5. The need for a senior identified individual with responsibility for IPC has been escalated to the Management Team.
This was escalated on 20.03.2023.

6. The PIC will source appropriate training to support her in her role in IPC in the D.C.
This Training will be sourced by 31.03.2023.

7. The recent IPC audits will be reviewed to ensure that a satisfactory Action Plan is implemented and completed.
This review will be completed by 31.03.2023.

8. IPC will be added to the Agendas of the D.C and location meetings to share learning.
This commenced 21.03.202.3

9. Staff will be supported to repeat Training in Standard based precautions.
Training will be completed by 21.04.2023.

10. The Self- isolation plans will be reviewed for each individual to ensure that they correlate with the resident's current need and ability.
This review will be completed by 31.03.2023.
11. A Schedule of cleaning of the Resident's equipment, e.g rollators, comfy chairs and shower chairs will be added to each location where this equipment is in use.
This review will be completed by 31.03.2023.
12. The Covid -19 Outbreak response plan was found to be generic so will be reviewed to make it location specific.
The Outbreak response plan will be made location specific.
This will be completed by 31.03.2023.
13. The Quality Enhancement Plan will be reviewed, and timelines inserted on barriers.
This review will be completed by 12.05.2023.

14. Food storage practices will be improved and labelled appropriately.
This will be completed by 31.03.2023.

15. Shower curtains, shower heads and hose and extractor fans, and mould identified will be added to the external household cleaning list for scheduled cleaning.
These items will be added by 31.03.2023.

16. The flooring in the dining room was replaced on 14.03.2023.

17. Dustpans and brushes will be replaced. By 24.03.2023.

18. The drawer cover on the cutlery drawer will be replaced.by 20.04.2023.

19. Worn kitchen cupboards will be replaced for more effective cleaning.

This work will be completed by 30.06.2023.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	06/11/2023