



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

Issued by the Chief Inspector

Name of designated centre:	Suzanne House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0035588

About the designated centre

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

Suzanne House provides respite care and support for up to four children with an intellectual disability and additional life limiting conditions. Support is provided with the aim to meet the residents' assessed needs while ensuring that they are made as comfortable as possible throughout their stay at the centre. Suzanne House is located in a residential area of a city, and within walking distance to local amenities such as shops and cafés. The designated centre comprises of a large two-storey detached house on its own grounds. The centre comprises four accessible bedrooms of which one has its own en-suite walk-in shower. Residents also have access to a communal bathroom which incorporates an accessible shower and hydro bath. Communal facilities include a kitchen/dining room and sitting room. In addition, the centre provides a conservatory adjacent to the sitting room and an upstairs sensory room which are designed and laid out to meet residents' assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are also provided for visitors to meet their relatives and staff in private if required. Accessibility throughout the centre's premises is further facilitated by a lift to all levels of the house. Residents are supported by a team of nurses and healthcare staff. At night-time, residents' care needs are supported by a waking nurse and healthcare worker.

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 (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 18 May 2022	09:30hrs to 17:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with the children who were in the centre for respite on the day of inspection. The children appeared to be comfortable and relaxed in the designated centre however, they were unable to provide feedback about the service. The inspector used conversations with key staff, observations of care of residents, a visual inspection of the centre as well as a review of documentation to form a judgment on the levels of compliance in infection prevention and control.

Overall, the inspector found that the oversight of the general IPC arrangements in the designated centre required enhancement. The inspector identified several risks on the day of inspection including insufficient detail in IPC policies, premises issues and a lack of provider oversight of the testing of the water systems for Legionella. These issues put the children accessing the respite centre at risk of contracting a healthcare-associated infection and were required to be addressed by the provider.

Suzanne House is a respite service which provides overnight respite breaks for up to four children at any one time. It is a nurse-led service providing support to children with complex medical needs and life-limiting conditions. It is located in a busy suburb in Dublin, close to many local amenities. The house had been closed for a period of six months in 2020 due to the COVID-19 pandemic. It had subsequently reopened but on a reduced capacity basis.

On arrival to the centre, the inspector was met by a member of staff who asked the inspector to check her temperature and completed a COVID-19 symptom check. The inspector saw that all staff were wearing appropriate personal protective equipment (PPE) in line with the current guidance. The inspector also wore a respirator mask and maintained physical distancing as much as possible during interactions with residents and staff. The inspector saw that there was availability of PPE at the front door, along with hand sanitisers, a thermometer and a log book for recording visitor's temperatures.

The inspector greeted two children who were receiving non-oral feeds in the sitting room. The inspector saw that staff were supporting children in a kind and gentle way. They appeared comfortable and relaxed and were watching TV while receiving their feeds. The inspector observed staff engaging in good hand hygiene practices. Each child also had their own trolley located beside them with their own individual medical equipment. Medical items, including single use items such as oral hygiene sponges, were stored securely in a clean container which was labelled as belonging to the individual resident. The inspector was informed that children brought their own medical equipment including items such as saturation probes, BIPAP machines

and nebulisers to the centre with them. This reduced the risk of transmission of infection between residents as each had access to their own medical devices rather than shared devices.

Later in the day some of the children went to play bowling while others relaxed in the centre and listened to music. The inspector saw that staff were responsive to residents' needs and non-verbal communications.

The inspector completed a walk-around of the centre with the clinical nurse manager on duty. The house was observed to be generally well maintained however areas for improvement were identified. For example, the inspector saw that the floor of the messy play room was dirty and that there was a used cloth left beside a detergent spray in this room. The inspector was informed that the centre had access to housekeeping staff for one day per week however, due to sick leave, housekeeping have been extremely limited over the past three weeks. Staff informed the inspector that they were able to maintain good IPC practices in residents' immediate environment such as their bedrooms and living areas but that it was difficult to complete a deeper clean without housekeeping staff.

Downstairs, residents each had access to their own bedrooms, a large sitting room, a conservatory, a kitchen and an accessible bathroom. Additionally, one bedroom was en-suite. The downstairs was generally well maintained however there were some premises issues which presented an IPC risk identified. There was a fully accessible and well-maintained playground located to the rear of the centre.

There was ready availability of comfortable furniture which could be easily cleaned. However, there was a lack of availability of suitable storage with spare mattresses being stored behind a sofa in the conservatory. Oxygen concentrators were also stored in the hallway of the designated centre. While this did not obstruct residents in moving through the centre, it did not contribute to a homely environment and was reflective of a wider issue with insufficient storage. The inspector saw that the centre was equipped with specialist equipment to meet the needs of residents. This included hoists, Acheeva bed and floor mats. The protective cover on one floor mat was peeling which presented an IPC risk to residents as it could not be effectively cleaned. Additionally, the inspector saw that the wipeable pillow on the Acheeva bed had not been cleaned and was lightly soiled.

Bedrooms were seen to be decorated in a child friendly manner. There were some IPC issues identified in bedrooms including fans which were quite dusty and had not been thoroughly cleaned. Some blinds in resident bedrooms were also damaged and the draw cords were broken.

All bedrooms had a sink for hand washing. However, one of these sinks was difficult to access due to its positioning behind a wardrobe. Staff spoken with acknowledged that this sink was difficult to access in order to wash their hands. Staff stated they tended to wash their hands in another area before entering the room which they acknowledged was not in line with best practice. Hand sanitiser was available in this bedroom for staff to sanitise their hands within the room. This sink also had Velcro stuck to the tiles which made them difficult to wipe clean. All rooms were equipped

with wall mounted hand sanitisers.

There were improvements required to the availability of working pedal bins. Several bins did not function correctly or were not available in suitable locations. The inspector saw that used hand towels had been discarded in the sink of one resident bedroom as the pedal bin was located on the other side of the room and so was not easily accessible. Additionally, the lid of a clinical waste bin was broken and did not seal properly.

The flooring also required improvements. The flooring in the staff bathroom and the resident's en-suite required repair. In some areas of the downstairs part of the property the lino flooring did not meet the skirting boards. Additionally, in the messy play room, there was a large gap in the flooring around the base of the sink. The gaps in flooring presented an IPC risk as it could not be effectively cleaned.

Residents could access the upstairs of the centre via a lift. The provider had recently refurbished a sensory room which was equipped with multi-sensory equipment including floor mats, a bubble column and lights. This room was noted to be clean and well-maintained.

A visitor's room has also been converted into a messy play room. The inspector saw that the floor in this room required thorough cleaning. The inspector was informed that it had been used recently for sand play however due to low availability of housekeeping staff, the floor had not been thoroughly washed subsequent to this activity. The inspector also saw that there was no soap available at the sink in this room and that the flooring around the sink was missing.

A staff bathroom was located upstairs. The inspector saw that a sign had been put up stating that the shower was not in use and therefore should be run for 20 minutes before being used. This was found not to be in line with the provider's policy for management of Legionella and will be discussed further in the capacity and capability section of the report.

Capacity and capability

This inspection found that the governance and management arrangements required enhancement in order to be effective in assessing, monitoring and responding to infection control (IPC) risks. The inspector found that the staff were skilled and knowledgeable in relation to standard precautions in the provision of direct care to residents. However, the arrangements in place to support the provider in having oversight of, and responding to, the wider IPC risks presenting in the designated centre required enhancement. A review of the infection control policies, procedures and practices was required. In particular, the provider's policies required enhancement to ensure they were sufficiently detailed and that staff were informed

of and were effectively implementing these.

The provider had enacted several policies and procedures relating to infection prevention and control. These included a regional plan for management and prevention of infection, a Liffey services response plan for COVID-19 and a site specific COVID-19 house plan. The policies were reviewed on the day of inspection. This review found that they were insufficiently detailed in order to guide staff in the management of infection prevention and control risks. For example, the Liffey services response plan set out that high-risk locations should have access to housekeeping personnel. However, there was no procedure to determine which locations should be considered high-risk or the frequency of housekeeping to be provided to these locations.

The centre's statement of purpose set out that Suzanne House had access to housekeeping for one day per week. However, the inspector was informed that the centre had only received housekeeping for two hours over the preceding three weeks to the inspection. The inspector saw that staff had maintained good levels of cleanliness in residents' bedrooms however communal areas such as the messy play room required a deeper clean. Staff stated it was difficult to complete deeper cleaning tasks, as due to the complex needs of the children, they required significant nursing care and attention. The inspector saw that the absence of housekeeping was impacting on the cleanliness of the centre with several risks identified including discarded hand towels in a sink, absence of soap at one sink and a dirty cloth left in the messy play room.

The provider had documented that an infection prevention control audit was completed monthly and an environmental audit was also carried out in April 2022. While these audits identified some areas of risk in relation to infection prevention and control, they did not comprehensively identify all risks. For example, these audits identified that blinds required cleaning and that the tiles in a resident en suite were broken. However, other risks such as the lack of flooring around the base of a sink, the difficult to access sink in a resident bedroom or the broken pedal and clinical waste bins were not identified.

The inspector also found that, while local operating procedures were in place, these were not always followed. In some instances, this was attributed to insufficient detail in the local operating procedures. For example, a risk was identified whereby the centre had been closed for a period of six months in 2020 and water testing for Legionella had not been completed prior to reopening. The local operating procedure for water management did not set out clear guidance on which centres should have access to water testing and did not reference procedures in place for when a centre such as respite had been closed for a period of time.

Additionally, the inspector found that, when local operating procedures did set out clear procedures to be followed, these were not always implemented. For example, water flushing took place in the centre once a week and not twice weekly as set out in the local operating procedure on water management. The centre also had an unused shower and there was no regular flushing of this taking place. A sign was located beside the shower stating it should be run for 20 minutes prior to use. This

was not in line with the local operating procedure for water management which stated that all water outlets should be run twice weekly whether they were in use or not.

A provider assurance report was sought subsequent to the inspection in relation to the systems in place for testing and flushing the water in the designated centre. A response was received which detailed that water testing had been requested and was scheduled to take place in the coming weeks. The provider set out that they had decommissioned the staff shower and had implemented twice weekly flushing of the water systems in the designated centre.

There was a local operating procedure for the cleaning of toys. However, the inspector found, on talking to staff, that there were inconsistencies in how toys were being cleaned and that these were not being cleaned in line with this procedure. The inspector also found that there was an absence of guidance in relation to some cleaning procedures. For example, there was no clear guidance on how mops should be washed after use. This led to staff creating their own procedure which involved laundering mops in alginate bags and which was not in line with best practice. Additionally, the inspector found that there was no system in place to ensure that cleaning products were being used as per their manufacturer's guidance. For example, staff were making up bottles of a detergent spray but there was no system for recording when these detergent sprays were made up. The guidance for this spray stated that it was only active and, therefore, effective for a period of seven days once made up. Without a record of when the product was made up, the provider had no oversight of how effective the spray was in cleaning and disinfecting surfaces.

While there were day and night time cleaning schedules in place, these did not include the cleaning of some equipment in use in the centre including fans in resident bedrooms and communal areas. The inspector saw that some of these fans were very dusty. Staff stated the outside of the fans were wiped but that there was no procedure for cleaning the blades and internal parts of the fan.

There were some examples of good practice in place in relation to the cleaning of equipment for use by residents. For example, staff were knowledgeable in relation to the procedure to ensure the bath was effectively cleaned and disinfected between residents. A procedure for this was documented beside the bath.

The centre was run by a person in charge who also was the IPC lead for the region. The staff were aware of who to contact in the event of an IPC related concern. The centre was operating with two whole time equivalent vacancies however, as the service was operating at reduced capacity, the staffing levels were appropriate to meet the assessed needs of the residents. There had been a significant change to the staff team with most of the current team having commenced employment in the centre in the past 12 months. Staff spoken with were very knowledgeable in relation to standard precautions, sterile techniques, aseptic procedures and hand hygiene. All staff had completed online training in infection prevention and control. The person in charge and clinical nurse manager 2 further supported this training with regular spot checks on personal protective equipment (PPE) and hand-hygiene in

the unit. Competency assessments were completed with staff to ensure they were following good IPC practices in the delivery of complex medical support needs such as gastrostomy or Mic-key replacement.

The centre had procedures in place to reduce the risk of transmission of COVID-19. This included a pre-admission telephone call with families of the children attending the service where a COVID-19 symptom checker was completed. Staff took twice daily observations and temperature checks of residents to monitor for COVID-19 as well as their general health status. Staff were aware of the procedures to be followed in the event of a suspected case of COVID-19 and the inspector saw that the centre's COVID-19 house plan had been followed when there were suspected cases. The centre had a COVID-19 contingency assessment which had been recently updated.

Quality and safety

The governance and management arrangements in the centre did not comprehensively support the ongoing and consistent provision of safe and quality care in relation to infection control. While there were good practices observed in relation to the delivery of direct medical and nursing care to residents, the quality of the service was impacted by the absence of specific guidance for staff in maintaining good IPC practices, and, in some cases, the failure to fully implement policies and procedures which were available. Additionally, enhanced oversight was required to ensure that residents' personal plans were updated on a regular basis and that these care plans were written in a person-centred manner which consistently documented residents' preferences and choices in relation to their care.

Many of the residents who accessed the centre communicated in non-verbal means. The inspector saw staff speaking to residents regarding their care and support and responding to residents' non verbal communications in a kind and respectful manner. The inspector reviewed a sample of residents' files and saw that residents had an assessment of need completed which was used to inform care plans. However, some care plans were out of date and required review. There was inconsistency in the level of detail contained in residents' care plans. The inspector saw some examples of care plans which set out how residents made choices regarding their clothes and their personal care through non-verbal means. Other care plans did not provide for this detail. Some residents had detailed communication passports on file however many of these had not been reviewed or updated in several years.

The provider had implemented measures to reduce the risk of an outbreak of COVID-19 in the designated centre. There was information regarding hand hygiene and hand sanitisation points were available throughout the centre. Temperature checks and twice daily baseline monitoring of residents' stats was completed. All staff were seen to be wearing appropriate personal protective equipment (PPE) and

engaged in good hand hygiene practices. The centre had also introduced a procedure of staggered admission times to reduce the risk of groups of people congregating in the centre.

The physical environment of the designated centre was generally bright and well maintained. There were several premises issues identified which were impacting on the quality and safety of care. These have been outlined earlier in the report. They included flooring not meeting the skirting boards and being absent from around a sink in the messy play room, a difficult to access sink in one bedroom, velcro on sink tiles and some pedal bins, including the clinical waste bin, were broken.

Staff had access to alginate bags for laundering soiled linen. Staff could competently describe the procedure for laundering soiled linen in a manner in line with infection prevention and control standards. A spills kit was also available in the centre.

The utility room was generally clean and well organised. Colour coded mops were in use however the effectiveness of this color coded system was compromised by the mops being washed together in the same washing machine but separated in alginate bags. The inspector was informed by the person in charge that this was not in line with the provider's procedure for laundering mops.

Children brought their own medical equipment to the designated centre. The inspector saw that equipment was maintained in a clean manner and that each child had their own trolley with individually labelled and hygienically stored equipment and lotions. The inspector saw that improvements were required to the maintenance of equipment in the designated centre. For example, a pillow on the Acheeva bed was lightly soiled and had not been wiped subsequent to its last use. There also was no cleaning protocol for fans in place in the centre and these were observed to be very dusty.

Regulation 27: Protection against infection

Systems and resources in place for the oversight and review of infection prevention and control practices required review. The inspector saw that not all practices in the designated centre were consistent with the national standards for infection, prevention and control in community services. Throughout the inspection, the inspector identified a number of areas where adherence to national guidance and standards required improvement. These included:

- The provider had failed to test the water for Legionella prior to reopening the centre. The provider arranged for this testing to be completed subsequent to the inspection.
- The provider's water management policy did not provide specific detail on the testing requirements for the centre.
- The centre was not completing regular water flushing in line with their local

operating procedure on water management. The provider gave assurances through a provider assurance report subsequent to the inspection that twice weekly water flushing had been implemented.

- Local operating procedures were insufficiently detailed and, in some cases, were not implemented effectively.
- The provider's audits did not comprehensively identify all infection prevention and control risks in the designated centre.
- There were several premises issues identified which presented an IPC risk. These included:
 - cracked floor tiles in a resident en suite
 - flooring not meeting the skirting board in several areas of the centre
 - flooring missing from around the base of a sink
 - velcro on bathroom tiles
 - a sink in a resident bedroom which was difficult to access
 - draw cords on blinds were damaged.
- Other IPC risks were identified in the disposal of waste including clinical waste. These included broken pedal bins, a damaged clinical waste bin which would not close and no bin liners in some pedal bins. Used hand towels were seen in a resident sink as there was no bin available near the sink. One sink did not have soap available for use.
- The centre had insufficient access to housekeeping. This was impacting on the quality and safety of care as deep cleaning was not being regularly completed.
- One floor mat was peeling and therefore could not be effectively sanitised.
- A pillow on an Acheeva bed had not been cleaned after use and was lightly soiled.
- Staff were using alginate bags for incorrect procedures including washing of mop heads.
- There was an absence of guidance, or in some cases, a failure to implement available guidance in the cleaning procedures for various equipment including toys, fans and mops.
- There was insufficient oversight and guidance for staff in the correct use, storage and disposal of detergents for cleaning and disinfecting in the centre.
- There was insufficient storage for medical equipment including mattresses and oxygen concentrators.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Suzanne House OSV-0001466

Inspection ID: MON-0035588

Date of inspection: 18/05/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. High risk areas for the purpose of water testing are those larger congregated centers with centralized water tanks. Suzanne House is on a domestic tank. Testing carried out has shown no evidence of Legionella. When a unit is closed for 72 hours , flushing of the system is adequate to prevent the development of Legionella. The water system is flushed on reopening and twice per week for three minutes. 23/06/2022 2. Housekeeping manager has been contacted to ensure replacement staff are available to cover sick leave / annual leave. This will ensure that we have housekeeping staff consistently as per roster. 20/05/2022 3. CNM2 full time has commenced June 1st. The PIC role will be assumed by this person in the next few weeks. This will ensure enhanced governance and management. To be completed by 31/07/2022 4. LOP's will be reviewed in line with regional policies by 27/06/2022 5. IPC training has been delivered to the team, including guidance on cleaning toys and equipment as per HSE Community Infection Prevention and Control Manual. 14/06/2022 6. Full IPC audit will be carried out and all actions noted in QEP and actioned.14/06/2022 7. All maintenance issues have been referred for repair to include the staff bathroom, gap in floor in messy play area and the gaps between the floor and skirting boards in remaining parts of the house. Works will be completed by 30/09/2022 8. All bins that were not working have been replaced 9. The issue of access to the sink has been resolved by reconfiguration of the furniture in the room. It is also noted that there is adequate facilities for hand hygiene via ABHR and a sink within easy access in this room. 10. House cleaning policy will be updated with guidance on the reconstitution of D10 which is the dual action detergent / disinfectant in use across the region 14/06/2022 11. Mattress when not in use will be stored in unused bedroom or external shed when operating at full capacity 13/06/2022 12. The guidance re cleaning mops has been updated 13/06/2022 to reflect best 	

practice. Mops are laundered separately according to the areas of use i.e bathroom mops together, kitchen mops together etc.

13. Damaged floor mat has been removed.19/05/2022

14. The oxygen concentrators are stored in an alcove designed for this purpose. While there may be a concern around the impact this has on a homely environment, it would be a normal part of the children's lives to have such medical equipment in their own home. The shared spaces and bedrooms are presented in a homely manner, this is where the children spend the majority of their time while in the building.20/06/2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	27/06/2022