



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcummin Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0007962
Fieldwork ID:	MON-0032700

## About the designated centre

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

The designated centre provides full-time residential services to male and female adults with a primary diagnosis of intellectual disability. The designated centre comprises of two individual single storey houses that are located 4 kilometres and 8 kilometres from a large rural town. The smaller house accommodates female residents and each resident has their own bedroom and own sitting room. The house has a kitchen / dining area, a bathroom and a staff bedroom with an en-suite. There is one additional bedroom. The house has a large garden area to the front and rear. The second house is larger and accommodates male residents. It has five individual bedrooms with en-suites as well as a staff bedroom en-suite. There is a kitchen and dining room, a sitting room, bathroom, boiler house and hot press. An adjacent building which is part of the designated centre has a laundry room, a store room and a toilet. The house has a large garden to the front and rear. The staff team is comprised of social care workers and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 12 October 2021	09:00hrs to 16:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

As this designated centre comprised of two houses located over 8 kilometres apart, the inspection was conducted in one house in the morning and in the second house in the afternoon. The inspector and staff wore personal protective equipment (PPE) and direct interactions were limited to periods of time less than 15 minutes in areas that were well ventilated.

The first house had four residents, two of whom welcomed the inspector and engaged in conversations regarding the purpose of the inspection. Two residents used some words to communicate but elected not to talk to the inspector.

Residents were dressed and had finished breakfast when the inspection commenced. Two staff and a student on placement were assisting residents to plan their day. Some residents were excited and talked about the reopening of day services and their renewed relationships with friends whom they had missed. One resident conveyed that the access to day services was presently for one day a week but explained and described the meaningful activities that staff supported them with on other days. This resident liked art and was preparing to take part in an art activity commencing on television. This resident explained that they had set goals to keep fit because of an underlying medical condition, save money for hotel stays and shopping, as well as undertaking day trips in the community to promote social inclusion. The residents individual care plan clearly documented all of the meaningful activities that the resident had taken part in to achieve the goals agreed. The achievement of a goal remained open and was not confined to once off achievements. For example, for the purposes of social inclusion, this resident went on day trips to places of their interest, took train trips, dined out, met family and swam. Similarly, another resident had specific goals defined. The overarching goals appeared functional on paper, for example the resident was to be supported to create a more social role. However, meaningful activities of preference to the resident were supported by staff in a person centre approach that made the resident happy. Records clearly reflected that the resident was supported to contact friends, make tea for fellow house mates, assist and partake in a picnic and attend online music festivals to support their development of a social role. There was also evidence that residents were supported to continue to develop or maintain essential life skills. This included online shopping for furnishings, attending mass, maintaining garden furniture and tidying and cleaning living spaces. This resident enjoyed attending an outdoor circus and regularly attended farms where they had a strong interest in animals and pets.

Residents met weekly with staff support. Activities, trips, home visits and day service attendance were discussed and recorded for these meetings. COVID-19 continued to be a standing item on the residents meeting agenda.

One resident described how sometimes there would be a disagreement regarding one of the communal sitting rooms. On some occasions, a resident may wish to

have the room exclusively for themselves or may wish to have the seat that another resident was sitting on. There was no significant impact arising from these disagreements, nor were they confined to any one resident. The Health Information and Quality Authority (HIQA) had been notified by the person in charge of these adverse incidences and the inspector could see that staff supervision as well as specific safeguarding plans reduced the rate of recurrence.

Two residents were aware that a new resident was considering moving into the house. This resident was known to them from attendance at day services and had attended the house on a number of occasions spending time with the residents. The bedroom that was available to the resident had an en-suite shower. This residents assessed needs determined that a wet room would be more appropriate to meet their intimate care needs. The person in charge was actively engaged in consulting with contractors to create a solution that would not affect the designated centres bathing facilities as all current residents enjoyed having a bath.

Residents had been encouraged to personalise their own bedrooms and residents stated that they were happy with the privacy that staff afforded them. One restrictive practice which involved an audible alarm on a residents bedroom door was discussed with the resident. The resident indicated that the alarm was only used at night and they understood why it was in place but didn't wish to talk about it any further. A painting contractor had commenced painting the outside of the residents home. Internal painting was required in many areas to improve the decoration as well as maintaining and preserving surfaces that required cleaning as a consequence of the pandemic. The external gardens required minor maintenance. The house had a vehicle specifically for residents use.

Residents stated at times they were fed up with the pandemic. Residents understood the importance of good hand hygiene practices and some had attained certificates relating to training in hand washing.

Residents had access to the kitchen and were advised by staff to respect social distancing by limiting the number of people in the kitchen at any one time. There was sufficient food supplies offering choice to residents. The kitchen units had recently been replaced and the kitchen was clean and tidy where meals were prepared daily. One resident had suffered a weight loss in recent months which had been restored with staff support. This resident preferred to eat in their bedroom and this was facilitated by staff. This resident said to the inspector that they were happy to eat anything as long as there was apple tart with it. This resident did not wish to resume day services.

Two other residents resided in the second house visited by the inspector. Both residents welcomed the inspector when introduced by staff. One resident appeared happy and smiled at the inspector. This resident used words to communicate but didn't wish to speak with the inspector. The second resident had just returned from a shopping trip with staff support and spoke to the inspector while eating lunch. The resident described morning activities which included shoe and clothes shopping, as well as furniture shopping. This resident also described a recent day excursion with staff support to an area of interest to them. It had been a very enjoyable trip and

day. This resident said they liked the staff and liked living in the house. They said they thought a lot about leaving but didn't have any particular reasons as to why. The resident spoke about having broken their ankle earlier in the year when they fell when picking up their spectacles. The resident had made a full recovery and the residents care plan and trans-disciplinary notes reflected a comprehensive assessment and rehabilitation programme for recovery with direct staff support. This resident was adamant that they did not wish to resume day services and preferred having the direct support of staff in their home where activities of their own choosing could be made. Both residents had a separate living room which was specifically furnished and set up to their preferences. One resident kept their goldfish in their living room.

The inspector observed that this house was decoratively well maintained internally. The entire roof of the house had recently been replaced but a problem with rising damp was ongoing. External access ramps to both the front and rear of the house were contributing to the problem. The registered provider had in place a planned programme of works and funding to address the matter. The front and rear gardens were poorly maintained and uninviting. This house also had a vehicle for the residents use which was in good condition.

## Capacity and capability

Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm, respectful and meaningful. The registered provider had registered the designated centre as a smaller unit which provided greater oversight and direct supervision since the last inspection. The opportunity for residents to attend day services and activation had been greatly impacted by the pandemic, however the registered provider had support measures to provide activities within the designated centre. As day services started to be offered intermittently to residents, the staffing structure and staff numbers that the registered provider had in place could not sustain the service level provision if some residents elected to remain at home and not attend day services five days a week. The planned absence of the person in charge for an extended period of leave would also impact on the direct service provision to residents if unfilled.

The registered provider had in place a team of social care workers and support workers providing person centred care based on the assessed needs of residents. The person in charge was employed in a full-time capacity and provided support and clinical supervision to staff. The person in charge received clinical supervision from the person participating in management. Staff numbers allocated to both houses afforded person centred care and there were many examples of activities facilitated in the absence of structured day services. The registered provider had a plan to

replace the person in charge who was to take extended leave in the coming months.

The provider had in place a training schedule for all eleven staff associated with the designated centre. Mandatory training provided by the registered provider had been largely maintained despite COVID-19 restrictions. The training records of staff were reviewed. All staff had training in fire and safety as well as training in the safeguarding of vulnerable adults. 77% of staff needed current training in the management and prevention of aggression. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of PPE. All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents. This training included first aid, medicines management and manual handling.

As this was a new registration, one six monthly unannounced audit had been conducted in May 2021. The annual review of the service in January 2021 related to the designated centre as it had been previously registered. Areas for improvement were clearly identified. These areas were actioned and completed by the person in charge. Making the service a smaller designated centre to improve governance and management had been achieved. Many areas focused on COVID-19 and the pandemic. Residents and families views were sought but the response of families were less than previous years. Staff meeting monthly records reflected a comprehensive agenda of items for discussion and the forum was used to discuss incidents and the learning from incidents. These meetings also related to the current pandemic and residents safety as well as the plans to support residents with personal choices and activities. Resident meetings were facilitated on a weekly basis and safeguarding issues and fire safety were regularly discussed. Planning activities of choice were also recorded at these meetings.

The provider had in place a complaints policy and all complaints were documented in a complaints log which was up-to-date. Historical complaints had been closed off. How to make a complaint was displayed in an easy to read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. General complaints made to senior management related to the lack of day services and respite services over the course of the pandemic. These complaints did not relate to the designated centre.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The registration certificate for the designated centre was clearly displayed within the designated centre. Each resident had a contract in place outlining the terms and conditions of residency.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector examined some notifications. Appropriate investigations had been undertaken by the registered provider and any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed. This included one to one staffing supports to enhance overall



support and supervision.

#### Regulation 14: Persons in charge

The registered provider had employed a person in charge in a full-time capacity who was suitably qualified and experienced for the role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The registered provider was unsure as to whether residents choice to continue to receive staff support in their own home could be sustained once day services fully reopened.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training, however, refresher training was required by some staff members relating to the management of behaviours that challenge.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

The registered provider had ensured that the designated centre was properly resourced to provide effective and safe care to residents.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a contract of admission in place that clearly outlined terms and conditions of residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place that was subject to annual review and did accurately reflected changes in the current provision of services due to the pandemic.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents and a copy of the procedure was displayed in the designated centre.

Judgment: Compliant

## Quality and safety

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported. The focus of support was currently person centred in a homely environment. Residents had meaningful engagement with their families and the local community. Some residents had resumed attendance at day services while some had elected to remain at home.

The inspector reviewed individual plans and records for all six residents. Residents had defined goals that were subject to review by a named designated key worker. An annual review of plans included the input from the resident, their key worker, families and the trans-disciplinary team. Priority goals that were meaningful to the resident were agreed. All personal care planning documentation was accessible and maintained in good order. Plans were reviewed and amended to reflect the impact of the pandemic. These plans were more meaningful to residents as they reflected the restrictions required by public health guidelines such as the cessation of day services. This afforded residents the opportunity to set and achieve new goals. Some residents used the pandemic to self determine in requesting the provision of day services in their own home with an express wish to cease attending structured day services. Staff continued to support residents in such requests but it remained to be seen if the registered provider could continue to provide home based activities once day services had fully reopened.

Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Some residents were also attending national screening services. Each resident had a current risk assessment in place in relation to COVID-19. Residents also had an assessment in place to determine whether they could self administer medicines. One residents file reflected a comprehensive rehabilitation programme to support the resident make a full recovery from a fractured ankle. Psychology was one service that responded to residents needs by assessing and providing services in the residents home. This also included direct support to the residents and staff in relation to positive behaviour support plans to assist in the resolution of differences between residents. These plans were up-to-date. Restrictive practices were subject to recent review and residents displayed some understanding of why such practices were in place.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. The risk assessments were very clear and outlined the rationale and supports afforded to residents. All restrictive practices had been subject to review by the registered providers restrictive practices committee.

Residents were observed to be very engaged with staff. Activities of choice were available to residents and residents records reflected a wide range of preferred activities facilitated by all staff and students.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. Some residents had engaged in hand hygiene training and were proud of the certificates they had received. There was a recorded cleaning schedule maintained for frequently touched areas. Staff recorded and maintained a record of residents, staff and visitors temperatures. The person in charge had completed a self assessment questionnaire in September 2021 to determine the readiness of the

service to deal with an outbreak of COVID-19. There had been no confirmed cases of COVID-19 to date in the designated centre and all residents had been fully vaccinated. The inspector noted that the painted surfaces in one house were in poor condition which impacted on staff ability to clean and sterilise the surfaces. Additionally, records of visitors temperatures taken on the day of inspection were not accompanied by the registered providers COVID-19 questionnaire which was a departure from the registered providers policy to prevent the spread of infection.

The designed centres risk register had been recently updated. The register reflected the risk of COVID-19 and the pandemic, as well as the impact on residents. All regulatory specified risks had been subject to assessment. Each resident also had a specific risk register particular to the residents assessed needs and presentation.

The fire and safety systems in place were of a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were clearly recorded.

Residents had direct control over their own possessions and there was space to store personal items in each house. Residents regarded their bedroom as a private space and staff were observed to knock and speak to residents before entering. The registered provider had plans in place to address painting both internally and externally in one house - external painting had commenced. The second house was in good decorative order but an ongoing issue with rising damp, created by external access ramps, was due to be addressed. This house afforded residents individual sitting rooms that were set up and furnished in keeping with the residents wishes. A proposed new resident required the use of a wet room to support their assessed needs. The person in charge was actively advocating and planning for a solution that maintained a bath in the particular home, based on existing residents known preference for a bath.

All communication was observed to be respectful and done in a manner that supported residents make choices. Direction was gentle and patient affording residents time to consider and respond. Residents had access to a communal television as well as television within their own bedrooms. Each residents communication passport was part of their overall individual care plan. There was easy to read information and notices throughout the designated centre. Residents were utilising virtual forums to meet and make contact with peers, friends and family. All communication with family members was logged by staff. The resident guide available to residents was out of date on the day of inspection. The person in charge addressed the matter during the course of the inspection.

Residents had access to foods of choice. Some residents took part in food preparation and cooking. Residents had access to kitchen areas within the parameters of safe social distancing. Records and photographs reflected residents active engagement in cooking. Some residents enjoyed eating out and also ordering

takeaway food.

### Regulation 11: Visits

Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in recreation activities of their choosing through structured day services prior to the pandemic and with direct staff supports in their home during the pandemic.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that premises were designed and laid out to meet the assessed needs of residents. Significant building works were planned and awaited in one house while decorating had commenced to the outside of one home. The garden in one house was poorly maintained and developed.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food. Residents had a diet that afforded variety and choice.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider ensured that each resident had an up-to-date and easy to read version of the residents guide.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that all residents were protected from the risk of healthcare and COVID-19 infection, however, not all visitors to the designated centre had recorded details pertaining to their current health status and COVID-19. Additionally, the integrity of some surfaces required decoration and repair to ensure cleaning and sterilising was effective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place updated support plans that were subject to review and reflected the impact of the pandemic. Individual care plans documented their effectiveness.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place and residents current healthcare conditions and requirements were well known to staff.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time. Psychology supports to residents and staff were provided within the residents own home.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kilcummin Residential Services OSV-0007962

Inspection ID: MON-0032700

Date of inspection: 12/10/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A DSAMT will be submitted to HSE to request funding for additional staff support to meet the needs of residents where they choose to avail of their day service in the residential house.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Two day MAPA training has been scheduled on the 23rd /24th November 2021 for one staff member. Additional training will be scheduled in Q1 2022 and the remaining staff will attend when available dates are set by the MAPA trainers.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A plan is in place for all internal and external painting. Plans are being finalized to renovate the bathrooms to wet rooms to meet the residents changing need. Appropriate outside ramping will be installed where required.	

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Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
The PIC at staff meetings held on the 9th and 11th November recapped to the staff team the procedures required for visitors to the houses and the importance of carrying out the COVID questionnaire for each visitor.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/03/2022

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2021