

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0036138

About the designated centre

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

This designated centre operated by the Muiríosa Foundation, consists of one large private dwelling in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bedrooms have an en-suite with another separate bathroom on the same floor. The remaining bedrooms and bathrooms are located on the ground floor. There is a large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all residents access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The person in charge shares their time between this designated centre and another designated centre. During the day there are primarily two to three staff on duty and at night one sleeping staff and one waking staff .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 1 December 2022	12:50hrs to 17:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). As part of this inspection, the inspector met staff on duty and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day.

On arrival to the centre, a staff member answered the door and it was observed that the staff member was wearing a FFP2 mask. These respiratory face masks should be worn by healthcare workers when delivering care to residents with suspected or confirmed COVID-19. The inspector was informed that there was a single case of COVID-19 in the centre confirmed the previous day and a resident was self-isolating in their bedroom. As a result, the inspector changed from a surgical mask to an FFP2 face mask for the duration of the inspection and maintained social distancing throughout. As the person in charge was absent on a planned day off, the inspection was facilitated by the staff nurse on duty.

The designated centre is a large detached property in a rural setting in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. Each resident has their own bedroom, two of which are located upstairs and three on the ground level. Two of these bedrooms have an en-suite with another separate bathroom upstairs and downstairs. There is a large kitchen and dining area leading to a seating area outside. A large sitting room and hallway area with an elevator allow all residents access upstairs. The house had recently undergone fire safety upgrades, which included installation of new fire doors and door closures.

The inspector met three residents during the course of the inspection. Some residents did not communicate verbally with the inspector; however, they were observed to be at ease and comfortable in the company of staff and were relaxed and happy in the centre. Although the time the inspector spent with the residents was limited, staff were observed spending time and interacting warmly with residents and supporting their wishes. High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents individual preferences and needs when speaking with the inspector. The staff team comprised of a mix of social care workers and nursing staff.

There was a calm and relaxed atmosphere in the house, and two residents were observed relaxing in the kitchen and living room with staff. Each resident had their own room decorated to a very high standard, and there was plenty of space throughout the centre to fully meet the high support needs of residents. During the inspection, two residents in the centre told the inspector they were going to a music event later that evening. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, visits with their families and

shopping for new clothes. During the inspection, residents in the centre were watching television and resting in their bedrooms, while some residents were out in the local community. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment.

The person in charge had devised a COVID-19 risk assessment and management plan in response to one resident being confirmed with COVID-19. In order to minimise the risk of infection, the plan stipulated that care to the resident would be delivered by a single nominated staff member on each shift to the greatest extent possible. The inspector observed one staff member attending to the resident's needs who confirmed the resident was comfortable with self-isolating in their bedroom. Staff were observed wearing personal protective equipment (PPE) throughout the inspection and take part in regular hand washing. Hand washing facilities and alcohol gels were noted around the centre. There were plenty of cleaning materials and personal protective equipment (PPE), such as respiratory face masks, within the centre. In some areas, there were some signs regarding infection prevention and control issues, such as hand washing, wearing protective equipment, and COVID-19.

Within the centre, there were also signs highlighting the different colour-coded cleaning equipment that should be utilised in various parts of the house. This cleaning equipment, such as cloths and mops, were available, but their storage required improvement. For instance, it was seen that mop buckets were kept underneath a counter in the utility room where medicines, including crushed medicines and enteral nutrition (tube feeds of food via the Gastrointestinal (GI) tract), were prepared. When reviewing the cleaning equipment in a storage press the inspector also noted that some of the coloured coded equipment appeared mismatched.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection that residents had a good quality of life. They had choices in their daily lives and were supported by staff to be involved in activities they enjoyed, both in the centre and the local community. Facilities were present which promoted infection prevention and control practices. Large communal areas supported residents to engage in centre-based activities and relaxation. These rooms were well furnished with items such as televisions and couches while each resident had their own individual bedrooms which were personalised with storage available for residents' personal items.

While the centre's cleanliness was found to be of a high standard, improvements were required by the provider to ensure the IPC systems and arrangements were regularly reviewed to ensure that procedures were consistent with the national standards.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against

Infection is provided.

Capacity and capability

The provider had put in place a range of policies, procedures and guidelines to prevent and manage the risk of infection to residents, staff and visitors. This was supported by a comprehensive suite of learning and education for staff to ensure they had the knowledge and competencies to promote good infection prevention and control (IPC) standards. However, taking into account the inspector's findings on inspection, improvement was required to ensure that pertinent national guidance and provider policy were implemented, as well as a need to improve the effectiveness of the monitoring systems.

The designated centre had been previously inspected by the Health Information and Quality Authority (HIQA) in April 2021. As part of a programme of inspections commenced by HIQA in October 2021 focusing on the National Standards for infection prevention and control in community services, it was decided to carry out another inspection of this centre to assess adherence with these standards in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The inspector found that the registered provider had put in place a number of precautions to safeguard residents from healthcare-associated infections. There were defined governance and management mechanisms in place to monitor and control IPC practices. The regional director and area directors were part of the IPC leadership, governance, and management committee, which convened on a regular basis. A quarterly IPC meeting was also convened and attended by all persons in charge in the region, and it served as a forum for sharing lessons learned among centres.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. There were no vacancies in the centre. Staff members spoken with had a good knowledge of standard and transmission precautions. The centre had assigned cleaning staff three times a week and it was found that sufficient cleaning staff had been appointed to implement infection prevention and control risk measures.

There was an IPC control strategy in place that included risk assessments, contingency plans, emergency plans, and strategies for managing outbreaks. The service had a nominated lead for IPC, who was a clinical nurse specialist. The person in charge was the IPC link person for the centre and had the responsibility of implementing IPC measures in the centre. They recently undertook an IPC certified course facilitated by the provider. The inspector read information regarding improvements they had made within the centre due to the knowledge gained. This

included a review of how laundry was handled and carried through the centre that would reduce transmission of infection. The inspector also viewed the PIC's plan to introduce IPC matters into supervision sessions for shared learning and improve competencies. The inspector noted that a regulatory notice regarding the change in notifying the Chief Inspector of confirmed and suspected cases of COVID-19 was on the wall in the office to alert all staff.

Staff members had access to after-hours management, and there was a clear escalation mechanism in place. The provider oversaw antimicrobial stewardship through registers kept at the centre level and compiled and reviewed by local and senior management on a quarterly basis. The provider had planned workshops on urinary tract infections (UTI) for November as a result of a trend identified in these antimicrobial reviews.

The inspector viewed the centre's IPC risk register, and these included IPC-related risks such as COVID-19, antimicrobial stewardship and communicable diseases. However, there needed to be more specific documentation in place to ensure that specific IPC risks for residents were identified and assessed and that appropriate control measures were put in place. The inspector identified some improvements that were required to the risk identification system to ensure additional IPC risks were monitored, for example, the inclusion of the risk of exposure to sharps injuries, wound care and chronic respiratory disease.

Under the national standards, it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. Staff members spoken with were aware of how and to who to raise any infection prevention and control concerns which was in keeping with the organisational structures in place for the provider's designated centres within the region. There was also an on-call service in operation outside of normal working hours for staff to raise concerns or seek guidance if required.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the overarching infection control policy dated May 2022, which provided standard infection control guidance and additional guidance required during an infectious outbreak and the COVID-19 pandemic. In addition, the policy identified that all staff were required to undertake several online training modules hosted on the Health Executive Service (HSE) training website. These consisted of the five antimicrobial resistance and infection control (AMRIC) courses listed below: hand hygiene, personal protective equipment (PPE), standard and transmission-based precautions, infection prevention and control, and respiratory hygiene and cough etiquette.

During the inspection, training records were not accessible, but the inspector reviewed the training matrix post-inspection that the person in charge submitted. It was found that the majority of the mandated IPC training had been completed by all staff along with the HIQA National Standards for Infection prevention and control online course. Records also demonstrated that staff were subject to a hand hygiene assessment. However, the training matrix did not include one of the five AMRIC

modules; therefore, it was unclear to the inspector whether staff had received training in this field.

The IPC policy also stipulated that an IPC audit must be undertaken every six months by an auditor who is independent of the location. IPC audits were not observed on inspection, and this was a similar finding from the six-month unannounced audit conducted recently on 06 November 2022. The inspector requested any copies of completed IPC audits to be submitted post-inspection. While the inspector did receive information that had been requested, the provider's IPC audit tool was not part of the documents received.

On further review of the policy, which signposts readers to other linked IPC policies such as hand hygiene, cleaning and disinfection, communicable diseases, and standard infection and control precautions, it was noted that the policy lacked the Standard 5.1-required description of the roles and responsibilities of staff members at various levels of the organisation. This was to ensure that staff discharged their responsibilities, which included effective infection prevention and control practices.

Quality and safety

Overall the inspector found that the registered provider had implemented systems and controls to protect residents and staff from the risks associated with infections. However, the inspector found that the absence of up-to-date guidance, external IPC audits and oversight from the COVID-19 lead had an impact on the procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA.

The centre comprised of a large two story house located rurally in Co.Kildare. The centre was very visibly clean and tastefully decorated. The layout and design of the premises were sufficient to meet residents' needs, and the layout and function of rooms in the centre were reflective of those in the statement of purpose. The house was found to be very clean and in a good state of repair on the day of the inspection.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats, including posters promoting hand washing. In addition, there were regular meetings for residents where the agenda included infection prevention and control items such as reminders and updates on the COVID-19 pandemic.

For compliance with national requirements, care for residents should be provided in a clean and safe environment that minimises the risk of transmission of infection. During a walk-around of the centre, the centre was found to be visibly clean and well-maintained. There was a comprehensive cleaning schedule in place, which had been developed in accordance with the provider's own policy, and there was evidence that this had been completed as required in the centre. Specific daily and weekly cleaning schedules that were in place contributed to this. The inspector reviewed cleaning records which indicated that cleaning of this centre had been carried out consistently in recent months. Improvement was noted in one communal bathroom as there was no single use towels available. The inspector also observed that the mounted toilet paper holder was located out of reach.

Documentation relating to individual residents were also reviewed during this inspection primarily from an infection prevention and control perspective. Residents' health, personal and social care needs were regularly assessed, and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up-to-date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. These plans incorporated, as required, any IPC measures which were required to be completed by the staff team. These included, for example, wound management and use of required equipment such as nebuliser and oxygen mask. This guidance overall was noted to be clear and concise and appropriate IPC information regarding the signs and symptoms of infection and what steps to take if signs of infection are present.

Residents were also supported to understand their health conditions and the supports available to them through easy-to-read and accessible information. Easy-to-read guidance was available for antibiotics, Methicillin-resistant Staphylococcus aureus (MRSA), Clostridioides difficile (C.Diff). The inspector saw that accessible consent forms were completed to gain residents' consent in relation to COVID-19 vaccinations.

The inspector observed one sharp box in the centre where used needles could be safely disposed of. Reviewing the sharps box's disposal and storage procedures was necessary to make sure they adhered to provider policy. The box was located at a height and was overfilled beyond the recommended levels, posing a risk to staff who used the sharps box. The box was also not assembled together according to the manufacturer's instructions, including the date of assembly and the signatory, and it was not closed when it was not in use.

As previously mentioned, given the complex needs of some residents currently availing of the service within the centre, sterile equipment was required in the centre. This included dressings, nebuliser masks, tubing and syringes. A nurse on duty explained that shared learning from another inspection changed the process for cleaning and decontamination of nebulisers and masks, and the centre only used single-use products as a result. Residents reportedly also found these new products more comfortable to wear and use.

The inspector noted the stock of syringes used for preparing enteral feeds and

medicines were denoted as single-use and could not be reused. From speaking with staff, it was found that these products were being cleaned and reused before being replaced. It was unclear when these products were being replaced as records were not kept of this procedure. Nonetheless, the practice of reusing single-use products was brought to the attention of senior management at feedback for review. During the inspection, staff responded to the findings of reused equipment and disposed of any opened syringes. The inspector also noted that improvements were required to the stock check and expiry date checks of PPE, single-use products and first aid supplies. While all items were in date, some were approaching their use-by-date, but there was no system in place to flag these items for replacement.

The provider produced a contingency plan in response to COVID-19, last updated in September 2022, which outlined how the centre prepared for and would respond to an outbreak of COVID-19. The inspector found that while some actions in the document reflected the practices observed on inspection, others were not in place. The inspector observed yellow bags and tags on a table set up outside a resident's bedroom for the correct removal of items from the resident's bedroom and PPE disposal. Yellow clinical waste bins were also located outside the bedroom. Staff spoke with demonstrated good knowledge of the procedure for donning and doffing of PPE. Staff were observed donning enhanced PPE, including gloves, aprons and respiratory masks and completed hand hygiene before entering the bedroom of a resident with confirmed COVID-19. In line with published guidance from the Health Protection Surveillance Centre (HPSC), last updated on 03 November 2022, generalised use of enhanced PPE was not observed throughout the centre.

The plan further expanded on the requirements to dispose of infectious waste from the centre. Waste arising from possible or confirmed COVID-19 cases are designated as infectious clinical waste whose collection and disposal are subject to special requirements in order to prevent infection. Yellow bags removed from the house should be placed in clinical bins outside the centre for collection from maintenance. If a yellow clinical waste bin was not available, then a normal bin could be used as long as it was clearly labelled clinical waste. The inspector observed a wheelie bin was being used for this purpose but had not been marked as such to alert staff to the contents contained within.

It was noted that although a specific COVID-19 lead for this centre had been formally appointed, they did not appear to be involved in the formulation of the centre's self-isolation or outbreak plans. A COVID-19 lead is someone with sufficient knowledge of the designated centre's COVID-19 contingency plan and who has sufficient authority to enact it. For example, the inspector read documentation in the centre that stated that the resident must self-isolate for a minimum of ten days. This was not in keeping with the HPSC's published guidance whereby residents should self-isolate for seven days from the onset of symptoms or the date of a positive test. The inspector raised this concern of residents self-isolating longer than necessary with senior management.

The contingency plan also referred to procedures such as staff donning and doffing in an upstairs bathroom, changing of clothes and eating separately away from residents. It was unclear if these measures were still required, but they were not

observed during the inspection. Self-isolation plans for residents also required review as the self-isolation plan viewed by the inspector for the resident who was self-isolating identified that the resident had an en-suite bathroom when they did not.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

In summary, while the provider had good governance and management arrangements in place to monitor and oversee the quality and safety of the care of residents, the inspector found a number of areas where adherence to these guidelines required improvement. In addition the inspector found that some of the governance and oversight arrangements, which could be used to self-identify areas for improvement or gaps in assurance were not evident. Some examples taken from the report are as follows:

- Risk assessments required review to ensure they adequately supported the specific risks relating to infection prevention and control that were currently being managed in this centre
- The effectiveness of the monitoring systems in operation for infection prevention and control to ensure that all issues were identified
- The management and storage of colour coded cleaning equipment in the centre required review
- Stock checks were not carried out specifically for this designated centre in relation to PPE, single-use items and first aid supplies
- The practice of single-use items being reused required addressing
- The latest published guidance from the Health Protection Surveillance Centre (HPSC) was not available in the centre
- COVID-19 contingency plans were not reflective of the practice observed in the centre or HPSC guidance.

As a result of these gaps, the provider was unable to adequately demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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 Community Living Area 14 OSV-0003754

Inspection ID: MON-0036138

Date of inspection: 01/12/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>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.</p> <p>The registered provider shall ensure that the standards on the infection prevention and control measures are improved in the designated centre as published by the Authority. This will address shortfalls identified in the inspection</p> <ul style="list-style-type: none"> • IPC audits are completed and actioned appropriately in line with Muiríosa Policies & Procedures and Regulation 27 to improve effectiveness of the monitoring of IPC Practice. • Muiríosa Infection Control Policy will be reviewed to incorporate 'the roles and responsibilities of staff members at various levels of the organisation' to ensure all members are aware of their responsibilities in relation to IPC. • The register provider shall agree on how designated centre should monitor stock control to include PPE, first aid supplies and single use products <p>The Person in Charge shall undertake a review of individualised risk assessments for resident in line with their identified care needs relating to wound care, chronic respiratory disease and potential risk of sharps injuries. The contingency plan with regards to Covid-19 for this centre will be reviewed and updated as appropriate to ensure greater clarity of practices in the event of an outbreak of any communicable disease. The latest published guidance from the Health Protection Surveillance Centre (HPSC) will be made available to the centre.</p> <p>The Person in Charge shall undertake a review of the designated centre in relation to storage of IPC equipment making improvements and reflected in the Quality Improvement Plan as part of IPC audits. This will also address shortcomings identified in</p>	

this inspection including access to toilet paper, storage area for mop buckets, labelled bins for clinical waste externally.

The Person in Charge shall review the training matrix used to ensure clarity on training needs in the centre to include all appropriate AMRIC training.

The Person in charge shall review the practice regarding Sharps and improve practice addressing short comings identified in this inspection such as:

- Reducing the risk of needle stick injuries
- Assembly
- Correct use
- Disposal
- Height of storage

The Person in Charge shall ensure to review the practice of single-use items being reused is as set out as per manufacturers instructions.

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	28/04/2023