



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

Issued by the Chief Inspector

Name of designated centre:	The Bay
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0003434
Fieldwork ID:	MON-0037373

About the designated centre

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

The Bay is a designated centre operated by Autism Initiatives Ireland located in County Wicklow. The service provides a respite service for 10 adults with an intellectual disability on a rolling basis. A maximum of four service users can be accommodated at one time. The centre consists of a two storey house and an adjoining apartment. The house comprises a sitting room, kitchen/dining room, office, three individual service user bedroom and shared bathrooms. The adjoining apartment comprises a sitting room, kitchen/dining room, one bedroom, office and a bathroom. The designated centre is located close to the local town with access to local shops and transport links. The centre is staffed by a person in charge, a senior social care worker, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 13 December 2022	10:00hrs to 16:45hrs	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 and to monitor compliance with the associated regulation. The inspector met and spoke with all staff who were on duty throughout the course of the inspection and spoke in detail with two staff regarding the infection, prevention control measures in the centre. The inspector also had the opportunity to meet with the two of the respite residents who were availing of the service at the time of the inspection.

For the most part, respite residents who met and spoke with the inspector, did not communicate their feedback about infection prevention and control measures in the centre. The inspector used conversations with 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, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to bring the centre in to full compliance.

The centre consisted of a two storey house and an adjoining apartment. The designated centre provided a respite service for 10 adults, with an intellectual disability, on a rolling basis and could accommodate four residents at one time. However, since the health pandemic, this had been temporarily reduced to three residents per stay. The apartment was a single occupancy building and was specifically allocated to one respite resident.

The main house comprised of a large and small sitting room, kitchen/dining room, office, three individual bedrooms for residents and shared bathrooms. One of the bedrooms, which included an en-suite shower/toilet facility was not in use. The room was reserved as a self-isolation room, in the event it was required. The adjoining apartment comprised a sitting room, kitchen/dining room, one bedroom, a staff office and a shower/toilet room.

Both the house and adjoining apartment were observed to be clean and tidy and presented a homely and warm atmosphere throughout. In the main house there were pictures of residents enjoying different activities during their respite stay at the centre. The inspector observed residents' artwork hanging on the walls of the house. There were ample easy-to-read and visual signs in the house for residents to better understand and be aware of what was taking place in the centre during their stay. For example, fire evacuation procedures, the fire escape route, staff on duty, meal choices, keeping safe during Covid-19 and information on safeguarding and how to make a complaint.

On arrival to the house, the inspector was met by staff. The staff pointed out the visitor's health and safety check-in station which included masks, hand-gel and a health and safety checklist. All visitors to the house completed this checklist,

including respite residents on arrival to the centre.

During the day, when the inspector visited the apartment they met with the respite resident who was staying there. The resident showed the inspector around the apartment and pointed out the blue colour theme in the different rooms which was in line with the colours of their favourite football team. A new blue recliner chair had recently been purchased and was chosen by the respite resident. There were other decorative improvements to the sitting room, such as new curtains which were also in line with the respite resident's colour preference. On showing the inspector the bedroom, the inspector observed further memorabilia and furnishing associated with the resident's favourite football team.

During the time in the apartment, the inspector observed that engagements between the resident and their two staff members to be positive, mindful and jovial. Later in the afternoon, another respite resident arrived to the main house from their day service and the inspector met with them and had a brief conversation with them. The resident was colouring in pictures of a specific household item that was of interest to them. The inspector observed that the respite resident appeared relaxed and happy completing the activity. A staff member had joined the resident in the room and the inspector observed the atmosphere to be calm and relaxed, which was in line with the residents assessed needs and preferences.

Residents were supported to understand about infection, prevention and control, and in particular, matters relating to COVID-19 during their respite stay. For example, residents were provided with social stories and visuals regarding the processes and procedure for getting tested, hand-hygiene and overall, ways to stay safe when out in the community. Respite residents were also provided with easy to read social stories in the event that they were suspected or confirmed with COVID-19. On review of the social stories, the inspector found that the stories could be further enhanced if they included information on the eventuality that the respite resident was unable to go home immediately. In addition, on review of the self-isolation plans, the inspector found the plan to be generic in nature and lacking a person-centred approach.

Staff informed the inspector that they had completed training in infection, prevention and control and were aware of who they could contact for any infection, prevention and control related queries. Staff who spoke with the inspector were knowledgeable about the signs and symptoms to be aware of relation to COVID-19. While improvements were needed some areas of staff knowledge, for the most part, the inspector found that they were knowledgeable on many of the practices and procedures to keep residents safe during their respite stay.

Throughout the inspection, staff were observed to be wearing appropriate personal protective equipment (PPE). There was ample availability of PPE within the centre, including gloves, masks and gowns. There were bins located in the centre for the disposal of used masks.

The inspector observed hand-gel placed in appropriate locations throughout the house. There were a number of hand-sanitiser points located throughout the house

and apartment. All hand soap and hand-sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished.

Staff were using colour-coded mops for the different rooms within the designated centre to prevent the transmission of infection in the house. Staff engaged in the cleaning tasks and duties in the house and on completion documented them on a variety of cleaning checklists which were monitored by the person in charge and senior social care worker. On speaking with the inspector, staff described the manner in which they carried out these tasks. Colour-coded systems were in place to ensure mops were segregated and used to only clean specific rooms in the centre. However, some improvements were needed to ensure that the appropriate colour coded cleaning cloths were available to staff when cleaning.

In summary, the inspector found that residents' well-being and welfare was maintained to a good standard during their respite stay. Overall, there was a strong and visible person-centred culture within the designated centre. The provider had enacted an array of policies and procedures to support effective infection, prevention and control practices in the centre however, some enhancements were required, to a number of the practices and plans in place, to ensure that care was delivered in a safe manner, at all times.

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 governance and management arrangements in place in the designated centre ensured the delivery of care and support in a manner that endeavoured to protect respite residents from the risk of acquiring a healthcare-associated infection. The management structure was clearly defined and identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The inspector found that some enhancements were needed to ensure that the infection, prevention and control measures in place were effectively implemented at all times, and in particular, to some of the oversight mechanisms, the staffing levels and the outbreak management plan.

The registered provider had implemented governance and management structures in an effort to minimise the risks to residents acquiring or transmitting preventable healthcare-associated infections. The person in charge and staff were aware of the reporting structure within the centre and who to contact should there be a suspected or confirmed case of infectious disease. There was a COVID-19 infection prevention and control team established in the organisation and was made up of the organisation's operating director, health and safety manager and a number of senior area managers. The team was accountable for leading infection, prevention and

control practices and implementing the national standards.

There was evidence to demonstrate that the provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres, run by the same provider, had been reviewed and shared, with many of the improvements addressed, or in the process of being addressed. This had resulted in improvement and enhancements to a number of infection, prevention and control measures in place. For example, the provider held a steering meeting on a regular basis where matters relating to infection control procedures and practices were discussed and where improvements were identified, put in place and shared through-out the organisation's designated centres.

There was an infection control policy in place that contained well-defined procedures and provided clear guidance. The provider had put a comprehensive guidance document in place to supplement the overarching infection control policy. The provider regularly reviewed and updated the guidance and it was available to all staff working in the centre. The document included guidance on the use of personal protective equipment (PPE), COVID-19 symptom checklist, guidance on waste management, laundry management, testing, cleaning systems, but to mention a few. There was also a suite of information and guidance available in the centre on infection, prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HSPC).

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 respite 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. The latter report included a comprehensive review of the infection, prevention and control measures in place as well as an action plan. However, an improvement was needed to ensure that the plan was effective at all times. For example, the most recent action plan had not accurately captured the outcome of the centre's water flushing practice and records.

The person in charge was nominated as the infection, prevention control lead in the centre and was provided with additional training to support them carry out the role and in particular, in managing key areas of infection, prevention and control within the designated centre.

The person in charge, supported by a senior social care worker, completed a number of daily, weekly and monthly audits and checks that were part of the oversight system in place to monitor the infection, prevention and control measures in place in the centre. For example, the daily duties checklist included an infection, prevention and control checklist, there was a weekly health and safety checklist and a comprehensive cleaning schedule in place with associated checklists. Overall, the local audits were comprehensive in nature and for the most part, effective in ensuring the health, safety and wellbeing of residents during their respite break. For example, the weekly health and safety check list reviewed matters such as PPE,

safety signage, laundry and cleaning lists for premises and vehicles.

The person in charge regularly reviewed and updated the Health Information and Quality Authority, (HIQA), Quality Improvement Plan and HIQA's preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, as part of their reflective practice processes.

Staff had access to a range of training and development opportunities. Staff were provided with a variety of types of training relating to infection, prevention and control. A number of staff had also completed training on the *Health Information and Quality Authority (HIQA)'s, National Standards for Infection Prevention and Control in Community Services: Putting the Standards into Practice*. However, a small number of staff required refresher training in some areas.

The inspector met and spoke in detail with two members of the staff team during the course of the inspection. Overall, the inspector found that staff demonstrated good knowledge of standard and transmission based precautions and how to support respite residents in the event of an outbreak of infectious disease in the centre. However, some improvements were needed to staff knowledge, and in particular, on matters relating to procedures for donning and doffing PPE, cleaning blood spills and the deep cleaning steps post outbreak of an infectious disease. Senior management informed the inspector that there was a plan in place to implement regular on-site infection control competency checks with staff as an additional aid to the training they had been provided.

There was a well-established staff team in the centre. Overall, the systems in place for workforce planning endeavoured to ensure that there were suitable numbers of staff employed and available with the right skills to meet the centre's infection, prevention and control needs. The provider was actively recruiting new staff for vacancies throughout the organisation. However, while all full-time positions were filled there was a number of relief staff vacancies currently in place. The impact of the relief vacancies resulted in the person in charge and senior social care worker covering a number of shifts on the floor. This in turn, potentially impacted on the time available to them to carry out the effective governance, operational management and administration of the designated centre, at all times.

The inspector reviewed records of team meetings and found that infection, prevention and control was a standing agenda. The meetings enabled team discussion and shared learning regarding infection, prevention and control. However, improvements were needed to the frequency of the team meetings. The provider had identified this improvement through their own auditing systems and plans were in place to increase the number of meetings going forward.

The registered provider had a COVID-19 outbreak management and contingency plan in place for the centre that included guidance on infection, prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services.

However, improvements were needed to ensure that the plan included sufficient information within it. While there was a separate guidance document in place, which included guidance on required precautions in the event of an outbreak, these were not fully incorporated in to the outbreak plan. In addition, on review of the self-isolation plan for respite residents, in the case of an outbreak, (or suspected or confirmed case of COVID-19), improvements were needed to ensure that it was person-centred in nature and included sufficient information on the care and support to be provided to respite residents in the eventuality they were unable to return home.

Quality and safety

The inspector found that overall, the person in charge and staff were aware of residents' needs and knowledgeable in the care and support practices required to meet those needs during their respite stay. There were many areas of good practice noted in the organisation's implementation of infection, prevention and control procedures. There were a number of improvements to the quality and safety of care provided to residents due to the shared learning from other centres run by the same provider. However, some improvements were needed to the infection, prevention and control measures in place to ensure they were effective at all times.

The design and layout of both the main house and apartment ensured that each respite resident could enjoy staying in an accessible, spacious, comfortable and homely environment. The inspector observed the designated centre to have a good standard of cleanliness throughout the two buildings. There had been a number of improvements to the upkeep and repair of the premises since the last inspection. While there were a small number of internal decorative tasks to completed, a number of the centre's auditing systems had identified them and the person in charge had logged the tasks on the organisation's maintenance system. There had been improvements to the front and back area of the garden, which provided more space and light in these areas. However, the inspector observed the boiler-shed out the back of the centre to be in a poor state of repair. The wooden door of the shed was visibly rotting and the building structure itself contained a number of large cracks on the external wall.

There was an information folder in place in the centre, specific to COVID-19 and was made available to staff. The folder contained guidance, protocols and measures on how to keep residents safe from the risk of spread of infectious disease during their respite break. The folder contained the organisation's guidance document which included a variety of operating procedures associated with suspected or confirmed cases of COVID-19. The guidance supported and enabled staff to provide appropriate and safe care to residents during their respite stay.

The inspector was informed that in advance of respite breaks, staff contact the resident's family, or their day service, as part of a health and safety check to ensure

respite residents were free from any signs or symptoms of COVID-19. On the day of arrival to their respite break, a further health and safety check is completed with the resident.

During their stay, staff support respite residents with administering their medication. Where appropriate, reusable cups and syringes were used. There was clear guidance in place that ensured that staff cleaned, decontaminated and discarded the reusable medical equipment in a way that minimised the risk of transmitting healthcare-associated infections.

There was ample PPE available in house and a stock check was completed on a regular basis that ensured that there was sufficient stock at all times. The centre had adequate hand-washing facilities in the house and there was a good supply of hand-sanitising gel located at entry points and through-out the house. One of the en-suite bedrooms upstairs was not in use as it was being kept as the self-isolation room in the event it was required. However, a review of the room, and in particular, the PPE, equipment and facilities within the room, were needed. For example, there was no waste bin or appropriate hand drying facility in the room or en-suite. The PPE box in the room did not include all required PPE should the room need to be used.

There were a number of cleaning schedules in place in the respite centre and there was sufficient evidence to demonstrate that staff were adhering to it. There were cleaning procedures and guidance in place for staff to support them in effectively carrying out cleaning duties. For the most part, staff who spoke with the inspector demonstrated good knowledge of the appropriate use of cleaning products and equipment and in particular, of the colour coded cleaning equipment system in place.

While most of the cleaning products and equipment were observed to be stored appropriately in the centre, this was not the case for all cleaning equipment. There was a colour-coded mopping system in place to mitigate the risk of cross-contamination and transmission of healthcare-associated infections. There was guidance in place for the use of the colour-coded mop and cloths system in place. However, on the day of the inspection, the use of cloths in the centre was not in line with the organisation's policy. In addition, improvements were needed to the storage and care of some of the cleaning equipment. For example, on observing two of the mop and bucket sets outside the main house, the inspector saw that the buckets were full of water with dirt at the bottom of each. In addition, there were some inconsistencies in responses by staff regarding the colour coded system in place for cloths which overall, was not in line with best practice or the organisation's guidance.

The inspector observed the laundry facilities in the centre to be appropriate to the needs of the service. Overall, the inspector found that the arrangements in place for laundering respite residents' clothing and linen were found to be in line with the providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of an

infectious disease outbreak.

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. While the plan included steps to be followed, should a suspected or confirmed outbreak occur, overall, the inspector found that additional information was required in the plan. For example, there was limited guidance relating to waste management, deep cleaning and laundry management within the plan. While, this information was available in the organisation's guidance document, it was not sufficiently elaborated on, in the outbreak plan.

The outbreak plan included information on a self-isolation plan, should it be required. For the most part, in the case of a suspected or confirmed case of COVID-19, respite residents would return to their homes. The inspector saw that there were times when residents were unable to go home, or had to wait for a period until they could be driven home or their family could pick them up. While during this time, they were provided with the appropriate care and support in a safe way overall, the self-isolation plans in place did not provide adequate guidance of the precautions to be put in place during the period of self-isolation. In addition, associated risk assessments had not included appropriate control measures in the eventuality if respite residents were unable to go home immediately. Furthermore, the inspector found the self-isolation plan to be generic in nature and lacking a person-centred approach.

Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some improvements were required.

The inspector found that a number of the practices in place within the organisation (and designated centre) would be better enhanced if systems such as guidance, operating procedures, information folders and other processes extended beyond COVID-19.

Improvements were needed to the outbreak management plan for the centre so that it was comprehensive in nature and included ample information on all required precautions in the case of an outbreak of an infectious disease. In addition, a review of the self-isolation plan and associated risk assessments was needed to ensure that they included all eventualities in the eventuality where respite residents were unable to return home.

There was a number of relief staff vacancies which on a regular basis, was covered by the person in charge and senior social care worker. This potentially impacted on their availability to carry out the effective governance, operational management and

administration of the designated centre.

Staff were provided with a variety of types of training that related to infection, prevention and control. While many of the staff had completed training in 2022, some of this training was last completed in 2020. In addition, not all staff had completed training on *National Standards for Infection Prevention and Control in community services (2018)* and three staff were due refresher training in food hygiene.

Some improvements were needed to staff knowledge, and in particular, on matters relating to procedures for donning and doffing PPE, cleaning blood spills and the deep cleaning steps post outbreak of an infectious disease.

Infection, prevention and control was a standing agenda item on the centre's team meetings. However, improvements were needed to the frequency of the team meetings. During 2022, team meetings had occurred on a quarterly basis rather than on a six weekly basis (as per the organisation's recommended frequency of meetings).

Some improvements were needed to the auditing systems in place for the oversight of the weekly flushing checks in place. Neither the unannounced six monthly review or the daily duties check list had recorded the completion of checks accurately. In addition, while the frequency of the flushing checks had improved in the last two months, in the previously few months the checks had been sporadic and not on a weekly basis. For example, there was one check recorded in September, one in July, one in June and one in May.

There were a small number of tasks that required addressing to ensure the effectiveness of the infection, prevention and control measures in place. For example, there was peeling paint in the bathroom in the apartment, (this had been identified by the provider), the contact paper on the corner of one of the bedroom windows was peeling and unclean, there was no paper towel holders installed in a number rooms including the laundry room, an upstairs en-suite shower/toilet and the downstairs toilet. There was no bin in the upstairs en-suite shower/toilet.

The boiler-room building out the back of the centre was observed to be in a poor state of repair. The timber door of shed was rotting through and the building structure itself contained a number of large cracks on the external wall. On the day of the inspection, the inspector was informed by senior management that the cracks in the structure had been raised with the organisation's health and safety department.

A review of the colour-coded cloth system was needed to ensure that it was in line with the organisation's guidance and that they were used in a way that mitigated the risk of cross-contamination and transmission of healthcare-associated infections.

A review of the storage of mop and bucket sets was needed to ensure that they were in line with best practice and the organisation's guidance. For example, two mop buckets were full of water and contained dirt at the bottom of each.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for The Bay OSV-0003434

Inspection ID: MON-0037373

Date of inspection: 13/12/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Item Action Timeframe for completion</p> <p>Staff training including refreshers in IPC All training scheduled to be completed 28-02-23</p> <p>Staff knowledge Specific IPC protocols to be reviewed with team at team meetings 28-02-23 and ongoing thereafter</p> <p>Staff knowledge Staff competency assessments to be introduced for handwashing + donning+ doffing PPE. Introduced by 31 Jan and ongoing thereafter</p> <p>Personalised information for service users Social story prepared for staying (isolating) in the Bay</p> <p>Each keyworker working on individualised social story or alternative for each service user 28-02-23</p> <p>Outbreak plan/ Contingency plan Changes to be made to reflect real practice within the service and all staff made aware</p> <p>More detail to be included regarding procedure 28-01-23</p> <p>Governance Continued recruitment</p> <p>Introduction of new part-time flexible contracts to support services Ongoing</p> <p>Expect new contracts finalised 28-02-23</p> <p>Team meetings Increase frequency to every 6 weeks. Ensure practical elements of IPC are reviewed at each meeting. In place and scheduled for the year coming</p> <p>Improved Auditing Unannounced Inspection changed to ensure flushing logs are reviewed. Next audit scheduled- 28-02-23</p> <p>Effective IPC New Bin – purchased + In place</p> <p>Toilet role holders- purchased and in place</p> <p>Handtowel holders – ordered</p> <p>Contact paper window – removed and replaced</p> <p>Peeling ceiling paint in bathroom – re-painted Waiting on handtowel holders order to be delivered.</p> <p>Boiler room + Door Area cordoned off to prevent staff and SU access – immediate</p>	

Options to replace/ re-build or provide alternative being investigated including finance etc. Completed

31-03-22

Colour-coded cloths Review with staff to ensure used correctly. Small Stockpile of colours as not always available to purchase 28-02-23

Mop storage New storage area identified purchased

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.	Substantially Compliant	Yellow	31/03/2023