



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

Issued by the Chief Inspector

Name of designated centre:	St Laurence
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 February 2022
Centre ID:	OSV-0005644
Fieldwork ID:	MON-0035727

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 accommodation and support to adults with physical disabilities and neurological conditions. The designated centre is located on the outskirts of a large city. It comprises a period house with a more recent extension, nine self-contained apartments and a four bedroom detached house adjacent to the main building. The main building contains a basement kitchen and laundry, a ground floor dining room, sitting room and offices / training rooms and an upstairs space which is no longer in use. Modern accommodation is linked to the ground floor of the period building and this comprises of a reception area, bedrooms for four residents, staff offices, therapy rooms, bathrooms and toilet facilities. The nine self-contained apartments are opposite the period building. All are ground floor level and wheelchair accessible, have a front and back door, with a small garden area to the front. Each apartment has a living room and kitchen area, bathroom, bedroom and hallway. Three of these apartments are not currently in use by residents, one is being used as a space for staff while the remaining two apartments (one of which has two bedrooms) are vacant. The detached house has four bedrooms, each has an en-suite, a living area, a kitchen / dining room and bathing and shower rooms. The first floor consists of a bedroom and office space that are not utilised. The staff team was nurse led and comprised of nursing staff, social care workers and care support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Wednesday 16 February 2022	09:15hrs to 17:30hrs	Christopher Regan-Rushe	Lead
Wednesday 16 February 2022	09:15hrs to 17:30hrs	Aoife Healy	Support

What residents told us and what inspectors observed

This was an unannounced inspection and focused on the infection prevention and control arrangements the provider had put in place to ensure residents were being kept safe from the risk of infection. During the course of the inspection, inspectors met with and were introduced to a number of residents who were going about their days. Some residents were able to interact with the inspectors; however, none of the residents spoke to the inspectors at length during the inspection. This report therefore includes the inspectors' observations of the infection prevention and control measures in place on the day of the inspection.

Access to this centre is provided via a single carriage way up a steep and winding road, to where a once imposing building sits on a largely developed site. The main building looks out over a large city. The exterior of the main building, which was a period home, was clearly in need of a significant level of maintenance in order to prevent further deterioration, while the newer buildings, which comprise the designated centre, appeared to be in much better condition. As part of this inspection, inspectors completed a walk around of the designated centre. Inspectors noted that while all areas of the designated centre were as described on the floor plans and statement of purpose submitted to the Chief Inspector in support of the application to renew the registration of this centre, one bedroom currently being used by a resident in the main house had not been highlighted on the floor plans. This was brought to the attention of the person in charge on the day of the inspection.

The reception to this centre is located within the main house of this centre, which comprises a large period building and a more modern extension. Residents' bedrooms were located within the newer part of the centre, while dining facilities and a visitors room were located in the older part of the property. Inspectors noted that there was clear signage for visitors in relation to the infection control measures in place located at the main entrance, a supply of surgical masks and a hand sanitising dispenser was available for staff and visitors to use. Inside reception, there was a signing in book where temperature checks and contact details of visitors and contractors were recorded in the event of an outbreak of COVID-19. Staff in these areas were observed to be wearing the appropriate personal protective equipment (PPE) in accordance with the prevailing public health guidance. Inspectors were met by the person in charge of the centre and were alerted to two suspected cases of COVID-19 in the centre, it was later confirmed following testing that the results in both instances were negative.

During the walk around of the centre, the inspectors noted that there was sufficient signage and notices encouraging staff and visitors to ensure good hand hygiene and adherence to public health measures in order to reduce the risk of transmitting infection. Throughout the centre there were numerous hand washing facilities supplied with both hand sanitiser and or soap. Each hand washing facility had an automatic paper towel dispenser and a foot operated pedal bin. Inspectors checked each of these facilities and found the majority of them to be fully stocked and in

working order. Where issues were identified with an inoperable towel dispenser or missing hand wash in one hand washing facility, the person in charge and the contract cleaning company working in the centre re-supplied these immediately. Inspectors noted that the bottles of hand sanitiser had expiration dates, which indicated the product may be out-of-date. However; the maintenance team were able to provide evidence that these were being regularly re-filled from a supply which was in date, and they were able to produce records demonstrating when these bottles had been re-filled and the expiration date of the product they had been refilled with.

In the main building, staff were supporting residents who were isolating pending their COVID-19 test results. Inspectors noted that staff were wearing the appropriate level of PPE and putting on, taking this off and disposing of it in the correct way. Staff were observed to be following the public health guidance on the moments for hand hygiene while completing these tasks and through out the course of the inspection. Inspectors noted that staff who where not involved in direct resident care and who worked in other parts of the designated centre were also wearing PPE in accordance with public health guidance.

On the day of the inspection some contractors were on site doing some ground works on the premises. The person in charge told the inspector that separate bathroom facilities had been made available for these contractors in one of the vacant apartments located on the campus. The contractors were able to access this facility from the rear entrance door. This arrangement was put in place by the person in charge to minimise any potential risk of transmitting an infection to the residents living in the centre.

On the whole, the inspectors found the arrangements required to ensure good infection prevention control practice in the centre were in place. However, the inspectors noted some areas where improvements could be made to the overall quality of the living facilities and the cleaning, decontamination and re-processing of some pieces of equipment, stored and used throughout the centre. This is discussed later in this report.

Capacity and capability

Overall the inspectors found that the provider had put in place suitable oversight and management arrangements, which would support good infection prevention and control (IPC) practices. There was a clear accountability framework for IPC in place, with the person in charge taking overall responsibility for IPC on a day-to-day basis. Arrangements were in place to escalate any IPC concerns within the organisation and to local public health services which were clearly described in policy documents. However, while the majority of these processes were in place, the inspector noted that there were some gaps in the overall quality of the assurance systems in the centre, which meant that there were limitations to the level of assurance and

oversight the provider and person in charge could have in relation to some cleaning and decontamination processes. In addition, some areas of the centre were not visibly clean and there was damage to the floor coverings and walls in a number of areas across the centre, which meant that some areas of the centre could not be effectively cleaned or sanitised. These issues were discussed with the person in charge on the day of the inspection.

The provider had developed a suite of policies and procedures to help guide and direct good IPC practice, these had been kept under regular review and were consistent with national guidance issued by the Health Service Executive (HSE) and the Health Protection Surveillance Centre (HPSC). These policies and procedures included (amongst other things) guidance on the use of both standard and transmission based precautions, hand hygiene, when and what PPE to use in different situations, putting on and taking off PPE, clinical and non-clinical waste disposal, laundry, outbreak management and the management of spills. These policies set out the key responsibilities of staff working in the centre and it was clear to inspectors, during discussion with staff on duty during the course of the inspection, that they were familiar with these policies and procedures and would know how to respond in the event of an outbreak and they were equally familiar with the use of standard precautions. However, not all staff were familiar with the processes for cleaning and decontamination in the event of a spill. Inspectors found that while the policies and procedures provided sufficient guidance to staff, the access arrangements to some of the recommended equipment and chemical agents used for the management of spills were not suitable. For example, inspectors asked staff where the recommended agent used for cleaning up a particular spill was located. Inspectors were advised that these were kept in the cleaning store. However, staff were unable to access this store on the day of the inspection as the housekeeping staff had left the premises for the day and staff on duty could not locate the key. This meant that in the event of this type of spill, there was a risk that staff may use the incorrect agent or procedure to clean and decontaminate the area.

The provider and person in charge had put in place systems to monitor and audit the overall effectiveness of the IPC practices in the centre. Inspectors noted an extensive range of audits and observational checklists had been completed in order to seek assurances in relation to the overall completion of the required IPC procedures. For example, records reviewed by the inspector included a comprehensive cleaning checklist, which was broken down into the various zones within the centre, with each area having a separate check list included so that staff would ensure these areas were cleaned on a regular basis. Included on these checklists was a key which explained how frequently and when certain areas should be cleaned, and inspectors noted that the checklists indicated that these tasks were being completed as scheduled, following a review of the historic cleaning records. In addition the external contractor responsible for housekeeping in the centre had completed a recent audit of the overall quality and effectiveness of the cleaning in the centre, this has resulted in some actions being identified which had been subsequently addressed by the housekeeping staff. In another example, the provider had ensured that all staff were assessed in relation to their knowledge of the purpose and process for completing hand hygiene tasks, which included a

practical observation of them completing the process.

Inspectors reviewed the records maintained by the provider, in terms of the checking and review of the water supply, to monitor for the presence of Legionella. The inspectors found that the water supply and cold water storage system were subject to regular monitoring and maintenance by a suitable qualified external contractor. The inspectors also noted that the provider had a system in place for the regular flushing down of water outlets including basins, shower facilities and toilets in the centre. However, upon review, the inspectors noted that some areas which were not currently in use in the centre, including two unoccupied en-suite bedrooms located in the bungalow on the campus, were not included on the check list. This meant there was a risk these were not being flushed through on a regular basis in accordance with the provider's policy and procedures.

The provider had a risk management policy which set out the arrangements for the identification and control of risks in the centre, and had developed and kept under review a number of specific IPC risk assessments. The inspectors reviewed these and found that they covered a range of potential risks, including COVID-19 infection, risk of transmission of infectious disease such as hepatitis, needle stick injury and loss of staffing due to infection. Inspectors noted that these were kept under regular review and were regularly updated when public health guidance changed. The inspector found that these risk assessments were clear and would provide sufficient guidance to staff in relation to understanding and responding to known risks. In addition, the provider had introduced regular surveillance and monitoring systems to monitor both staff and residents for known symptoms of illness, in particular COVID-19. Where required, the provider had ensured that historic outbreaks of notifiable diseases had been reported to public health and the chief inspector as required by regulations, however; the two suspected cases of COVID-19 present on the day of the inspection had not been reported to the Chief inspector as required. There was evidence that learning from the historic outbreaks had been discussed during team meetings to ensure that staff were aware of any additional measures that needed to be introduced during the evolution of an outbreak and to reduce the risk of a future occurrence.

There were sufficient levels of staffing, with a variety of clinical and professional backgrounds working in the centre. The number of staff on duty on the day of the inspection was consistent with the staffing levels detailed in the staff rota and the centre's statement of purpose. A review of the staff rota demonstrated that this level of staffing was being maintained on a regular basis. Inspectors observed that staff appeared relaxed and able to support residents in a personal and collaborative manner. As previously mentioned all staff were observed to be adhering to the current public health measures in place to protect against the risk of infection, including the use of all standard precautions. Staff had been supported to access training in IPC, via the HSE learning and development online suite of training programmes. Although on review of the centre's training matrix, the inspectors noted that there were some gaps in the completion of newer courses. The person in charge assured the inspectors that staff were being supported to complete this training and a dedicated area in the centre had been set aside for staff to access online training programmes. The training matrix was being regularly updated by the

centre's administration team and provided a comprehensive overview of each staff members training record. Staff had access to a range of policies and procedures in relation to infection control and were familiar with them, however; discussions with staff indicated that staff should be given additional information in relation to the management and removal of spills, including where and how to access the appropriate chemicals to do this correctly.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of this centre with sufficient number of registered beds to meet the needs of the current residents. However; they had omitted to indicate on the floor plans submitted in support of their application that one of the rooms, located within the main house, was being used as a resident's bedroom.

Judgment: Not compliant

Quality and safety

Overall the inspectors found that residents were supported by the provider and staff in this centre to understand risks associated with infection prevention and control. The provider had developed a clear outbreak management plan, which staff were familiar with and there was observable evidence that staff were ensuring they were taking all infection prevention and control precautions as advised by Public Health, during the current phase of the COVID-19 pandemic. There were arrangements in place to ensure that the centre was in the main subject to effective and regular cleaning, however; some areas of the centre required additional cleaning and there were a number of areas in the centre where repairs were required to ensure infection prevention and control measures would be effective.

Residents were supported to understand the risks associated with poor infection control practices in the centre and while out and about in the community. Residents had been supported by staff to develop an understanding of these arrangements through key worker sessions or residents' meetings. Where residents were unable to participate in these conversations or retain the information, staff were observed to be supporting residents to complete good hand hygiene measures. Each resident had been supported to develop both a communication passport and a hospital passport to ensure that people supporting the residents could do so effectively.

Records maintained in the centre demonstrated that information was being held in relation to each residents immunisation and colonisation status for a range of know conditions, in addition the provider was supporting residents to access national screening and vaccination programmes to ensure optimum health and well-being for

each resident. On the day of inspection some residents were isolating in the centre while awaiting results from COVID-19 tests. Residents living in the centre were reported to be sending messages of support through staff to these co-residents while they were in isolation and it was clear that staff working in this centre were supporting residents to be aware of the outbreak.

The provider had developed an outbreak management plan which would support and direct staff in the event of an infectious outbreak in the centre. This plan was supported by a number of clear and well thought out risk assessments which set out the controls and actions that could be taken in the event of such an occurrence. This plan included guidance on how to access additional staffing and what to do in the event of a need to isolate and support residents in their own rooms. It was of note that the provider had also created a plan to ensure that when residents needed to isolate that they were not left alone for extended periods of time and as a result the provider had created socialisation plans for staff to spend non-clinical time with residents, while ensuring full adherence to public health guidance on the appropriate use of PPE. This meant that although residents were unable to leave their rooms, they could continue to enjoy a degree of social interaction on a daily basis.

In addition, the provider had introduced regular surveillance and monitoring systems to monitor both staff and residents for known symptoms of illness, in particular COVID-19. Where required, the provider had ensured that outbreaks of notifiable diseases had been reported to public health and the chief inspector as required by regulations. There was also evidence that learning from these outbreaks had been discussed during team meetings to ensure that staff were aware of any additional measures that needed to be introduced during the evolution of an outbreak and to reduce the risk of a future occurrence.

The provider had put in place a number of arrangements to ensure that the centre was kept clean, for example, they had commissioned an external agency to undertake regular daily cleaning of the centre. This agency has introduced clear arrangements for the regular cleaning and frequency of cleaning of the designated centre. There were check lists for each area, with clear zones to direct the domestic staff on what should be cleaned and when. There was a good supply of cleaning chemicals and detergents on site and each of these had a product data sheet which advised staff on the correct dilution rate and methods of application. Domestic staff were able to effectively describe how they would use different types of products and colour coded cleaning materials for different cleaning tasks. There were separate cleaning checklists for staff to complete, mainly during the weekend when the domestic staff were on duty. Inspectors reviewed both sets of records and found very good compliance with the checklists completed by the external agency, but some gaps in the completeness of the cleaning records maintained by staff during the weekends. Inspectors noted that not all of the equipment used by residents was contained on these records, for example, where residents used or shared a portable hoist, shower trolley, shower chair or a weighing chair amongst the multi-use and single use items noted by the inspectors. This meant that the provider could not demonstrate how these items were being regularly cleaned between uses. In addition, the inspectors noted that some of the items in use were damaged and needed to be replaced to ensure that they could be cleaned properly, for example,

the mat used in the shower trolley was damaged.

Some areas of the designated centre were not currently in use, or were only recently re-commissioned, for example, some empty resident bedrooms in the bungalow, or the physio / OT room in the main house. The inspector noted that the empty resident bedrooms in the bungalow were not being cleaned regularly. In addition, there was a multitude of individual therapy items in use in the OT/ physio room such as a hand rowing machine, an electric wheelchair and various other pieces of equipment to support development of movement and dexterity. However, there were no records in place which described how and when these items should be cleaned or decontaminated.

There were arrangements in place for the management of laundry and waste in the centre, these included guidance on the cleaning and decontamination of soiled or infectious laundry or waste products. During discussion with staff they were able to clearly describe the arrangements for the safe removal and cleaning of soiled linens and for the disposal of any clinical waste, which was in accordance with the providers policy and procedures and current public health guidelines. Staff had access to additional items such as water-soluble laundry bags, clinical waste bags and additional PPE in the event they needed to respond to soiled laundry or clinical waste.

Although residents were supported by nursing staff in the centre, there was only occasional use of sub-cutaneous or intra-venous needles and sharps. Staff were familiar with the guidelines for the safe use of sharps in the centre and were aware of how to respond to a sharps injury in the event this should occur. The provider had a policy in place and an escalation protocol in place should such an event occur and had put in place arrangements for occupational health support and treatment should this be required. Staff also had access to an occupational immunisation programme which they could access via the occupational health programme. The inspectors observed there was one sharps box in use in the centre, which was being correctly stored and in the closed position. The inspectors noted that the sharps box did not have the date it was opened or commissioned for the first time and did not have the name of the person who had opened it written on the box as required by the providers policy and procedures. The inspectors also noted that this was more than 3/4 full, which meant in line with the providers policy that this should have been closed and a new sharps box opened. This was brought to the attention of the person in charge on the day of the inspection.

The inspectors looked at the arrangements for stock control in the centre, and noted that the provider had put in place an effective arrangement for the management and rotation of stock which had an expiration date. Inspectors noted items such as syringes, oxygen masks and therapeutic oxygen were all in date and stored in a clean and well-maintained part of the centre. However, the inspectors noted that a box of lancets, used for glucose monitoring were expired but still in use in the centre. This was brought to the attention of the person in charge who removed them from the centre. Other items such as PPE and products used in hand hygiene or for cleaning the centre were stored in a separate area and also found to be within their expiry dates and subject to regular review and rotation by the on site maintenance

staff.

A number of audits had been completed in the centre to ensure good infection prevention and control measures, including observations and verbal audits of hand hygiene for all staff to assess both their practical skills and knowledge of effective hand hygiene, an environmental cleaning audit completed by the external agency a health and safety audit, the provider's annual review and unannounced six-monthly visit to the centre. These documents were comprehensive and where necessary action plans had been developed to ensure improvements in the overall quality and effectiveness of the cleaning and IPC tasks were addressed.

Throughout the course of the inspection the inspectors noted that there were many areas of dilapidation in the centre, which required repair. For example, a significant number of walls showed damage either from damp or wheelchairs, some of the floor coverings particularly in the older part of the centre were damaged and in some cases coming apart and in many of the bathrooms and toilet facilities the inspectors noted that there was damage to the tiles and surface areas which meant that cleaning and decontamination of this centre would be impacted upon and increase infection control risks. This was discussed with the person in charge and the maintenance team, it was evident that, where possible, repairs and maintenance tasks were being responded to very quickly. However; this was not the case for the larger jobs such as repairs to the older part of the centre which was a listed building or for larger scale repairs such as the floors or tiling in bathrooms and these issues remain unresolved on an on-going pending decisions on the potential future de-congregation of this site.

Regulation 27: Protection against infection

Generally the provider has introduced suitable arrangements for the management and control of infection prevention and control risks in the centre. Staff were familiar with these and it was evident that these were being implemented on a daily basis.

Inspectors noted that some improvements were required to some of these arrangements to further protect against the risk of infection including:

- Ensuring all equipment used by one or more resident was subject to regular cleaning and oversight
- Ensuring staff are aware of the correct procedures and have access to suitable chemicals and equipment at all times to support the effective management of spills
- Ensuring all areas of the centre where there is a water supply are subject to regular flushing down
- Ensuring all areas of the centre are included on the cleaning schedule for the centre and subject to regular cleaning, even when not in regular use
- Ensuring any expired products for glucose monitoring were removed from circulation

- Ensuring all notifications are submitted in accordance with the regulations and any regulatory notices issued by the Chief Inspector

However, the overall condition of the centre meant that there were IPC risks that could not be mitigated in the absence of the centre being well-maintained. Risks such as damaged or poorly fitting floor coverings in a number of areas in the centre, damage to the walls by damp or mechanical means and high levels of damaged and broken tiling in toilets and bathrooms significantly impact on the overall effectiveness and quality of any cleaning or decontamination procedures and left unresolved continue to pose a risk to residents and staff.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for St Laurence OSV-0005644

Inspection ID: MON-0035727

Date of inspection: 16/02/2022

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Application to vary room allocations will be submitted to HIQA to Condition 1 of the designated center on Friday March 24th</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Ensuring all equipment used by one or more resident was subject to regular cleaning and oversight. <p>Onsite chemical training arranged for all staff to to support them with the usage of correct chemicals for each equipment to be completed by 10/04/2022.</p> <p>Cleaning procedures formulated for all shared equipments and guidance is communicated to all staff. Cleaning schedule now inplace to ensure oversight of cleaning process.</p> <ul style="list-style-type: none"> • Ensuring staff are aware of the correct procedures and have access to suitable chemicals and equipment at all times to support the effective management of spills <p>Blood and Body fluid spillage kits are ordered and due to come by 31st of March 2022. All staff would complete AMRIC management of blood and body fluid spills training by</p>	

31st of March 2022.

Chemical training session completed on 16/03/2022 and more sessions are planned before 31st of March 2022 to cover all staff who handles chemicals for disinfection or cleaning purposes.

- Ensuring all areas of the centre where there is a water supply are subject to regular flushing down

The two vacant rooms that were not included in the legionella monitoring system is now subject to regular flushing down.

- Ensuring all areas of the centre are included on the cleaning schedule for the centre and subject to regular cleaning, even when not in regular use

Dedicated cleaning staff are now allocated to work 7 days a week which is contracted out to an external company which would become effective from 01/05/2022. All empty rooms are now included in the cleaning schedule for regular cleaning.

- Ensuring any expired products for glucose monitoring were removed from circulation

Stock check is now maintained and is reviewed regularly. All expired products are removed from circulation.

- Ensuring all notifications are submitted in accordance with the regulations and any regulatory notices issued by the Chief Inspector

All regulatory notification will be submitted in accordance with the regulations and any regulatory notifications issued by Chief inspector.

IPC risks due to damaged floors and tiling is escalated to the attention of senior management. Number of floor coverings has been changed since the inspection. For effective decontamination and cleaning procedures significant amount of work needs to be carried by retiling the toilets and bathroom areas. Quotes for the work in all the areas of IPC risks identified is currently being sought. Plan to complete all work by 30/09/2022.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	25/03/2022
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	Not Compliant	Orange	30/09/2022

	infections published by the Authority.			
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