



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

## Issued by the Chief Inspector

Name of designated centre:	Doon Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	29 October 2021
Centre ID:	OSV-0005747
Fieldwork ID:	MON-0034680

## About the designated centre

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

Doon Accommodation Service is a detached dormer bungalow with an adjoining annex located in a rural area but within a short driving distance to a nearby town. It provides a full-time residential service for up to five male residents, between the ages of 18 and 65 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include kitchens, living rooms, a TV room, a utility room and bathrooms. Residents are supported by the person in charge, team leaders and care workers.

**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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 29 October 2021	09:40hrs to 18:10hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents in this designated centre were provided with a premises which was generally clean in most areas but improvement was required to aspects of the premises provided to support infection prevention and control practices. Facilities were available for hand hygiene but based on observations, improvement in practice in this area was required.

This designated centre was comprised of a main house for four residents and an adjoining annex apartment located to the rear to the house for one resident. In total five residents were living in this designated centre at the time of this inspection, four of whom were met by the inspector. When the inspector arrived at the designated centre to commence the inspection, one resident was in the process of leaving the centre while other residents were also preparing to leave. One of these residents greeted the inspector outside the centre and asked him about his car before returning indoors.

The centre appeared quite busy at this time and, having introduced himself to staff, the inspector waited for staff direction as to where/how to enter the centre. While the inspector waited at the front door, he did not observe any sign or poster directing him where to go or to perform hand hygiene. Shortly after a staff member then directed the inspector around the side of the centre to a small room located between the main house and the annex. This was the centre's designated isolation area and the inspector was directed to sign into the contact tracing log and to take his temperature which he did.

While in this room, the inspector observed that supplies of face masks were present along with a clearly marked hand sanitising station. A bin was also seen to be present in this room and when opening this, the inspector observed that it was full to the top of the bin with used face masks. Later in the day, the inspector viewed this bin again and observed that rather than emptying this bin, someone had pushed the face masks down into the bin. After signing the contact tracing log, as the inspector was preparing to leave this room, a staff member arrived to commence their shift. This staff member was observed to be wearing a face mask, to take their temperature and to sign into the contact tracing log but they did not use the hand sanitising station present.

Upon entering the main house of the designated centre, it appeared quite busy with some residents still preparing to leave the centre. The inspector visited the kitchen and at one point observed three residents and two staff member to be in this area. The inspector observed no ventilation present the kitchen area at this time and none of the kitchen's windows were open although a social distancing was clearly visible in the kitchen. The inspector also saw a staff member wearing gloves. It was unclear why the staff member was wearing these gloves and they were seen to take the gloves off and dispose of them but it was noted that they did not perform hand

hygiene after doing so.

Shortly after two residents left with two staff members to go on an outing in one of the cars available to the designated centre. Of the remaining two residents in the main house, the inspector spoke with both of these with one asking the inspector about his family and where he was from while the other told the inspector about where they lived before and about getting a take away later in the day. The staff member present at this time engaged pleasantly with the residents. These two residents then left with the staff member which left the inspector alone in the main house. The inspector used this period to review this part of the premises provided for four residents to live in.

In the hall area just inside the front door of the main house was a clear sign encouraging social distancing. No signage was observed in this hall reminding staff, visitors or residents to wash/sanitising their hands although a clearly marked hand sanitising station was present. Immediately off this hall were a number of rooms including a small television room. This was nicely presented overall although the inspector observed that some of the white skirting board appeared marked and black in places and no air vents were observed which help promote a natural flow of air.

Across from this room was a larger living room which was seen to have air vent to promote ventilation. However, this air vent had been painted over previously which served to partially obstruct the vent while all windows in this room were closed. Overall this living room was nicely presented and well-furnished with a larger television and couches for residents to relax on. The inspector did note though that some areas, particularly on skirting boards and in corners of the room required dusting/brushing.

The main bathroom of this house was equipped with electronic ventilation and it was seen that multiple signs were on display there reminding users to wash their hands. It was seen though that one of these signs was partly obscured by a basin. Residents had their own specific drawers available in this bathroom for their toiletries to be stored separately. This bathroom was seen to be generally clean although the inspector did see that a pedal bin for paper towels was full while a grab rail near the toilet and some tiling in a shower area required cleaning. Another separate toilet was present in another room off the hall which also had electronic ventilation and hand washing signage which included signs presented in an easy-to-read format.

After reviewing these areas, the inspector then moved to the kitchen area. It was seen that pedals bins were available here for the disposal of household waste and recycling. As with other communal areas, the kitchen appeared reasonably clean. However, when the inspector viewed some of the kitchen presses, three of these were noted to require cleaning. On the inside of a door to one of these presses was a sign clearly highlighted the need to prevent contamination between coloured coded chopping boards used for food items like raw meat, fish and vegetables. Within the press itself, all of these chopping were seen to be stored on top of another one another with no separation. The inspector was later informed these

chopping boards were also stored in this press.

Just off the kitchen was utility room where a smell of detergent was emanating from through the open door. This contributed to the air feeling stuffy in this area and given the inspector's earlier observations around the lack of ventilation in the kitchen, he opened a window at this point. Later in the afternoon it was noted that someone had closed this window which did not help promote a flow of natural air. During a feedback session for this inspection, the inspector was informed that one resident living in this centre did have particular preferences around keeping windows closed but that some windows would generally be opened. Within the utility room itself it was seen that there was washer and dryer present while hand washing facilities were also available. Cleaning supplies and mops were also stored in the utility room but it was seen that different mop heads for different areas of the house were stored together in one box.

Upstairs in the main house was a staff office which had supplies of PPE including specific PPE to be used in the event of there being a suspected case of COVID-19 centre. Also on this floor was two showers rooms, one for residents and one for staff. In the residents' shower room it was noted that some of the floor appeared discoloured, some paintwork near a window appeared damaged and the sink taps were older in style which could make them harder to clean. To the rear of the main house was two small sheds, one of which was intended to be used to store used personal protective equipment (PPE) in double bin bags for 72 hours before disposal.

In the afternoon, residents began to return to the main house from their outings. The inspector observed one group of residents return with a staff member. It was observed that the staff member with the residents at this time did not use the hand sanitising station in the downstairs hall having entered the main house via the front door. However, it was later observed that this staff member encouraged a resident to wash their hands after the resident had used the bathroom. As other staff and residents returned to the main house, the inspector also observed another staff member carrying out some cleaning using disinfectant spray while wearing gloves. Upon completing this the staff member was observed to remove their gloves but did not perform hand hygiene telling the inspector that they had washed their hands earlier.

After such observations the inspector reviewed some documentation relating to this designated centre. Included amongst these were notes of recent residents' meetings that were taking place in the centre. Such meetings happened weekly and it had been indicated to the inspector by a staff member that matters related to COVID-19 were discussed at each of these meetings. However, while COVID-19 and related topics were referenced in the notes of some meetings, from the notes reviewed it was not indicated that these were discussed at each residents' meeting. It was seen though that easy-to-read documents and social stories were in place that could be used to provide residents with information on COVID-19 related matters such as masks and social distancing.

It was also indicated to the inspector that residents could receive visitors to the

designated centre with a room available for visitors in the main house if required. Any visitors to the designated centre were required to complete a visitors' checklist before entering. The inspector was informed that residents living in the main house had not had many visitors inside the main house but had some visitors just outside the centre and were facilitated to meet family members away from the designated centre as happened with one resident on the day of inspection. It was stressed that these residents could receive visitors into the main house if they wanted but that residents had not expressed a preference for this and that this had not been explored with the residents.

It was noted that the resident who lived in the annex had received visitors into the annex recently with completed visitor checklists seen. The inspector visited the annex during the inspection and at the time of this visit the resident living there was not present. Upon entering this annex the inspector did not observe any signs reminding one to wash their hands and the only signs around hand washing were seen in the annex's bathroom which also had ventilation. No hand gels were present at the annex entrance although some was present in the kitchen area of the annex a short distance away. Coloured coded boards for food items were present and it was seen that these were separated to reduce the potential for cross contamination. Overall this annex was observed to be clean at the time of the inspector's visit.

Towards the end of the inspection, on returning to the main house the inspector reviewed further documentation although he did have opportunities for further observations. Amongst these was a staff member carrying out further cleaning. Again this was being done with disinfectant while gloves were being worn. After completing the cleaning the staff member disposed of the gloves and was then seen to open a kitchen press and touch some kitchen surfaces before briefly washing their hands. Later on a staff member, upon returning to the centre, from a brief drive with a resident entered the main house via the front door and did not avail of the hand sanitising station available. As the inspector was leaving the centre it was seen that a resident was assisting a staff member in cleaning one of the centre's cars.

In summary, based on the observations of the inspection improvement was required in some areas of infection prevention and control particularly regarding hand hygiene and aspects of the premises provided. Residents were supported to leave the designated centre and easy-to-read information around COVID-19 related information was provided for residents.

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

## Capacity and capability



This inspection found that the provider had structures in place to escalate concerns around infection prevention and control while also providing policies and guidance for staff on how to respond to such matters. It was noted though that improvement was required in some areas such as staff's knowledge and practices along with the monitoring systems in place.

The designated centre had been previously inspected in October 2020 where an overall good level of compliance had been found. As part of a programme of thematic inspections commenced by HIQA in October 2021 focusing on infection and control practices, it was decided to carry out such a thematic inspection of this centre to assess the discipline and practice 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.

To provide guidance for practice in this area it was seen that the provider had an overarching infection prevention and control policy in place while local procedures were also present covering areas such as PPE, waste management and cleaning. An infection prevention and control practitioner was also available if required and, in response to the COVID-19 pandemic, the provider had established a case review process where matters of concerns could be escalated and discussed. It was noted that this case review process could be accessed at short notice if required. A COVID-19 lead was in place for the centre while an out of hours on-call system was available for staff to avail of if required. Staff members spoken with were aware of who the COVID-19 lead was and of the availability of the on-call system.

Staffing was an area that was covered in the COVID-19 local response plan that was in place for this designated centre. This had been recently reviewed and key information on how to respond to COVID-19 related concerns was contained within this such as enhanced infection and prevention control measures to follow, communication with residents and families, who to report concerns to, isolation arrangements and support for staff. This plan also outlined how staffing would be maintained in the event that the centre's assigned staff were impacted by COVID-19. It was noted though that different information in this regard was contained within a separate COVID-19 local plan and a business continuity plan for the centre, both of which had also been recently reviewed.

Systems were in place for information related to infection prevention and control to be provided to staff members. These included team meetings, a read and sign folder, a COVID-19 folder and a group email that all staff could access. It was highlighted though that some emails might be missed although it was stressed that any urgent updates or developments would be communicated verbally by one of the two team leaders of the centre. One staff member did inform the inspector that they relied on the COVID-19 folder for information in this area. The inspector reviewed this folder and noted that, while it did contain various relevant guidance, some guidance contained within it was from 2020 when national guidance on areas such as visiting had been updated during 2021.

Throughout the inspection staff members on duty were observed to wear face

masks and were seen to be carrying out cleaning. It was noted that specific COVID-19 drills were being conducted on a weekly basis with staff to assess their knowledge around how to respond should a COVID-19 related concern arise. Training records provided indicated that staff had undergone relevant training in areas such as standard and transmission based precautions, PPE, coughing and sneezing etiquette hand hygiene and COVID-19.

Despite this, during the inspection it was observed that hand hygiene practices were not being followed consistently in line with best practice. In addition, some staff spoken with did not demonstrate a sufficient knowledge of potential symptoms of COVID-19, while there was some variance amongst staff as to the isolation procedures to follow for residents if required. During a feedback session for this inspection the inspector was informed that the isolation arrangements for residents were in the process of being changed at the time of the inspection.

Overall, this inspection found that the provider had structures and supports to facilitate suitable practices for infection prevention and control. However, based on the findings of this inspection improvement was required in some areas as referenced throughout this report. The provider did have systems in place to monitor infection prevention and control practices in this designated centre including weekly checks, provider unannounced visits and by completing relevant self-assessments. These were reviewed during this inspection including an infection prevention and control self-assessment carried out on 11 October 2021 indicating that there were no areas for improvement. This was not consistent with the findings of this HIQA inspection carried out less than 3 weeks later.

## Quality and safety

There was evidence that infection prevention and control practices were becoming part of the routine delivery of care and support to residents. Despite this some improvement was found to be required in some areas such as the maintenance of contracting tracing logs and daily temperature checks by staff.

During this inspection, staff members were observed to carry out cleaning of regularly touched items like door handles. This was in keeping with cleaning schedules that were in place for this designated centre. In accordance with these schedules, cleaning of regularly touched items within the centre was to be carried four times a day and records reviewed during this inspection indicated that this was happening consistently. Provision was also made for the cars provided for this centre to be cleaned regularly. Stocks of cleaning supplies were seen to be available in the designated centre.

Stocks of PPE such as face masks and gloves were also provided while enhanced PPE, such as aprons and goggles, were also available for staff's use in the event of any COVID-19 related concerns. It was noted though that some staff spoken with during this inspection did indicate that supplies of this enhanced PPE were stored in

different in locations within the designated centre. Throughout the inspection staff members were seen to be wearing face masks and provision was made for the disposal of these face masks. However, based on the observations of the inspector in the small room between the main house and annex shortly after arriving at the centre, a review was required of the arrangements for disposing face masks.

Also in this room was a contact tracing log which any visitors or staff had to sign when arriving at and leaving the centre. This required those signing to indicate what time they had arrived, that they had checked their temperature on arrival and who they may be in contact with during their time in the centre. Upon leaving visitors or staff would also have to sign out of the centre by indicating the time they were departing the designated centre and also that they had checked their temperature when leaving. Proper maintenance of this log is important to ensure that people who may be close contacts of a COVID-19 case are promptly identified and to demonstrate that staff are taking their temperatures twice a day in line with national guidance.

When the inspector was signing into this log shortly after his arrival at the centre, it was noted that all the staff present at that time had signed in and indicated that they had taken their temperature. However, it was noted that two staff members had already entered sign out times of 6pm and 8pm respectively with one of these staff already indicating that they had checked their temperature at their stated sign out time. As such the inspector was not assured that the contact tracing log on the day of inspection was properly maintained. Given such concerns, a sample of contact tracing logs for the months prior to this inspection were reviewed later in the day.

In these it was seen that staff members had consistently recorded the times they arrived at the centre, who they had met when in the centre and what time they had left. It was seen though that not all staff had indicated whether they had taken their temperatures at their arrival and departure times. The inspector was told by multiple staff members that the contact tracing log was the only place where staff would record their temperatures. While it was not possible to say whether or not any staff members had incorrectly completed the contact tracing log prior to the day inspection, overall the records seen during this inspection did not provide assurances in this area. During a feedback session for this inspection, a person participating in management said that this matter was being reviewed.

## Regulation 27: Protection against infection

The provider had structures in place to support infection prevention and control practices including having a COVID-19 lead in place and arrangements for escalation. A local COVID-19 response plan was provided but some different details were contained within this around maintaining staff support when compared to other documents. While monitoring systems were in operation they required some improvement. Staff had undergone relevant training but based on the observations

and discussions with staff members during this inspection, refresher training was required in some areas particularly hand hygiene and to ensure that staff had consistent knowledge in some areas. The contact tracing logs reviewed on the days of inspection did not provide assurance as to their accuracy or that staff were consistently checking their temperatures twice a day although residents' temperature were being checked twice a day consistently. Records reviewed indicated that there was regular cleaning in the centre with cleaning supplies available. PPE was provided for and seen to be in use on the day of inspection. While the premises overall was seen to be clean, some improvement was required to aspects of the premises provided such as ventilation, the separation of chopping board and mop heads, the signage on display and the cleanliness of some areas such as kitchen presses. The arrangements for disposal of PPE required reviewed. While arrangements were in place for visits to the designated centre, some work was required to explore residents' preferences in this area. Notes of residents' meetings did not always demonstrate if matters related to COVID-19 were consistently discussed with residents although easy-to-read information in such areas was available.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Doon Accommodation Service OSV-0005747

Inspection ID: MON-0034680

Date of inspection: 29/10/2021

## 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>By what date: All actions except bathroom flooring replacement will be completed by 26/11/21. Bathroom floor needs to be sourced by maintenance contractor and this will take until 7/12/21.</p> <p>Additional signage:</p> <ol style="list-style-type: none"> <li>1. On entering the property – sign at gate to say “please ring buzzer and wait at gate until staff respond. Please note in line with Covid regulations, all visitors must wear a mask at all times on site. Please ring the doorbell and staff will complete contact tracing with you and take your temperature”. Maintenance contractor to install a glass holder at the gate to hold the sign by 26/11/21</li> <li>2. Signage inside the annex office and at the main house front door giving clear guidance on all the procedures upon entering the service. 9/11/21</li> <li>3. Additional handwashing signage in every bathroom. 9/11/21</li> <li>4. Additional hand sanitizing signage under all hand sanitizing stations 9/11/21</li> <li>5. Additional social distancing signs in place 9/11/21</li> <li>6. Additional ventilation signs in place 9/11/21</li> </ol> <p>Sanitizing stations:</p> <ol style="list-style-type: none"> <li>7. Additional hand sanitizing stations to be situated at the entrance and exit of the main house, the annex and the annex office. 5/11/21</li> </ol> <p>PPE refuse protocol:</p> <ol style="list-style-type: none"> <li>8. The mask bin in the annex office will be re-located to the large metal shed for staff to dispose of their masks in at the end of their shift. Night duty staff will empty the bag out of the bin every night to avoid over-filling and put it into a plastic container beside the bin. The bag will then be put into the main outdoor bin every 72 hours by night duty staff. There will be a monitoring template in place for this and it will also be on the night duty checklist as a reminder. 9/11/21</li> </ol> <p>Contact Tracing logs:</p> <ol style="list-style-type: none"> <li>9. Sign in/out to be monitored each morning by the team leader and added to the shift leader checklist, confirming that the document was used as designed. Contact tracing log for the main</li> </ol>	

house will be re-located to the hallway in the main house. 12/11/21

10. Staff on the day incorrectly recorded details on the contact tracing log, the following actions have been completed: NF07 submitted, investigation meeting taking place on 9/11/21, supervision completed with staff in question. 9/11/21

11. Contact tracing log will be amended to ensure its clear and effective oversight in daily auditing. 12/11/21

#### Chopping boards

12. Chopping boards need to be separated to avoid cross contamination - new holder purchased which separates chopping boards. 2/11/21

#### Mop heads

13. Mop heads to be stored separately based on colour coding – shelving to be put up in the utility room by maintenance contractor with a separate shelf for each individual mop colour. 26/11/21

#### Bathroom cleanliness/house cleanliness

14. Upstairs bathroom - this bathroom will be painted, the taps will be changed to more IPC friendly handles and the floor will be replaced. 7/12/21

15. Downstairs large bathroom - tiles to be deep cleaned in shower area, grab handles to be deep cleaned, larger bin to be put in place to prevent over filling, flooring to be replaced. First staff rostered for 19/11/21 and the 19th of every month thereafter. New bin in place since 2/11/21.

16. Deep cleaning of the entire service - professional cleaner to be sourced by maintenance contractor to deep clean the service every two months. 7/12/21

#### Vent in sitting room

17. Vent in sitting room needs to be replaced. 7/12/21

#### Covid 19 information

18. Covid 19 isolation plan, business continuity plan, national guidance will all be reviewed and updated. 21/11/21

#### Covid Isolation Plan

19. Covid Isolation plan to be reviewed and updated to include scenario for when residents need to isolate in the service. Positive and negative areas to be identified and signage to be placed in the service highlighting positive/negative rooms. 12/11/21

#### Sharing of information with staff

20. Simulation scenarios for IPC audit Q&A and Covid isolation Q&A with staff working on the day added to weekly and monthly check lists for team Leader and RSM. Internal unannounced IPC audit to be communicated to all staff by email and in the staff team meeting on Nov 17th. 17/11/21

#### Storage of emergency PPE

21. Emergency PPE to be stored in one location only. This will be in the designated clean room – the annex office. This will be the area that staff don on emergency PPE. They will don off emergency PPE in the large outdoor metal shed. (this will all be outlined in the Covid 19 isolation plan). 12/11/21

#### Ventilation

22. There must be sufficient ventilation in the service. Shift leader is now responsible for ensuring that there is sufficient ventilation by opening the windows. If one particular resident goes out the windows still have to be closed for a short period of time however shift leader is



responsible to ensuring that the windows are opened immediately after the resident leaves. This will be noted in a shift leader checklist. 16/11/21

#### Staff practices

23. RSM to be placed on PIP's and to ensure to continue to model proper IPC practices. 5/12/21

24. Covid practices to continue to be on the agenda at all team meetings. Completed every month at team meetings

25. HSE video clip of proper handwashing and donning on/off emergency PPE to be played at team meeting on 17/11/21. 17/11/21

26. All staff supervisions to be completed by 15/11/21. 15/11/21

27. Four staff on duty on the day of the audit to be placed on PIP's and to ensure to continue to model proper IPC practices. 5/12/21

28. RSM to receive a brief daily email of all tasks completed by team leaders for that day support with clear communication in governance with weekly MS teams supervision for four weeks until all actions are completed from the IPC action plan. RSM monthly checks to include observations and reflection from supervision. Completed daily

29. Observations of staff practices to be added to weekly team leader checks and correct action to be taken if staff practices are not at the standard required. 16/11/21

## 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	07/12/2021