



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

Issued by the Chief Inspector

Name of designated centre:	No. 2 Dewberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 October 2022
Centre ID:	OSV-0005719
Fieldwork ID:	MON-0038065

About the designated centre

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

The centre is a four-bedroom, two-storey house. It provides residential support for a maximum of three male adults with a mild/moderate level of intellectual disability and with complex support needs. The model of care is a social care model with a focus on understanding and meeting the individual needs of each person living there. The service aims to create as homely an environment as possible, within a risk management context. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Residents require minimum supports in terms of personal care and significant supports in areas such as purchase/preparation of food and community participation. The centre is located in a rural area, but within easy reach of a local town and city when using private transport. Residents are supported at all times by a team of care assistants and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 21 October 2022	09:40hrs to 16:55hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This unannounced inspection was focused on Regulation 27: Protection against infection only. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector adhered to these throughout the inspection. This designated centre was a detached, two-storey, four-bedroom house in a rural location in County Cork. A full-time residential service was provided to adults with an intellectual disability and additional support needs. The centre was registered to accommodate three residents. On the day of this inspection there were three residents living in the centre and the inspector had the opportunity to meet with them all.

On arrival the inspector was greeted by one resident who was standing outside at the time. Staff welcomed the inspector and asked them to confirm that they were not presenting with any symptoms which may indicate that they were unwell. The inspector was then invited to sanitise their hands. Staff introduced the inspector to two of the residents, including the one they had briefly met outside. The focus of the inspection was explained to both staff and the residents. The provider had informed the Chief Inspector of Social Services, as was required, of environmental and other restrictive procedures used in the centre. One such restriction involved limited access to water in the centre due to one resident's behaviour and health concerns. This impact of this restriction with regards to hygiene practices in the centre was looked at as part of this inspection. These and other findings will be outlined in this report.

The inspector spent the initial period of the inspection reviewing the building primarily from an infection prevention and control perspective. The ground floor of the building included a porch, hallway, kitchen, utility room, lounge, one bedroom, a bathroom and a living room. Staff explained that one resident chose to spend a lot of their time in the lounge, while the other two residents chose to spend their time in the living room. This arrangement was described as working well for all three residents.

Overall the centre was observed to be clean, well-maintained, and decorated in a homely, modern style. It was noted that areas used regularly, such as the kitchen and other communal areas, were cleaned regularly, and to a high standard. However, some areas had been overlooked with cobwebs and dust noted on the fire and alarm panels, other fire safety equipment, and on some windowsills, and photo frames. Staff spoke with the inspector about challenges they had in maintaining the cleanliness of this premises due to one resident's regular use of snuff (nasal tobacco). Although it was clear that these areas were regularly cleaned, the inspector observed staining that could be explained by this on a number of walls in the centre. Staff also explained that one resident did not like staff touching their belongings and preferred to manage these themselves. When with this resident in the lounge, the inspector saw some drinking glasses and photo frames that were dusty and unclean. Shortly afterwards the resident put the glasses in the

dishwasher. The upholstery on one chair in this room was also visibly stained. The inspector also spent some time in the living room. As well as two chairs and a television, this room also had some kitchen facilities including a counter, sink, small refrigerator, and tea and coffee making facilities. Overall this room was clean, however the wall was noticeably stained in one area and the upholstery on the armrest of one chair was damaged.

The kitchen area was clean, well-equipped and well-organised. Overall the kitchen units and counter were in good condition although the surfaces of the chopping boards and some shelves under the sink were damaged. The skirting board in one area also required repair. The inspector was informed that other parts of the skirting had recently been fixed. There were two refrigerators in the kitchen, as well as cooking equipment that included a stovetop, an oven, a microwave and an airfryer. With the exception of the airfryer, all of these were observed to be clean. The person in charge later told the inspector that it had been arranged previously to replace this item. The refrigerators and cupboards were well-stocked and organised. The utility room was accessed via the kitchen. Although a small room, it was well-organised. The centre's washing machine and tumble dryer, and some cleaning equipment were stored in this area. Some other items such as alginate laundry bags (soluble bags used to isolate, transport, and launder soiled linen, reducing the risk of cross-contamination) and single-use aprons were stored in the kitchen. A colour-coded cleaning system was in place in the centre whereby different coloured equipment was used to clean specific areas. This was to reduce cross-contamination in the centre. Cloths and other equipment were stored according to this system and were available in the centre. There was information on display in the utility regarding the colour-coded cleaning system, the cleaning and storage of cleaning equipment, hand hygiene practices, use of some personal protective equipment (PPE), and coughing and sneezing etiquette. The utility room had an external door. In the outside area there was an additional storage facility where more cleaning equipment and additional supplies of personal protective equipment (PPE) were stored.

Staff were cleaning the downstairs bedroom during the inspection. The inspector could see that room had been decorated in line with the resident's preferences and taste. There was a bathroom beside this bedroom and staff advised that it was only used by one resident. This bathroom had recently been renovated. The bath had been removed resulting in more space for the resident. Some mobility aids were in place and storage units were due to be installed. When in this bathroom it was noted that the wash hand basin was full of water. Staff explained that as the access to water in this bathroom was restricted, staff ensured that there was always warm water available to the resident for them to wash their hands. When asked how often this water was changed, staff advised that it was changed several times a day. However, following further enquiries the inspector was informed that it was not necessarily changed after each use, or after each time the resident used the bathroom facilities. This practice meant that the resident was at times washing their hands in an unclean reservoir of water. This was not consistent with best practice in the area of infection prevention and control (IPC). Due to this identified risk, the inspector asked that management receive input from someone with expertise in IPC

to ensure that this resident had access to suitable hand hygiene facilities.

Upstairs in the centre, there was a staff bedroom and office, two residents' bedrooms, and a bathroom. When comparing the layout of the first floor against the floor plans submitted as part of the process to register the designated centre, the inspector observed one minor difference. The floor plans indicated that there were two hot press areas, however in reality there was only one. The inspector also noted that there was a sensor alarm on one bedroom door. This had not been included in the notifications previously submitted to the chief inspector regarding the restrictions used in the centre. The person in charge advised that they had identified this oversight themselves and from speaking with colleagues had also identified other restrictions not previously reported. This was being addressed in a notification to be submitted within days of the inspection.

One resident invited the inspector to see their bedroom. This room had an en-suite bathroom. As with the other bedrooms in the centre, the room was decorated to reflect the resident's interests. When in this room some damp patches were noted by a skylight and also by a door. The resident told the inspector that they didn't like this black area by the door. The resident chose to take responsibility for their own laundry and had a laundry basket available to them. They told the inspector that they would take their clothes downstairs to the washing machine later that day. It was noted that the resident had clothes hanging from the doors and handles of the storage units in their bedroom. When asked if this was their preference, they advised that they did not have enough space for these clothes in their wardrobe. Although there were a number of storage units available, the resident chose to store food and drinks in their bedroom, reducing the space available for clothing.

When the inspector was upstairs, the bed clothes in the third resident's bedroom had been removed to be washed. As a result the mattress protector in place was visible. This was stained, as were the pillows. Later, the person in charge advised that a schedule of six-monthly mattress checks was due to commence in the centre. Black marks were also observed around the large window in this bedroom. There was a strong odour in this room. The person in charge advised that they were aware of this and that the source had been difficult to determine. This required further follow-up. While the two upstairs bathrooms (one was an ensuite) were generally clean, they did require some attention. There was grouting missing from the tiles in one and in the other the seals around the shower tray required either a deep clean or replacement.

The designated centre had two cars. The inspector looked at one of these and found that it was clean. Supplies of face masks and hand sanitiser were also available in the car.

When speaking with the residents, they displayed a good knowledge of some infection prevention and control (IPC) protocols and practices. They spoke with the inspector about the need for staff to wear masks, their choice to wear masks at times, and coughing and sneezing etiquette. One resident spoke with the inspector about some reusable masks that they used, and were knowledgeable about how

and when they were to be washed.

While staff were seen to wear face masks, in keeping with the current public health guidance, for the majority of the inspection, one staff was observed to lower their mask while with colleagues in the centre. This was queried with the person in charge who advised that this was not in keeping with the provider's current guidelines. The person in charge discussed this with the staff member.

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 to each resident living in the centre.

Capacity and capability

It was identified in this inspection that the provider had structures in place to share information and to escalate concerns regarding infection prevention and control. Policies procedures and guidance were available to staff. However improvement was required in areas including staff training and the monitoring systems in place.

This designated centre was last inspected on behalf of the Chief Inspector of Social Services in May 2021 where overall a good level of compliance with the regulations was found. Following that inspection, the centre's registration was renewed until June 2024. As part of a programme of inspections commenced by the Chief Inspector in October 2021 focusing on the National Standards for infection prevention and control in community services, it was decided to inspect this centre to assess adherence with these standards. Key areas focused on during this inspection included the monitoring and oversight by the provider of infection prevention and control practices, the leadership, governance and management systems, and the staffing in place in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. Deputising and on-call arrangements were also in place. The staff team providing direct support to residents included social care workers and care staff. These staff reported to a team leader, who in turn reported to the person in charge of the centre. The person in charge fulfilled this role for two centres. They regularly spent time in this centre, with specific days scheduled each fortnight. This provided the staff team with opportunities for management supervision and support. There was an identified IPC lead in the centre who completed monthly IPC audits.

Each person who worked in the centre was responsible for implementing the provider's infection prevention and control (IPC) policies, which included cleaning duties. There were systems in place to ensure that the centre was kept clean. The person in charge had oversight of these systems and regularly checked the cleanliness of the premises, and the associated documentation. The staffing levels in

the centre appeared appropriate to the needs of the residents, while also ensuring that the IPC needs and activities of the centre could be met.

From a review of documents in the centre, it was evident that infection prevention control (IPC) measures, and the latest information and guidance available regarding COVID-19 were discussed regularly at both staff and resident meetings. In these meetings information was shared, areas requiring improvement (including audit findings) were discussed, and plans to improve practice were developed. The provider regularly scheduled meetings regarding COVID-19 and protection against infection. All management were invited to attend. Any updates received were shared with the staff team and residents. There was reference to management attending public health webinars. Elements of IPC, such as hand hygiene, were discussed with residents on a one-to-one basis in meetings with their key workers. When reviewing the information in the centre, it was noted that the most up-to-date public health guidance was not available. This was addressed during the inspection.

Records reviewed indicated that 12 out of the 13 members of the staff team had recently completed training in various aspects of infection prevention and control, including hand hygiene. One staff member had been required to refresh their training for the previous seven months. The inspector queried with the person in charge why this staff member had not completed the required training. They advised that this had been raised directly with this person on a number of occasions and had been escalated to more senior management. On the day of this inspection, this staff member had still not completed the training and was observed not wearing personal protective equipment in line with the provider's current guidelines. While the majority of the staff team had completed IPC training it was noted that staff members' practical implementation and use of these skills had not been assessed.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in July 2022 and unannounced visits had taken place in February and August 2022. Although there were very limited references to protection against infection in the annual review of the centre, it was considered in the unannounced visits completed by representatives of the provider. As part of these visits, the infection prevention and control (IPC) measures in place were reviewed and any suspected or confirmed cases of COVID-19 in the centre in the previous six months were referenced. It is a requirement of the regulations that a written report is prepared following these visits and that a plan is put in place to address any concerns identified. Actions were identified regarding the centre's contingency plan, an environmental audit, recording visitors' health declarations, ensuring cleaning checklists were completed and staff IPC training. There was evidence that these actions had been completed or progressed.

The person in charge had completed an environmental audit, and also an overarching audit developed by the provider that reviewed compliance with the care and support regulations. This referenced many of the systems in place in the centre to support infection prevention and control (IPC) practices. These included guidance available to staff in areas such as laundry and waste management, IPC policies and procedures, cleaning schedules and checklists, various audits, maintenance

management, and staff training. In addition IPC focused audits were completed monthly by the centre's IPC lead. Areas requiring improvement were identified and followed up, for example a damaged window blind was replaced. The issue of outstanding training for one staff member had been flagged repeatedly but not effectively addressed. Some of the issues highlighted during this inspection had not been identified in any of the many audits. These included the black areas that suggested there may be mould in residents' bedrooms.

A contingency plan had been developed to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection. This plan was specific to the needs of the residents and the layout of this designated centre, with specific isolation areas identified for each resident. The protocol to be followed should a staff member become symptomatic while working alone in the centre was not documented. The person in charge committed to addressing this. The person in charge was aware of how to contact public health for guidance and advised that they had previously linked in with them regarding specific concerns.

Quality and safety

Residents in this designated centre lived in a premises which was generally clean. While many infection prevention and control (IPC) practices were implemented, improvement was required to parts of the premises. Some hand hygiene facilities were available. However, improvement in this area was required, specifically for one resident. The replacement, or otherwise addressing, of damaged and stained surfaces was also required.

As outlined in the opening section of this report, access to water was restricted in this centre. While supplies of hand sanitiser were available throughout the centre, sanitiser is not appropriate or effective for all scenarios requiring hand hygiene. The two residents with upstairs bedrooms, each had access to a bathroom where there were no water restrictions. The inspector was informed that they always used these bathrooms for personal care and therefore had free access to facilities for hand hygiene. Water was restricted in the downstairs bathroom, kitchen, laundry and kitchen facilities in the living room. These restrictions were due to one resident's assessed needs and health concerns. While staff, and some residents, were able to override the restrictions in place, the hand hygiene facilities available to one resident required urgent review. The current arrangement whereby they had access to a warm reservoir of water that was not replaced after each use was not consistent with infection prevention and control practice.

In general the house was observed to be clean. There were systems in place to ensure that the centre was cleaned regularly and these standards were maintained. A cleaning schedule folder was kept in the kitchen area. This contained information for the staff team as well as separate, itemised cleaning schedules and checklists to be completed by either day or night-time staff. Information available included

guidance on laundry management and how to clean up spills involving bodily fluids. Additional, specific cleaning duties were assigned to different days of the week. The inspector reviewed this folder and found that all records had been completed daily in the previous three months. While these were effective in general, as highlighted in the opening section of this report some areas, not specified on these checklists, had been overlooked. There was also a cleaning system in place regarding the centre's cars. Each car was cleaned after each use, with a more thorough clean completed every Sunday. Records indicated that this system was implemented as planned.

Although the premises was generally well-maintained, some damaged surfaces were observed. These included a chair regularly used by a resident and parts of the kitchen units. As a result it would not be possible to effectively clean these surfaces. The person in charge advised that the need for a replacement chair had been identified and was already being followed up. Some stained items were also seen in the centre. These included the upholstery on an armchair, mattress and pillow covers, some bathroom seals and some internal walls. Maintenance works were also required. Areas to be addressed included the black areas around some bedroom windows and the tiled areas in some bathrooms. The person in charge advised that a deep clean of the centre was scheduled to take place before the end of the year.

As referenced previously residents appeared to have a good understanding of some of the enhanced infection prevention and control (IPC) measures in place due to the ongoing pandemic. As well as staff modelling these measures, they were also regularly discussed with residents as situations arose, and as part of their resident meetings. Any changes to requirements or easing of restrictions had been shared with residents in a timely manner. Vaccination records were maintained for each resident in the centre. Residents were scheduled to receive influenza vaccines in the coming weeks. Residents' consent to receive these vaccinations was recorded. The inspector was informed that some residents were very enthusiastic about receiving their COVID-19 vaccines as they understood that this would enable them to return to some of their preferred activities. It was documented that residents were supported to maintain family relationships and visit relatives, while adhering to the guidelines provided by public health and the provider. The systems in place regarding visitors spending time in the centre were consistent with national public health guidance.

The centre's risk register included risks associated with COVID-19 and other infections. On review, it was noted that one of the control measures was to ensure all staff completed the required refresher training. As already discussed, this was not the case for one member of the staff team. It was also noted that a risk assessment had not been completed regarding an unvaccinated staff member working in the centre.

A number of notifications had been submitted to the Chief Inspector regarding suspected and confirmed cases of COVID-19, as required. Only one of these had related to a resident of the centre. The contingency plan in place had been implemented. When symptomatic, the resident had been required to isolate from their peers. The person in charge informed the inspector that they were working in the centre at the time and that they, and staff, had supported the resident to

understand this requirement. As they already had a good understanding of the protocols in place, the resident was understanding and coped well with the situation.

Regulation 27: Protection against infection

While the provider had put in place a number of systems that supported staff to deliver and maintain a good level of infection prevention and control practice, this inspection identified some areas where improvement was required.

The most significant of these was the need for one resident to have safe and appropriate access to hand hygiene facilities.

Other areas included

- Maintenance works required to address black areas on the wall and around some bedroom windows
- Ensuring all staff completed required training in infection prevention and control
- Ensuring all staff implemented current protocols regarding the use of face masks and other personal protective equipment (PPE)
- Cleaning, replacing or repairing soiled or damaged surfaces and items
- Improving the oversight systems in place so that issues such as those identified during this inspection are identified and addressed by the provider in future
- Ensuring checklists referenced all areas of the centre and equipment that staff were required to clean
- The completion of a risk assessment regarding an unvaccinated staff member working in the centre
- Ensuring the most up-to-date public health information is available to staff regarding COVID-19 and other transmissible infections

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 No. 2 Dewberry OSV-0005719

Inspection ID: MON-0038065

Date of inspection: 21/10/2022

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 Provider has ensured that :-</p> <ul style="list-style-type: none"> • One resident, who has restricted access to water, is supported by staff to always have access to clean water for hand washing and is supported to have a change of water after each use. [22/10/2022]. • Maintenance work has been carried out to replace the damaged shelf under kitchen sink and the skirting board has been [20/01/23]. Maintenance work is scheduled to repair grout in one residents bathroom and black around seal in other resident's bathroom [17/02/23] • The scheduled deep clean took place [26/11/22] and resolved the black marks near the windows. The cleaning schedule has been updated to include this area going forward and staff will ensure that these areas are wiped clean during cleaning of residents rooms and windows are opened in line with residents choice. • The cleaning checklist has been updated and enhanced to ensure that they reference all areas of the centre and equipment that staff were required to clean. [09/01/23] <p>Systems in place to identify soiled or damaged surfaces.</p> <ul style="list-style-type: none"> • One resident is supported to clean their bedroom once a week and change their bedclothes. The resident advised to open the window to air their room on a daily basis. The resident is supported in the understanding of the importance of good hygiene. • There have been a number of items, identified in the report as needing to be replaced including ; An armchair for one resident which had been ordered at the time of inspection was replaced [21/11/22]. A replacement airfryer was purchased [09/11/22]. New chopping boards were purchased [22/11/22]. New mattresses, mattress protectors and pillows have been purchased for all residents. Mattress inspection checks have been introduced and are scheduled 6 monthly [14/11/22]. • The Person in Charge will ensure that all staff currently working in the centre have completed required training in infection prevention and control [06/01/23] • The PIC will ensure that all staff currently working in the centre implement current 	

guidelines in place regarding the use of face masks and other personal protective equipment (PPE)

- The most up-to-date public health information is available to staff regarding COVID-19 and other transmissible infections. As an additional aid and due to continuing updates in public health guidelines the Provider guidelines provide an online link to staff to ensure the most up to date information is available for all staff.
- In line with Provider Guidelines for Services for the Prevention & Management of COVID-19, Influenza and other Respiratory Infections, a Protocol to be followed should a staff member become symptomatic while working alone in the centre is in place in line with national guidelines [07/02/23]. The risk assessment has been updates to include the staff identified as unvaccinated.
- Following review one resident has been supported to use all of the available storage in line with his preference and to access additional storage if he required in the future.
- The internal audit system will be reviewed to ensure that the issues highlighted in this inspection are reviewed as part of the ICP audits going forward.

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	17/02/2023