



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mountbellew Nursing Home
Name of provider:	Mountbellew Nursing Home Limited
Address of centre:	Mountbellew, Galway
Type of inspection:	Announced
Date of inspection:	06 February 2019
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0022262

## About the designated centre

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

Mountbellew Nursing home is a purpose built two-storey facility which can accommodate up to 35 residents. It is located in the town of Mountbellew close to many amenities including the post office, shops and restaurants. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 23 single and six twin bedrooms. Sixteen bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day rooms, conservatory, smoking room, oratory and visitors rooms. Residents also have access to a secure enclosed garden area.

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

Current registration end date:	09/06/2019
Number of residents on the date of inspection:	34

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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
06 February 2019	10:00hrs to 17:00hrs	Mary Costelloe	Lead
07 February 2019	09:30hrs to 13:30hrs	Mary Costelloe	Lead
06 February 2019	10:00hrs to 17:00hrs	Gearoid Harrahill	Support
07 February 2019	00:00hrs to 00:00hrs	Gearoid Harrahill	Support

## Views of people who use the service

The inspectors spoke with the majority of residents during this announced inspection. Nine questionnaires completed by residents in advance of the inspection were also reviewed.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre. Some said it was a lovely place to live.

Residents stated that staff were well trained, competent, caring and that staff came when they called or needed them.

Residents were complimentary of the quality and choice of foods on offer, stating that special diets were catered for and snacks were available as required.

Others mentioned that they enjoyed the variety of activities taking place and that there was always something to do. They could choose to partake in activities or not.

They said that visitors were always welcome and there were plenty of spaces to meet in private if they wished.

Residents were satisfied with the laundry service provided stating that mislaid clothing was not an issue.

Residents told the inspectors how they liked their bedrooms and found them to be spacious, clean and comfortable.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom, day room or dining room.

Residents mentioned that the physiotherapist visited regularly and provided a good service.

## Capacity and capability

There was an effective governance structure in place that was accountable for the delivery of the service. The governance structures in place ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The person nominated to represent the provider, a director of Mountbellew Nursing Home Ltd worked full time in managing the centre. The provider representative along with the assistant director of nursing and administrator supported the person in charge. The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

Resources were available and deployed to improve the delivery of care in line with the centres statement of purpose. The provider had continued to invest in the premises with evidence of internal and external improvements taken place. There was an ongoing maintenance and redecoration programme in place.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. All issues identified at the previous inspection had been addressed. The team had continued to evaluate its compliance with relevant standards and regulations and there was a comprehensive audit schedule in place. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. There was a comprehensive, detailed review completed on the quality and safety of care in the centre for 2018. Feedback from residents committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. They ensured that all staff had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure and all documents as required by the regulations were available.

The provider had continued to invest in and promote the training and ongoing development of staff to ensure that they had the most up to date knowledge and skills to deliver high quality, safe and effective services to residents. Staff were provided with training which included specialist training in relation to care of the older person in areas such as management of challenging behaviour, restrictive practice, wound care and tissue viability, infection control, medication management

and nutrition in dementia care. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

There was evidence of a commitment by management to leadership development in the centre. The person in charge was currently undertaking a Irish cancer care programme and another staff member was undertaking a leadership and management course.

The management team ensured that the staffing levels were reviewed on an on-going basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. Staffing levels in the afternoons had been increased following the previous inspection.

The management team advised inspectors that they had not received any recent complaints but that any complaints or concerns were always listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and included in the residents guide and statement of purpose.

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She was knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were suitably trained to care for the residents in the services. All staff were up to date in their mandatory training including fire safety, safeguarding of vulnerable adults, and manual handling. All nursing staff had undertaken recent medication management training. The majority of staff had also attended supplementary training in areas such as nutrition and hydration, end of life care, and caring for people with dementia or responsive behaviours. There was a schedule of training sessions due to take place in 2019.

Judgment: Compliant

## Regulation 19: Directory of residents

The provider maintained a directory of residents which contained all required information and had been updated to reflect recent resident admissions and transfers.

Judgment: Compliant

## Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

## Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents in place.

Judgment: Compliant



### Regulation 23: Governance and management

There was an effective governance structure in place. Management systems in place were clearly defined. The management team worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. A member of the management team worked during the weekends in order to supervise the delivery of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Each resident had a contract agreed in writing with the provider. Contracts listed the terms of residing in the centre, the regular fees payable and the services and facilities provided, including noting whether the resident is accommodated in a single or shared bedroom. There was a priced list of items and services which incur separate charges.

Judgment: Compliant

### Regulation 3: Statement of purpose

An updated statement of purpose was submitted following the inspection, it complied with the requirements of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

Each person working in the centre on a voluntary basis had a file with their agreed roles and responsibilities outlined, and evidence that all volunteers had been vetting by An Gardaí Síochána.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure were prominently posted in the premises. Residents were confident that if they wished to make a complaint, that they would know who to contact.

The management maintained a record of complaints which included the details of the matter, the investigation and outcome, and a note on the satisfaction status of the complainant. There were no recent or ongoing complaints at the time of inspection.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre

Judgment: Compliant

## Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard.

Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. The activities coordinator who was employed five days a week had received specific training to support the activities programme including 'Sonas', a therapeutic programme specifically for residents with Alzheimer's or dementia.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist of their choice. The pharmacists were available to meet with residents in house.

There was evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. All medicines were regularly reviewed by the general practitioners (GP). Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Good supports were available from the local pharmacist who carried out regular audits of medicines management practices. All nursing staff had completed recent medicines management training.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was found to be accessible. There was a lift provided which allowed residents independently access both floors. Signage was provided to assist residents find their way easily around the centre. Residents had access to a safe, secure outdoor garden area which was easily accessible from the ground floor day room and corridors.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms. Bedrooms were spacious, bright and had been finished to a high standard.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. The menu varied daily and took into account feedback from residents. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of older adults to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The individual finances of residents were not being managed at the time of inspection.

Staff promoted non restrictive and non pharmacological interventions as the preferred method of providing support to residents experiencing behavioural and psychological and signs of dementia. Residents also had access to support and advice from the community psychiatric team who visited the centre. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed. Many staff had completed training in dementia care and

management of responsive behaviour. There were no residents prescribed psychotropic medicines on a 'PRN' as required basis at the time of inspection.

Staff continued to promote a restraint-free environment, guided by national policy. All staff members had received training in the management of restrictive practice. There were bedrails in use for six residents following consultation, consent and multi-disciplinary risk assessment. .

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents were free to join in an activity or to spend quiet time in their room, and were encouraged and supported to follow their own routines. A policy had recently been implemented in relation to intimate care in response to learning from a privacy and dignity review.

Residents had access to advocacy services and information regarding their rights. The advocate is involved in gathering feedback and suggestions from residents on the running of the service. Feedback and in-house satisfaction surveys were collated and incorporated into auditing. There was evidence that issues raised by residents were followed up by the management staff.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. All staff had completed training in infection control. While the building was found to be visibly clean and odour free, inspectors noted that some improvements were required to environmental cleaning systems and practices to ensure best practice in infection control.

Systems were in place to promote safety and manage risks. There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The management team had a good knowledge and awareness of fire safety risks. Regular fire drills took place involving both staff and residents, records indicated timely evacuation of residents. Staff spoken with and training records reviewed confirmed that staff had received up-to-date training in fire safety, manual handling and infection control. However, some improvements were required to the storage and labelling of a small quantity of cleaning agents.

Residents continued to maintain links with the local community. There was regular visits from local musicians and school students. Residents were supported to visit the local post office, shops and restaurants. Residents took part in local community events and local agricultural shows. Residents proudly showed inspectors their awards on display which included prizes for the 'best float' and 'best window display' during the St. Patrick's day festivities.

## Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention

Judgment: Compliant

## Regulation 11: Visits

Visitors were not unnecessarily restricted from attending the centre. There were multiple options for small sitting rooms in which residents could receive their visitors in private. Tea and coffee making facilities were provided for visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Residents had personalised their bedrooms with their own decorations, flowers, ornaments and photographs. Arrangements for laundering clothing was sufficient to minimise risk of clothing being misplaced. Each resident had an inventory log of belongings created on admission which was updated regularly.

Judgment: Compliant

## Regulation 13: End of life

Caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Staff were provided with training and guidance in end-of-life care. Families were facilitated to stay overnight if they wished.

Judgment: Compliant

## Regulation 17: Premises

The centre was found to be homely, accessible and provided adequate space to meet residents needs. The centre was well maintained, clean and nicely decorated. There was a good variety of communal day spaces as well as additional seating provided in the hallways. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Service records showed that equipment was regularly serviced and well maintained.

Judgment: Compliant

## Regulation 18: Food and nutrition

The centre was suitably supplied and equipped to provide varied and healthy meals and snacks for the number of people living there. Residents were offered choice at mealtimes and food was served promptly and hot. There was adequate staffing to ensure that residents who required assistance to have their meals were attended to. The kitchen staff were provided with a clear list of each resident, their dietary requirements, allergies, likes and dislikes, which was updated as required. Residents spoke positively on the quality and choice offered at mealtimes. Drinks were readily available in day rooms and staff could prepare snacks in the kitchen in the evenings when catering staff were off-duty.

Judgment: Compliant

## Regulation 26: Risk management

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors, however, some cleaning agents were stored in unlabelled containers and spray bottles which posed a risk.

There were service contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment, lift and hoists.

All residents had a comprehensive up to date personnel emergency evacuation plan in place.

Judgment: Substantially compliant

### Regulation 27: Infection control

Improvements were required to environmental cleaning systems and practices to ensure best practice in infection control.

Clean and used cleaning cloths were not segregated which posed an infection control risk.

The use of the same cleaning cloths in multiple rooms was not in line with best practice.

The suitability and effectiveness of some cleaning agents in use was unclear.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced in January 2019 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2019. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

Medicines were appropriately stored and managed. Records were available to account for the receipt and return of all medicines to the pharmacy. Regular medicines management audits were carried out by nursing management and the pharmacist. All nursing staff had completed medicines management training.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. Care plans were in place for all identified issues. Care plans were found to be informative, individualised, person centered and guided staff in the specific care needs of residents.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided. A social care assessment was completed for all residents which detailed what activities and pastimes were of specific interest and appropriate for them.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a policy on managing responsive behaviours which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Responsive behaviour care plans in place outlined clear guidance for staff regarding strategies including distraction techniques and residents likes and dislikes.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team



confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. All staff had received specific training in the protection of vulnerable people.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to radio, television, the Internet and video chat. Residents' varying religious and political rights were supported. Mass was celebrated in the centre every week. Residents were facilitated to vote in house and in their local community during recent elections. Residents had good links with the local community, participating in seasonal events and contests in the vicinity, and getting out to the shops and cafés regularly. Locals came to the centre to facilitate activities in the centre, including visiting musicians and schoolchildren. The activities coordinator had a good knowledge of all residents' preferences and capabilities for recreation, and had sufficient time to spend with residents who would benefit more from quieter, individual social engagement.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mountbellew Nursing Home OSV-0000362

Inspection ID: MON-0022262

Date of inspection: 06/02/2019

## 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: All containers containing cleaning agents are now appropriately labeled to illustrate their exact contents	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: We have reviewed our cleaning policy to ensure best practice in Infection Control. We have purchased a second cleaning trolley to ensure segregation of used and unused cleaning cloths. We now have sufficient colour coded cloths to ensure appropriate clean cloths are used in each room. Our cleaning agents have been revised to ensure proper usage. The auxiliary staff have been advised of the new and correct procedures to be followed as per our updated cleaning policy. All Auxiliary staff have received training on infection control	

## 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 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	13/02/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	13/02/2019

