



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

## Issued by the Chief Inspector

Name of designated centre:	SOLAS Services
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 February 2022
Centre ID:	OSV-0007724
Fieldwork ID:	MON-0034101

## About the designated centre

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

Solas Services provides residential care for up to nine adult residents, both male and female with an intellectual disability. The Service provides residential care 7 days a week, 365 days a year to its residents. There are two houses in this centre located in Co. Kildare. The first house is a detached bungalow providing four bedrooms, two reception rooms, a kitchen, entrance hall, sun room, 1 large wheelchair accessible bathroom, 2 en-suite shower rooms and 3 bathrooms. There is also a large office building at the back of the house. The second house is a detached bungalow and consists of five bedrooms, one of which has an ensuite bathroom, a dining room, sitting room, kitchen, utility room an accessible bathroom and three bathrooms. The service has nursing, care assistants, medical, psychiatric, psychological and behavioural supports in the provision of care for the residents. Solas Services provides 24 hour nursing care.

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

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 25 February 2022	10:00hrs to 16:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

Overall the findings of this unannounced inspection were that this was a well managed and well run centre. Residents appeared happy and content in their homes. The provider was self identifying areas for improvement, particularly relating to staffing numbers and the need to complete works to one of the premises.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. There were eight residents living in the centre and the inspector had the opportunity to meet and briefly engage with each of them.

When the inspector visited the first house, three residents were having a cup of tea in the dining room. One resident was completing a jigsaw while enjoying their cup of tea, and another resident was engaging with staff about a trip they were going on later that morning to help staff complete administration duties in a nearby designated centre where they used to live.

When one resident finished their tea, they then showed the inspector their room and talked about things they liked to do and things that were important to them. They proudly showed the inspector their favourite possessions and photos. They then returned to the living room and spoke with the inspector about their recent trip to a farm and about how much they had enjoyed seeing the animals and going to the restaurant for one of their favourite meals. They also spoke about a recent trip to the cinema which they really enjoyed, where they particularly enjoyed the ice-cream and sweets they had bought there.

This resident also talked about some times they found difficult during the pandemic, particularly when they couldn't go out to do things they usually enjoyed in their local community like an active ageing group, but then spoke about things they were doing now that restrictions were lifting. They talked about all the things they were looking forward to and about how they were one of the first residents in the service to get their COVID-19 vaccine. They spoke about how important this was to them, as was their second vaccine and booster. They said it made them feel safer now that they were back doing things in their community. They then talked about a milestone birthday they had during high levels of restrictions relating to the pandemic. They didn't get to have the celebration they would have liked so were looking forward to making the most of their upcoming birthday celebrations.

When the inspector first visited their home, one resident was getting up and ready in their bedroom, but the inspector had an opportunity to meet them later in the morning while they enjoyed a late breakfast. They greeted the inspector and asked them how they were and then continued to enjoy their breakfast. They talked with staff about going for a drive to the shop later that day to get their favourite snacks

and a drink.

In the second house, there was one resident home when the inspector first visited. They were relaxing watching television while a staff member prepared lunch. They smiled at the inspector and then continued to watch television. They appeared very relaxed and comfortable in their surroundings. A few minutes later three residents returned home with two staff members following a drive and a walk in a local park. They appeared happy to be home and even happier when lunch was served.

Throughout the inspection the inspector observed kind and caring interactions between residents and staff. There were new staff, agency staff, and regular staff working in the houses during the inspection. New staff and agency staff were being supported by regular staff to get to know residents. Regular staff who spoke with the inspector were very knowledgeable in relation to residents likes, dislikes and preferences, and spoke about things they enjoyed doing both at home and in the local community. At times during the inspection, the inspector observed residents approach staff for support and observed staff responding appropriately.

One resident spoke about menu planning, doing the shopping list every week and looking forward to the shopping being delivered later in the week. There were picture menus available and there were plenty of snacks, fruit and drinks available for residents should they wish to have them. Residents were observed to move freely around their homes and to decide where and how they wished to spend their time. They each had their own bedroom which was personalised to suit their tastes, their favourite items and family photos on display, and storage for their personal belongings.

Residents and their representatives opinions were sought as part of the annual and six monthly reviews by the provider. The inspector reviewed a sample of the most recent relative/friends questionnaires which were complimentary towards care and support for residents in the centre. They included positive commentary residents' homes, and the variety of food and snacks available. Each questionnaire indicated the person completing it was aware of the complaints process. Some comments included in the questionnaires were, 'I would like to sincerely thank the staff and carers for the amazing and loving care they provide for my sister.. they keep her safe and content, she is respected and very very happy', 'beautiful safe caring environment' and peoples' personal preferences are respected by staff'.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall, the inspector found that the centre was well managed. There was a clearly defined management structure and systems to monitor the quality of care and

support for residents. This included audits by the person in charge, and they were visiting both areas regularly and logging their observations and developing action plans. The provider was self identifying areas for improvement, putting action plans in place. There was evidence that the completion of actions from these audits and reviews were bringing about positive outcomes for residents in relation to their care and support, and their homes.

This inspection was completed following an application by the registered provider to vary two conditions of the registration of the designated centre. These variations related to the footprint of the designated centre and the number of registered beds. There were two designated centres in the local area, and the provider had made a decision to vary which premises were contained in which designated centre in order to ensure that the houses in each centre were geographically closer to each other.

The inspection was facilitated by the person in charge and person participating in the management of the designated centre. They were both found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe, and busy taking part in activities they enjoyed. They were identifying areas for improvement in their reviews and implementing the required actions to bring about improvement. They were escalating concerns in relation to staffing and the required works to one of the premises, and there was evidence that the provider was taking steps to address these concerns.

Staff who spoke with the inspector were knowledgeable in relation to residents' care and support needs, and kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately. However, in addition to a number of staff vacancies in the centre, the whole time equivalent staff numbers identified in the statement of purpose were not sufficient to meet residents' assessed needs. The inspector acknowledges that the provider was providing enough staff to meet residents' assessed needs, while were actively recruiting to fill vacancies. However, it was not possible to fill all the required shifts and meet residents' assessed needs with the number the number of staff identified in the statement of purpose. The inspector was informed that staff from the organisation were due to complete dependency needs assessment training, which would in turn lead to these assessments being completed for residents to inform their support needs, and staffing numbers for the centre.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. Some of the additional trainings staff had completed included, epilepsy awareness, person centred support planning training, risk management, donning and doffing PPE, and food safety. A small number of staff required refresher training in areas such as fire safety, managing behaviour that is challenging, safeguarding, manual handling, and hand hygiene. Staff had regular performance feedback meetings to ensure they were carrying out their roles and responsibilities to the best of their abilities, and getting the required supports to do this.

## Registration Regulation 8 (1)

The provider had completed an application to vary conditions one and three of the registration of the centre. They had submitted all of the required information with this application.

Judgment: Compliant

## Regulation 14: Persons in charge

There is a full-time post of person in charge who had the qualifications, skills and experience to fulfil the role. They were fully engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

## Regulation 15: Staffing

There were a number of staffing vacancies in the centre at the time of the inspection. The provider had completed a number of recruitment drives and had recently been successful in recruiting both staff nurses and care assistants. However, from a review of rosters, from speaking with staff, and from reviewing the statement of purpose, the whole time equivalent (WTE) was incorrectly calculated for the centre. For example, the WTE requirement for staff nurses was identified as four; however over a 24 hour period two nurse were required on day duty, and two nurses were required at night.

While recruiting to fill staffing vacancies it was evident that the provider was attempting to provide continuity of care and support for residents. However, due to the volume of shifts covered by staff moving between this and another designated centre, and by agency staff, this was not always proving possible.

There were planned and actual rosters; however they required review to ensure they clearly demonstrated who was on duty in each of the houses by day and night.

Judgment: Not compliant

## Regulation 16: Training and staff development

For the most part staff had access to training and refresher training in line with the organisation's policy. However, a small number of staff required refresher training in fire safety, managing behaviour that is challenging, safeguarding, manual handling, hand hygiene, standard precautions, and first aid. The inspector was shown the dates for upcoming training available for staff.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Substantially compliant

### Regulation 21: Records

There was a system in place that ensures records are up to date, of high quality and accurate. Information was accessible and securely maintained to protect residents' privacy.

Judgment: Compliant

### Regulation 23: Governance and management

There were systems in place for oversight and monitoring of care and support for residents in the centre. The provider was self-identifying areas for improvement and putting action plans in place to bring about the required improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which included the information required by the regulations. There was copy of the statement of purpose available for residents and their representatives in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents in the centre and the Chief Inspector was

notified of all incidents required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and a user-friendly version was available and on display. There was a nominated complaints officer and their picture and contact details were available in each of the houses. From reviewing a sample of complaints from residents and their representatives, they were reviewed and followed up on in line with the organisation's policy and procedures.

Judgment: Compliant

### Quality and safety

Overall the findings of the inspection were that residents appeared happy and safe living in the centre. They were busy and making choices in relation to their day-to-day lives including how and where they spent their time. Both houses were clean and homely, with pictures, art work and soft furnishings which contributed to their overall homely feeling. However, one of the houses required significant works both internally and externally relating to flooding and water damage.

It was evident that huge efforts had been made in both of the houses to make sure residents were involved in decorating their homes and putting their stamp on them. Both premises had plenty of private and communal spaces for residents, including private spaces other than their bedrooms to spend time with their visitors should they so wish. Residents had access to attractive outdoor spaces and seating, and both premises having covered outdoor spaces for residents to spend time in, no matter the weather conditions.

While significant works were required in one premises, the areas of the house which were unaffected by water damage or in need of repairs, were comfortable and homely. The provider had completed scoping works, and some assurances were provided to the inspector during the inspection in relation to findings of the scoping works, and further assurances were sent after the inspection in relation to the planned works.

Residents had opportunities to buy, cook and prepare their meals and snacks if they so wish. They could freely access snacks, fruit and drinks, and there were staff available to support them should they require any support. Staff had completed food safety training and there were systems to ensure labels with the date of opening and use by date were added to foods in the fridge. There were systems for

monitoring fridge, freezer and food temperatures, and for ensuring these areas were cleaned regularly.

Residents were protected by the policies, procedures and practices relating to risk management in the centre. There was a risk register and general and individual risk assessments were developed and reviewed as required. There were emergency plans in place and incidents were reviewed regularly, and learning shared with the team.

Overall, residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control in the centre. There were contingency plans for use during the COVID-19 pandemic. Both premises were clean and there were systems in place to ensure that each area of the houses were cleaned regularly. However, effective cleaning was not possible to the kitchen counters, tiles and cooker in one of the houses. Plans were in place to replace these at the same time as building works in the centre. There was personal protective equipment (PPE) available and systems in place to order more as required. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to infection prevention and control and COVID-19.

There was a range of fire precautions in the centre and fire equipment was well maintained and regularly serviced. Residents personal emergency evacuation plans were detailed in relation to any supports they may need and fire drills were held regularly in the centre.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

## Regulation 17: Premises

Both houses were homely and residents' bedrooms were decorated in line with their wishes and preferences. They had access to plenty of private and communal spaces and to pleasant outdoor spaces, and seating areas.

The provider had recently completed scoping works due to water pooling inside and outside one of the houses. Plans were in place for remedial works to flooring, and skirting boards. At the same time painting was planned as was the replacement of kitchen worktop and tiling, and the refurbishment of bathrooms including the replacement of toilets which were no longer fit for purpose. Works were also planned in relation to the drainage outside the house.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The inspector had an opportunity to observe mealtime experiences for a number of residents and found that residents appeared comfortable, relaxed and to enjoy their meals and snacks. Staff were observed to support residents in sensitive and appropriate manner. Residents were supported to buy and prepare their own meals, should they so wish.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. Incident reviews were completed regularly and were informing the review and update of the risk register, and the development of risk assessments.

The risk management policy contained the required information and reasonable measures were in place to prevent accidents. There were systems in place to respond to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. However, there were a number of areas in one of the houses where some surfaces could not be effectively cleaned such as counter tops, splashback and cookers. The floor covering was also water damaged as were skirting boards. The provider was planning to replace these as part of the renovation works in this premises.

There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Safeguarding concerns were reported and followed up on in line with the organisations and national policy.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for SOLAS Services OSV-0007724

Inspection ID: MON-0034101

Date of inspection: 25/02/2022

## 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
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In response to the area of staffing Regulation 15 (1)            The organisation has arranged for an Assessment of Needs training for Persons in Charge in order to assess the staffing need of service users in Solas.            Ongoing recruitment drive, 2 WTE HCA posts filled, 1xWTE Staff Nurse post filled, 2WTE staff nurse post pending.            Overseas recruitment drive underway with upcoming interview dates            Ongoing rollover campaign with NRS and local Human Resources for staff nurses            Regularising of agency staff to HSE posts through interview process to commence</p> <p>The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.            In response to the area of staffing regulation 15(3)            Each Post will be filled based on Whole Time Equivalents and staff to be rostered per house</p> <p>The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained            In response to Regulation 15(4)            There is a planned roster completed for designated area any changes are maintained on an actual roster and an allocation sheet for each house.</p>	
Regulation 16: Training and staff	Substantially Compliant

development	
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>In response to the area of training and staff development Regulation 16 (1)(a)</p> <p>All staff notified of upcoming training by notice disseminated to houses  Staff are written to individually to remind what training is due  Training schedule disseminated every quarter  Training log kept for all staff training  The staff identified who are due for Studio 3 Training have been scheduled for 11th and 13th April 2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.</p> <p>In response to the area of premises 17(1)(b) &amp; 17(1)(c)</p> <p>The Registered Provider is liaising with HSE Estates to locate a more suitable premises that will accommodate the four residents from Sorrento House this is a priority  The Registered Provider is currently viewing accommodations to ensure suitability for residents and any refurbishments required is financially prudent.  The immediate maintenance work required for one of the Houses is currently being costed and will be done to ensure comfortable and safe environment whilst other premises is sought</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <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</p>	

Authority.

In response to the area of Infection Prevention & Control Regulation 27

Bathroom cabinet identified as IPC risk has been removed

IPC link nurse completed audit of house that was identified as having levels of non-compliance

Items identified in a particular house has been removed and the Occupational Therapist has ordered replacement.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	31/03/2022

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	01/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	01/09/2022
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	Substantially Compliant	Yellow	01/09/2022

	control of healthcare associated infections published by the Authority.			
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