



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 30
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0007784
Fieldwork ID:	MON-0035580

About the designated centre

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

DC30 is a designated centre operated by Stewarts Care Limited and provides full-time residential services for up to two residents. This designated centre is currently registered as a mixed designated centre as it provides support to two male residents. This designated centre comprises of a four bedroom detached house located in Co. Kildare. Each resident has their own bedroom, downstairs accommodation comprises of a kitchen, living/dining room, utility room, staff office and a separate staff sleepover bedroom. Upstairs accommodation has three bedrooms, a television room and a bathroom. One of the bedrooms is en suite. An enclosed garden space is located to the rear of the centre. Residents have access to the following clinical services while living in the designated centre; physiotherapy, occupational therapy, psychology, speech and language therapy, mental health supports, social work support and paediatrics/medical review. The centre is staffed with both social care workers and care staff to support residents, with oversight from a person in charge and senior manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 March 2022	10:20hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

The centre had been inspected previously in 2021 and a not compliant finding for Regulation 17: Premises had been found on that inspection. The previous inspection had reviewed infection control arrangements for COVID-19 and had found the arrangements to be suitable and in line with public health guidelines. On this inspection, the inspector focused on all areas related to infection control and associated standards in the wider context of COVID-19.

Overall the findings on this inspection were poor and an urgent action was issued verbally on the day of inspection in relation to a risk associated with Legionella prevention management.

The provider had not addressed the premises not-compliant findings from the previous inspection within the time-line set out in the compliance plan and this contributed to the overall poor infection control standards maintained in the centre. However, staff practice and implementation of routine standard precaution measures also required improvement to ensure compliance with Regulation 27: Protection against infection.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also observed residents in their home as they went about their day, including care and support interactions between staff and residents. The inspector wore a face covering throughout the course of the inspection, adhered to standard hand hygiene procedures and maintained physical distancing in line with the latest Public Health guidelines.

Stewarts Care Adult Service Designated Centre 30 consists of one detached two storey residential house, located in a housing estate in a town suburb in County Kildare. The centre is home to two male residents.

On arrival to the centre, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the visitors procedure. The inspector observed staff wearing personal protective equipment these were in line with the latest National public health guidelines.

The inspector established that no resident in the centre was suspected or confirmed with COVID-19 and staff had adequate provision of respirator masks and PPE in place.

The inspector did greet and interact with residents that were present during the time of the inspection. Residents were unable to provide feedback about the service

or provide a demonstration of their knowledge and understanding of aspects related to infection prevention and control.

Therefore, the inspector carried out observations in the home to ascertain how staff supported residents to engage in good infection control practices.

The house consisted of two private bedrooms, one with an en-suite facility, a separate kitchen/dining area, a living room space, a downstairs toilet, a shower/toilet facility upstairs and a staff bedroom. The utility was a small room consisting of a washing machine, dryer and freezer located off the kitchen area.

The design and lay-out of the premises did not always support staff in fully promoting infection prevention practices. The centre was not maintained to a good standard and required refurbishment in all areas.

The inspector observed marks on walls and grubby areas on doors behind the door handles. There were also cracks and missing pieces of plaster on some walls. Kitchen cabinets were observed to have areas of the laminate surface lifting from them exposing the wooden surface underneath. On opening one of the kitchen presses they were not kept to a clean standard, the inspector observed a sticky liquid food substance had run onto and over the bottom shelf of one of the presses.

The mops and vacuum cleaner for the centre were stored in the downstairs toilet which was not in line with good infection control standard precautions.

The upstairs bathroom required renovations. There was a missing piece from the solid shower guard, in its place was a shower curtain which had been cut down to size and hung with a net curtain wire. The surrounds of the shower tray were observed to be grubby with ingrained dirt in between the shower surround groves and sealant. In addition, it was observed there were no hand towel provisions in either the downstairs toilet or upstairs bathroom. This impacted on the hand washing arrangements in place in the centre and required improvement.

The inspector carried out a further walk around the centre and observed some other areas that required improvement and addressing.

On entering the ensuite facility in one resident bedroom, the inspector observed there to be a reddish dried in liquid in the shower tray of the ensuite. The inspector brought this to the attention of the person in charge and social care worker for the centre. They were unable to ascertain what this liquid was and took action to clean it.

The inspector on further review of this matter ascertained that the resident did not use the ensuite shower facility. It was not demonstrated however, that there was a flushing programme in place to mitigate Legionella formation and ensure water safety. The inspector took the unusual step of issuing an urgent action verbally to the person in charge to address this matter.

The inspector then issued the urgent action in writing to the provider the day after the inspection. The provider submitted an urgent compliance plan response within

48 hours of this outlining the immediate steps taken to address the risks presenting and committed to undertaking testing of the water in the centre as an additional precaution.

Staff engaged in the cleaning tasks and duties in the house. However, staff spoken with were not able to describe any particular system for cleaning in the centre and directed the inspector to the recently developed cleaning schedule for the centre. While alginate bags were made available for staff to use as part of infection control laundry management, it was unclear if staff had used these as they were unfamiliar with the terminology and where the bags were kept in the centre.

On further review, the inspector established that there was no colour coded surface cleaning system in the centre. For example, the person in charge had not established an infection control standard precaution system whereby specific coloured cloths cleaned specific surfaces. It had also not been established, what detergents and cleaning agents were used to clean specific areas in the centre.

Residents' personal toiletries, toothbrushes, hair brushes and shaving equipment were kept separately for personal use only and the inspector observed storage facilities were made available for residents to store their personal products separately from their peers.

Overall, there were significant improvements required to ensure and promote optimum infection control standards in this centre.

While the premises required a significant refurbishment throughout to optimise infection control standards, there were additional procedural and systematic changes required in staff practice and knowledge to ensure general infection control standards were embedded in the daily routines and management of the service.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that the provider had implemented good systems and arrangements to ensure that infection control procedures were consistent with the National standards.

However, it was not demonstrated that these systems were implemented in the centre in line with the provider's policies and procedures. The provider had not addressed premises non-compliances found on the previous inspection and this also impacted on the overall infection control standards in the centre.

There was a clear governance structure in place with defined roles and

responsibilities. This was further supported by a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

However, as discussed, it was not demonstrated that these procedures and systems were implemented in the centre as was found on this inspection. For example, flushing programme for preventing Legionella, a list of detergents and cleaning agents used in the centre and areas for their use, a colour coded surface cleaning system and hand towel provision in toilets and bathrooms to promote hand hygiene.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with to meet the centre's infection prevention and control needs.

All staff had undertaken training in hand hygiene and wearing and removal of personal protective equipment (PPE). However, there were improvements required to ensure staff were trained and knowledgeable in infection control standard precautions and how to implement these systems within the centre.

For example, the provider's infection control policy outlined that staff involved in cleaning duties required additional infection control training in standard precautions. It was not demonstrated that staff working in the centre had received this additional training and on brief conversations with the inspector it was demonstrated they did not have knowledge of aspects of the standards relating to cleaning.

As referred to, there was an absence of a comprehensive cleaning system in place which identified a colour coded systems for surface cleaning, identified detergents and cleaning agents suited for cleaning areas in the home. While there was a cleaning schedule in place, this had only been introduced recently and did not, for example, instruct staff to clean the showers. As mentioned, the inspector observed the ensuite shower in the centre was not clean and had dried in liquid in shower tray which had been there for an unknown period of time.

The inspector spoke with the person in charge and social care worker in the centre on the day of inspection and they undertook to draw up a written colour coded cleaning regime and strategise purchasing cleaning equipment such as various coloured cloths. While this demonstrated their eagerness to address the issues, it also demonstrated there had was a lack of knowledge and understanding of general infection control standard precaution management systems and how these systems had not been in place prior to the inspection.

There were clear arrangements in place to access resources such as PPE and additional staff, where required. Six-monthly unannounced provider audits consistently incorporated Regulation 27: Protection against Infection, as part of the audit. In addition, an infection control audit had been carried out in the centre by an appropriately qualified person in December 2021.

This audit had been comprehensive and effective in identifying a wide range of areas that required improvements. One area it had identified, and found by the

inspector on this inspection, was the absence of a water flushing management arrangement for the centre.

The audit had identified that immediate action was required to address this. However, on this inspection, no such action had been taken by the local management and the person in charge confirmed to the inspector that a flushing programme had not been implemented. This resulted in the inspector issuing an urgent action to address the presenting risk.

While this demonstrated poor local management response and action to address risks identified on audits carried out by the provider, it also demonstrated inadequate follow up by the provider on areas identified as urgent risks through their own auditing and review systems. This required improvement to ensure where provider-led audits identified areas of risk that there was a follow up system in place to ensure the risk had been mitigated and managed appropriately.

Staff were provided with information and guidance on the management of COVID-19 and public health updates were disseminated to the staff team by the local management team.

There was an outbreak contingency plan in place and specific isolation planning arrangements to be put in place in the event of a resident or staff member presenting with suspected or confirmed COVID-19.

Quality and safety

The inspector found that the services provided in this centre were person-centred however, improvements were required to ensure residents' were protected from infection control risks by consistent implementation of standard infection control precautions and procedures.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats including posters promoting hand washing. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while National restrictions were in place.

The person in charge had established a vaccination record for residents in the centre. One resident had engaged in the vaccination process, the second resident had refused to participate in receiving a vaccination and this choice had been respected at the time.

The inspector was informed that the resident refused to engage in other medical procedures of a similar nature and required additional supports for those interventions. It was not demonstrated that a similar process had been put in place

to support them in relation to receiving vaccinations.

Further improvements were required with regards to assessing the resident's capacity to consent, establishing their will and preference around vaccinations and, if required, supporting them to participate in the vaccination programme through the provision of education, information and support planning, for example.

A walk through of the premises was completed by the inspector in the company of a staff member, person in charge and/or house supervisor.

Overall, there was an average standard of cleanliness observed by the inspector. It was noted throughout that aspects of the premises impacted on standard infection control precautions. Further descriptive details of these are set out under Regulation 27: Protection against Infection.

As discussed, while there had been a recently implemented cleaning regime for the house, it was not comprehensive and did not set out all key areas that would require cleaning and provide staff with standard precaution guidance and procedures to implement as part of the regimen.

The inspector reviewed the laundry management arrangements in the centre. Some improvements were required in this regard to ensure appropriate infection control standards were maintained.

The washing machine and dryer was located in a small utility room space off the kitchen. While some measures were in place to mitigate the risk of contamination posed by the laundering of linen, further improvements were required.

Alginate bags, for the management of soiled laundry, were maintained in a cupboard in the utility room space. However, residents' received personal care and management of their incontinence wear upstairs. This meant that soiled laundry was transferred to the washing machine from upstairs, through the house and kitchen before being placed into the alginate bags for washing. This meant there was an increased risk of transmission of infection due to the different locations of where clothes were laundered.

The inspector reviewed the management of incontinence wear by asking staff to show them where the PPE equipment and storage items were available to staff when supporting the resident. It was observed and demonstrated that there were no provisions in the upstairs bathroom to store waste disposal or alginate bags in the bathroom space. Staff were observed going to the resident's bedroom to retrieve the waste bags used to contain and dispose of soiled incontinence wear. This required review and improvement.

The inspector reviewed risk management arrangements for infection control in the centre and noted while there were suitable risk assessments for COVID-19, further risk assessments related to other infection control risks were required.

During the course of the inspection, the social care worker for the centre undertook to draw up a number of risk assessments related to key areas, for example, a

personal risk assessment for residents un-vaccinated for COVID-19 and a risk assessment for management of soiled incontinence wear.

However, further more comprehensive risk assessment and review of the centre in relation to infection control was required. For example, it was not demonstrated there were risk assessments in place for the management of soiled laundry. This required improvement.

There was a good supply of hand sanitising gel and these were located at entry points and high risk areas. However, hand washing facilities required improvement, as discussed, no hand towel dispensers or hand drying facilities were available in either toilet/bathroom area of the centre. This impacted on the promotion of good hand hygiene for both staff and residents.

Regulation 27: Protection against infection

The inspector found that the provider had developed systems and processes for the oversight and review of infection prevention and control practices in this centre.

However, while these systems were in line with best practice and incorporated an oversight quality assurance mechanism, it was not demonstrated that they were implemented effectively and in a manner that ensured good infection control standards in the centre.

Considerable improvements were required not only to the premises, in order to provide a home to residents that could promote and facilitate the implementation of infection control systems, but also to the development of staff knowledge, understanding and skills in the area of infection control.

There was a good governance framework in place for the oversight of infection prevention and control practices. However, improvements were required to ensure where urgent risks were identified that the provider had systems in place to follow up on these risks to ensure they had been addressed.

There was a clear, practical, and comprehensive outbreak management plan in place. Staffing contingency arrangements were in place and documented and maintained in the staff office to ensure all staff were aware and knowledgeable of procedures to be followed.

While the centre was found to be homely, the centre required considerable refurbishment throughout and areas of the home were not kept in the most hygienic and clean manner.

Further areas for improvement included:

- Improvements were required in the provision of training to ensure staff engaged in cleaning tasks were suitably knowledgeable of infection control

standards and procedures as set out in the provider's infection control policy.

- The cleaning arrangements in place for the centre were not reflective of the standard precaution procedures as set out in the provider's infection control policy and best practice standard infection control guidelines.
- The arrangements for management of soiled incontinence wear posed a potential contamination risk. There were improvements required to ensure staff were provided with the necessary equipment and PPE in an easy to reach location in the area where personal care was performed.
- Alginate bags were available in the centre but not stored near the area where soiled linen and clothes were managed, i.e. the upstairs bathroom/bedroom areas. Therefore a heightened risk of contamination could occur with the transporting of soiled linen from the upstairs of the home, through the kitchen area without the use of infection control systems such as alginate bags.
- It was not demonstrated that residents had received capacity assessments and an established documented will and preference with regards to vaccinations.
- It was not demonstrated that support planning had been put in place to support residents, with specific needs related to medical intervention procedures, in availing of vaccinations.
- The freezer for the centre was located in the utility room space above the washing machine where soiled linen and laundry was managed. This required review to ensure the freezer was maintained in a suitable location which mitigated potential infection control and food hygiene risks.
- There was no flushing programme in place to ensure water safety and mitigate legionella for an unused ensuite shower in the centre. An urgent action was issued verbally on the day of inspection and the following day in writing to the provider in relation to this risk. A suitable response was received which set out how the provider was addressing the risk and putting systems in place to mitigate it going forward.
- While some infection control risk assessments were drawn up during the course of the inspection, further more comprehensive review, risk identification and assessment was required in the area of infection control in this centre to ensure all risks in this area had been captured and appropriately assessed, outside of those identified by the inspector on this inspection.

The inspector observed areas of the centre were not maintained to a good standard and aspects of the premises not maintained in a hygienic and clean manner. For example:

- Ingrained grime in the surrounds of the upstairs shower tray.
- Grubby marks and stains on doors and behind door handles.
- Lifting laminate on kitchen cupboards and units exposing the wooden structure underneath.
- Dust and cobwebs in some high reach areas.
- Food spillage in a kitchen press.
- Marks and grubby stains on all walls in the centre.
- Ripped leather seat with exposed foam sticking out.

- Heavily marked laminate flooring in a number of areas.
- Holes in walls where pictures had been removed, cracks in walls, missing dado rail in the hall.
- Shower curtain hung with a net curtain wire in place of a splash guard.
- Floor mops and hoover stored in downstairs toilet.
- Dried in reddish liquid substance in the shower tray of a resident's ensuite.
- Cracked tiles on the shower walls in both the upstairs bathroom and ensuite.

Hand hygiene facilities for staff and residents were inadequate -

- No hand towel dispensers in any toilet or bathroom space in the centre for staff, residents or visitors to dry their hands after washing them.

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 Stewarts Care Adult Services Designated Centre 30 OSV-0007784

Inspection ID: MON-0035580

Date of inspection: 01/03/2022

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>1. Premises condition and storage issues will be addressed as part of a refurbishment scheduled to commencing on 6th April 2022. The following will be renovated as per this refurbishment;</p> <ul style="list-style-type: none"> • Kitchen - A new kitchen will be installed with a breakfast bar and additional storage • Utility room – to be equipped as a laundry and storage room. Freezer will be completely removed and no food stored in this area • Bathroom/en suite/WC -White goods/tiles will be replaced throughout. • Main bathroom will be refurbished as a wet room and installing splash guard. • Storage unit to be installed under sink in main bathroom for items required for daily hygiene needs, i.e. wipes/alginate bags/incontinence wear to be replenished after use. Additional items will be stored in room off sleepover room which is beside the bathroom and accessible to all staff. • Under stairs storage to be facilitated downstairs for mops and hoover. • Hand towel dispensers to be installed throughout where required. • Holes to be filled and property to be painted throughout. • Window sills to be replaced internally • Bedrooms to be renovated and suitable furniture sourced to accommodate the adults living in the home and appropriate for the maintenance of cleaning schedule in line with local infection prevention and control policy. • New flooring will be installed throughout and carpets will be fitted to stairs and landing. • Damaged furnishings being replaced in communal recreation spaces, namely sofas and chair <p>2. Prevention of Legionella – Water testing was carried out post inspection and was found to have no pathogens detected. The shower head was removed and cleaned and soaked in a cleaning agent overnight to remove limescale build up and prevent retention of bacteria. A water flushing programme has been instated, since the inspection, with</p>	

recording procedures in place to verify the implementation of the procedure in place and ongoing. The shower tray and in and around the plug were both cleaned and ongoing cleaning of same incorporated into the cleaning schedule referred to in point 3.

3. Cleaning schedule – The cleaning schedule has been revised to incorporate a more comprehensive daily clean of the home with recording procedures in place to verify implementation of same. Colour coded equipment has been sourced and implemented. Charts displaying colour coding for cloths are now displayed in the home for easy guide for staff. A washing machine cleaning guide is now displayed in the utility room and there are plans for new laundry equipment instructions to be prominently displayed post refurbishment. Cleaning schedule will be revisited post refurbishment to incorporate any review required as a result of new furnishings/equipment in the home.

4. A staff member has been identified as the IPC lead in the home and have received additional training. This staff is responsible for the implementation of IPC systems in the home and will be responsible for monthly audits in the house. Organisational audits will occur biannually. All staff have been asked to review local infection control policy and sign off compliance with same. PIC to ensure that outcomes from same are followed up with immediate effect in future.

5. Resident non vaccination status – a desensitization programme will commence for the service user in question for phlebotomy and medical procedures with the psychology department. Psychology commenced planning of same 21.03.2022 with staff in the home.

6. Both residents have been referred to Psychology department on 04.04.2022 to carry out a capacity assessment to establish and document will and preference with regards to vaccinations.

7. A risk assessment has been implemented for the management of soiled laundry and continence wear.

8. The PPIM will follow up audits and compliance trackers at monthly PIC meetings and included in PIC supervision as an ongoing agenda item. It will also remain on the monthly house meeting agenda as a rolling item.

9. Staff training will be facilitated post refurbishment of the property to address infection control standards in the centre and maintenance of same in line with local policy.

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	31/05/2022