



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

Issued by the Chief Inspector

Name of designated centre:	St Martins House CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0002508
Fieldwork ID:	MON-0030937

About the designated centre

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

St. Martin's House CGH provides residential care and support to four adults (male and female) with disabilities. The centre comprises a three bedroom detached bungalow in Co. Donegal and is in close proximity to a small town. The service benefits from having its own mode of transport for access to community based activities and amenities. Two residents have single occupancy bedrooms while the third bedroom accommodates two residents. Communal facilities include a kitchen-dining room, a small sitting room, a utility facility, shared bathroom facilities, an office and staff bathroom. The centre also has a large private parking area to the front and a private garden area to the rear of the property. There are systems in place to ensure the assessed needs of the residents are provided for and all residents have access to GP services and a range of other allied healthcare professionals. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a team of staff nurses and healthcare assistants. All staff have qualifications and/or in-service training so as they have the knowledge and skills required to meet the needs of the residents in a competent and comprehensive manner.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 January 2021	09:15hrs to 14:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents' personal and healthcare needs were supported in a person-centred manner, and that residents appeared happy in the centre and with the supports given by staff.

The centre comprised a three bedroom bungalow where four residents lived. The inspector was informed that one resident was at home with their family since the start of the COVID-19 pandemic, and that the remaining three residents were living in the centre full-time since the pandemic began. During the inspection, the inspector got the opportunity to meet briefly with all three residents, while adhering to the public health measures of physical distancing and the wearing of face masks. Residents communicated with the inspector in their own way through words, gestures and facial expressions. The inspector also got the opportunity to meet briefly with staff who were working on the day, and spoke with one family member on the telephone who gave feedback about the centre. The inspector also spent time reviewing documentation and meeting with the person in charge in an office in the house.

The centre was observed to be warm, clean and pleasantly decorated with art work and photographs of residents, which created a homely atmosphere. Two residents were wheelchair users and the inspector observed that space in the communal areas was small in size to accommodate four residents. The centre had one shared bedroom; however at this time due to one resident being at home with their family during the pandemic, each of the three residents currently residing at the centre had use of their own individual bedroom.

On the day of inspection, one resident was reported to be self-isolating on the recommendations of public health. The centre's response plan detailed the arrangements for staffing under such situations, and the inspector was informed about what the plan entailed. However, the inspector found that this response plan was not effective, as it was unclear from observations on the day about what staff were assigned to support each resident and it was evident that this was not in line with the plan documented and reported to the inspector. This will be discussed further in the next sections of the report.

The inspector met briefly with one resident early in the day, who was observed to be independently and freely walking around the centre talking to staff. The resident entered the office to greet the inspector briefly and was supported by a staff member to adhere to social distancing and supported to continue on with their morning routine. The inspector was informed that this resident was due to attend an appointment outside the centre, and the inspector later noted that the resident was collected by another staff member to take them to their appointment. The inspector overheard the resident greeting the staff member in what appeared to be a happy and excited manner. The inspector was informed that this additional staff was supporting the resident with this appointment, as this would be the resident's

preference. The inspector later observed this resident spending time in the back garden with another staff member having a beverage, and dancing and singing together. The resident was observed to enjoy spending time in the garden area alone also, and was singing and dancing for a period of time in the afternoon.

Later, the inspector briefly met with one other resident in the sitting-room, while adhering to the wearing of face mask and physical distancing. The resident was being supported by one staff and appeared content and happy in the staff member's company. The inspector was later informed that this resident was self-isolating, and that they were supported to access the communal area as self-isolating in their bedroom would be difficult on them. The resident was observed to be using a personal computer tablet to play music, and there was a television on in the background also.

The inspector got the opportunity to greet another resident who was watching television in their bedroom with the door open, and from where they could see the inspector and look into the sitting-room of the centre. The inspector was told that this resident liked spending time in their bedroom watching television. They were observed to be comfortable and content, and staff supporting them were observed to interact with them in a dignified and respectful manner.

The inspector also got the opportunity to speak with one family member on the telephone. The family member was very complimentary of the service, the supports given to their family member and the communication from the management team and staff. The family member stated that they couldn't ask for a better place for their family member and said that staff working in the centre know their family member's needs so well.

Throughout the inspection, staff members were observed to be interacting with residents in a respectful and pleasant manner, and residents appeared comfortable around them. Staff appeared to understand, and be responsive to residents' individual communications. Staff informed the inspector that residents were doing well at this time, but that one resident was missing going home which was something that they used to do regularly. The inspector was informed that residents could make contact over the telephone with their family whenever they chose and that this was facilitated. Staff said that another resident had been missing their day service, but that overall residents were doing well at this time.

In addition to meeting with residents and staff, the inspector reviewed documentation including residents' daily care notes and questionnaires that had recently been completed with residents to seek their views on the service. Care notes reviewed indicated that residents were taking part in activities in the centre such as; arts and crafts, massages, baking, listening to music, using technology, sensory activities and spending time in the garden. Residents had access to a bus, which facilitated local drives and access to external amenities. Questionnaires that were reviewed had been completed with residents in December 2020. The questionnaires asked a range of questions about the service, staff, meals, activities, privacy and visits. Residents had options of rating their satisfaction levels as feeling 'happy', 'neutral' or 'unhappy' about aspects of the service.

Results indicated that overall residents were happy at this time. However, some residents indicated that they had a 'neutral' feeling about their bedroom, space for belongings, visitors and about how often they go on outings. The provider was in the process of addressing the issue of shared bedrooms and the limited space in the physical environment for the last number of years. This involved some alterations to rooms and a plan to convert the current office into an en-suite bedroom. This will be discussed further in the next sections of the report.

Overall, the inspector found that residents appeared content in their environment and with staff supporting them. However, the overall physical environment continued to be unsuitable for the numbers and needs of residents, and the response plan for managing isolation requirements required improvements.

Capacity and capability

In the main, the inspector found that there was a good governance and management structure in place with clear lines of accountability and responsibility for members of the management team. However, an immediate action was given on the day of inspection with regard to the the response plan for managing suspected cases of COVID-19, and the need to risk assess the arrangements around this to ensure that risks to residents, staff and visitors were mitigated in so far as was reasonably practicable. In addition, a non-compliance that was found in relation to the premises in the last two inspections by the Health Information and Quality Authority (HIQA) in 2017 and 2019 had not been fully addressed.

On the day of inspection, the inspector found that the numbers and skill-mix of staff, which included a nurse, a healthcare assistant and a student nurse, supported the needs of residents. The roster indicated that there were two staff on duty at particular times in the week, including at night time, and while this appeared to meet the assessed needs of residents it did not ensure that the response plan that was in place for managing suspected cases of COVID-19 was effective. This is discussed further in the next section of the report. A planned and actual rota was in place, which demonstrated that there was a consistent staff team working in the centre to ensure continuity of care for residents. In addition, there was an on-call rota for out-of-hours management support should this be required. The inspector was informed that there was one staff nurse position vacant at the time of inspection, but that this was in the process of being addressed. A sample of staff files were reviewed and some gaps in Schedule 2 documents were identified. This related to photo identification for one staff and a list of the work the person performs, for two staff. However, the person in charge addressed these gaps by the end of the inspection.

The person in charge worked full-time and had responsibility for another centre which was located nearby. The person in charge was recently appointed to the post, and was found to meet the requirements of regulation 14 regarding management

experience and appropriate qualifications. She was supported in her role by a team of nurses and healthcare assistants. The person in charge maintained a schedule of internal audits which included auditing of fire safety systems, medication management, restrictive practices, personal plans and health and safety issues. In addition, regular reviews of incidents that arose in the centre took place, and there was evidence that these were followed up in order to minimise further such incidents from occurring. In addition, the person in charge carried out a self-assessment audit to assess the centre's compliance with the regulations, and developed an action plan where actions were identified as required.

The provider ensured that unannounced visits were completed every six months as required by regulations. These provider audits identified actions that were required to improve the service. The latest annual review of the quality and safety of care and support in the centre was available for review, which also identified actions to improve the centre. This review included consultation with residents, and questionnaires had been sent to family representatives for feedback also. A review of staff meeting notes demonstrated good participation and consultation with the staff team about issues arising in the centre. Staff spoken with said that they felt well supported by the management team and could raise any concerns at any time.

An overall quality improvement plan for the centre was in place, which incorporated the findings from provider audits, person in charge self-assessments and HIQA inspections. This documented when actions were due and highlighted what actions were late being completed. Actions identified in this plan as being late included; outstanding maintenance works to the centre's flooring and the reconfiguration of the centre so that all residents would have their own bedroom. A non-compliance in relation to the premises not meeting the numbers and needs of residents had been identified in previous HIQA inspections, and the actions identified by the provider to address this had not been fully completed. Some internal works on the communal bathroom and reducing the overall numbers living in the centre from five to four residents had been completed; however an action of converting the office into an en-suite bedroom which would reduce the need for shared bedrooms had not progressed in a timely manner. For example, the provider had outlined actions to address the issue of shared bedrooms in compliance plans as part of HIQA inspections completed in November 2017 and October 2019 and had stated that this would be addressed by June 2020. While it was reported that the COVID-19 pandemic caused some delay in progressing this action, the inspector noted that quotes for the works were still being sought which meant that residents continued to live in a home that did not fully meet all their needs.

Overall, the inspector found that the provider's ongoing monitoring and response to risks and actions to mitigate against risks required improvements. This would ensure that the centre was safe and suitable for residents' needs at all times.

Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14, and had the appropriate qualifications and management experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

A staff rota was maintained which demonstrated that a consistent staff team was in place to support residents with their needs. A vacant staff nurse post was in the process of being completed. A review of a sample of staff files against Schedule 2 documents found some gaps; however these were addressed by the person in charge immediately when it was brought to her attention.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place in the centre required improvements to ensure that the centre was effectively monitored on an ongoing basis so as to ensure that the service and facilities provided were safe and appropriate to residents' needs at all times. In addition, risk management required improvements to ensure that all risks were appropriately identified, and that risks that were identified through the organisation's risk management process and actions identified to mitigate against these risks, were responded to in a timely manner to ensure the safety of all at all times.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were supported to live a good quality, person-centred life and were supported by staff who were responsive to their needs. However, improvements were required to the premises to ensure it met the needs of residents, and an immediate action was given on the day of inspection regarding the service's response plan to the management of suspected COVID-19 cases.

The inspector found that while the centre had measures in place for infection prevention and control such as staff training, cleaning schedules, personal protective equipment (PPE), risk assessments and contingency plans; the procedures regarding

the management of suspected cases of COVID-19 required immediate review. As mentioned previously, on the day of inspection the inspector was informed that one resident was isolating on the advice of public health. The inspector was informed that this resident was sharing two staff with one other resident, as both residents required two staff for aspects of care. The third resident was reported to have a dedicated staff assigned to them each day. The centre's response plan stated that assigned staff members should not interact with other residents and have minimal interaction with colleagues during the shift. However, the inspector observed that throughout the day one resident was interacting with all staff that were working, and was being supported by different staff for different needs; for example medication administration and social care needs. It was evident from the observations on the day that this response plan was not effective. The inspector asked to review the risk assessment associated with this response plan, and was informed that there was not one completed with regard to this specific situation. An immediate action was issued for the management team to review their current response plan and to carry out a comprehensive risk assessment to include risks to residents, staff and visitors during the management of suspected cases of COVID-19 in the centre. This was completed before the end of inspection and included a revised approach of cohorting residents due to the low numbers living in the centre, assessment of the emotional and physical support needs of residents and the size of the physical environment. The person in charge assured the inspector that this would be kept under regular review.

As noted previously, this centre comprised a three bedroom bungalow. However, as this house accommodated four residents, this meant that one bedroom accommodated two residents. Some residents were wheelchair users, and the communal areas were observed to be small in size to accommodate all residents comfortably. In addition, a risk assessment on manual handling which had been escalated through the risk management process documented that staff had to lift a wheelchair sideways to get it into a bedroom. Furthermore, there was evidence in notifications received and incident reports that at times some residents sustained bruising due to banging off furniture. This had been identified in an internal audit by the management team also as a trend of concern. While the local management team were responsive to the risks posed in the environment and this risk had been escalated, the environment continued to be unsuitable for the numbers and needs of residents.

Throughout the day, the inspector got the opportunity to meet briefly with three residents who communicated on their own terms. A review of documentation, including residents' meetings and daily care notes, indicated that residents were offered choice in their day to day lives. This included offering pictorial choices about activities and meals during house meetings. The inspector was informed about the communication preferences of residents, and observed that staff were familiar with residents' communications and non-verbal cues. A review of care plans also demonstrated that residents' choice of communication was promoted. For example, one care plan included various photos of a resident's facial expressions so as to support staff to understand the resident's feelings. There was also evidence that residents' religious choices were respected and that they were supported to

maintain contact with families in line with their wishes.

The inspector found that residents were supported to achieve the best possible health. This was observed on the day of inspection, with one resident being supported to access a medical appointment and another resident being supported to receive care from an allied healthcare professional in their home. Assessments were completed for health, social and personal care needs for residents and where required, support plans were developed. Residents had personal plans in place which were reviewed annually with the resident and their family representative. Personal and meaningful goals had been identified by residents and the inspector found that these were reviewed in light of the COVID-19 pandemic and public health restrictions. In addition, residents were supported to discuss end-of-life wishes and these were documented and reviewed as appropriate.

Residents' safety was promoted through staff training in safeguarding, review of incidents and adherence to the safeguarding procedures when concerns were raised. Staff spoken with were aware of what to do in the event of a concern of abuse, and also appeared knowledgeable about measures required to mitigate against the risk of negative interactions occurring between residents.

The provider ensured that there was a risk management procedure, site specific safety statements and emergency plans in place. There were risk assessments completed for identified risks relating to residents' needs and the overall service. In addition, there was a process for escalating risks to senior managers and the inspector noted that three risks had been escalated. However, the documentation of some risks required review to ensure that all risk assessments in place were relevant to the centre, and that the risk ratings assigned were reflective of the actual risks posed in line with the organisational procedures. For example, there were risk assessments in place to assess the risk of harm to children; however there were no children residing in the centre. Furthermore, some risk ratings had rated hazards occurring as 'almost certain', such as the risk of injury to staff during manual handling. However, following discussion with the person in charge she confirmed that the likelihood rating of this occurring was not accurate. This required review to ensure that the risk management process was in line with the procedures and reflective of the actual risks arising in the centre.

Regulation 17: Premises

While the home was clean, homely and personalised, it continued to not meet the numbers and assessed needs of residents. In addition, there was limited communal space and a shared bedroom in place, which did not allow for adequate space and facilities to support residents to have private time, if they so wished.

Judgment: Not compliant

Regulation 26: Risk management procedures

The documentation of some risks required review as the ratings did not reflect the actual risks posed following the control measures that were put in place. Also, some risks were not specific to the centre. For example, risk assessments were in place for the protection of children although there were no children residing in the centre, and a risk relating to the effectiveness of the centre's response plan had not been appropriately identified, assessed and reviewed on an ongoing basis.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the effectiveness of the infection prevention and control practices regarding the centre's response plan for managing suspected or confirmed cases required immediate improvements. This was required to ensure that risks were appropriately identified, assessed and managed in order to protect residents, staff and visitors at times of potential outbreaks of infection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal, health and social care needs were assessed, and care plans were developed where required. Annual review meetings for residents, which included participation from residents, families and multidisciplinary team members (where appropriate) occurred, and personal goals were developed which were kept under ongoing review.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health, by being facilitated to attend a range of healthcare professionals appointments, and receive healthcare interventions, where the need was identified. Up-to-date support plans for healthcare related issues were in place.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that safeguarding of residents was promoted in the centre through staff training, Garda vetting for staff, discussion at staff meetings and the implementation of the safeguarding procedure where concerns were raised. Residents had intimate and personal care plans in place which outlined their preferences and supports required in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make decisions about their daily lives through staff who were familiar with their communication preferences and through resident meetings where consultation occurred in a manner that residents could understand. In addition, residents were supported and facilitated to practice their faith, and there was evidence that advocacy services were available for residents should this be requested or required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Martins House CGH OSV-0002508

Inspection ID: MON-0030937

Date of inspection: 27/01/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring this centre into compliance the following actions have been completed: 1. A Scope of works for reconfiguration of the centre to facilitate a fourth bedroom has been completed; Quotations for these works have been forwarded to the Disability Manager for approval. The completion of works will be dependent on government guidelines and Covid restrictions however a completion date of Quarter 2, 2022 is anticipated. 2. All risks within the centre have been reviewed. 3. The response Contingency Plan has been updated to reflect the management of suspected cases of Covid 19 within the centre.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to bring this centre into compliance the following actions have been completed: 4. A Scope of works for reconfiguration of the centre to facilitate a fourth bedroom has been completed; Quotations for these works have been forwarded to the Disability Manager for approval. The completion of works will be dependent on government guidelines and Covid restrictions however a completion date of Quarter 2, 2022 is anticipated.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to bring this centre into compliance the following actions have been completed:</p> <ol style="list-style-type: none"> 1. All risks within the centre have been reviewed. 2. The response Contingency Plan has been updated to reflect the management of suspected cases of Covid 19 within the centre. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: In order to bring this centre into compliance the following actions have been completed:</p> <ol style="list-style-type: none"> 1. The response Contingency Plan has been updated to reflect the management of suspected cases of Covid 19 within the centre. 	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 26(2)	The registered	Substantially	Yellow	23/02/2021

	<p>provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>	Compliant		
Regulation 27	<p>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.</p>	Not Compliant	Orange	23/02/2021