



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

Issued by the Chief Inspector

Name of designated centre:	Marley Court
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	15 December 2020
Centre ID:	OSV-0002402
Fieldwork ID:	MON-0026227

About the designated centre

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

Marley Court is designated centre operated by St. Michael's House. The centre comprises a six bedroom, two storey house, located in a busy South Dublin suburb. The designated centre is located in close proximity to a large shopping centre, restaurants, wooded areas, and other amenities. Marley Court designated centre provides residential care and support to six adults with intellectual disabilities, and can support residents who have additional physical or sensory support needs. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The centre is staffed by a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 December 2020	11:00hrs to 14:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents who lived in the centre, and spoke with four residents. Two of the residents greeted the inspector and chose not to engage in any further conversation. Residents each appeared comfortable in their home and were seen going about their day engaging in activities such as household chores, returning from shopping trips and relaxing in their bedrooms and living areas. Some residents showed the inspector the Christmas decorations throughout the house and discussed their plans for the upcoming holidays.

One resident showed the inspector their bedroom, which was decorated with personal items. This resident shared that while the room was warm, there were some stains on the walls from damp and they felt that there was a bad smell. The resident said that they had support to clean their room, however the 'funny' smell persisted. This resident also shared that they enjoyed living in the centre and felt well supported by staff.

Another resident spoke to the inspector in the communal living area and spoke about how they liked going out to local shops and cafés independently. This resident had recently redecorated their bedroom and they were very satisfied with how it turned out. The inspector noted that the room was well furnished and decorated, however there were some patches of mould on the window frame and ceiling.

A third resident agreed to the inspector looking at their room, and was seen to be watching television in their bedroom. This resident's bedroom was well equipped and decorated with personal effects. There was some damp stains noted around the window frame and the resident said that the room was often cold, and showed the inspector the extra blanket they used at night. This resident said there was a draught in their room and that they sometimes used a scarf to block it at night. The resident said that overall they liked living in the centre.

Residents stated they enjoyed living in the centre, with some saying they liked the 'freedom to come and go' and how they could 'get the help they needed'. Residents spoke about social and leisure activities they engaged in, including holidays they had taken the previous year.

Capacity and capability

The inspector was not satisfied that the governance and management systems were effective in identifying and responding to quality and safety issues. While the person in charge had local arrangements in place to manage care and support risks, it was found that the provider had failed to act upon known quality and safety risks.

Significant action was required with regards to premises; under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk would be adequately addressed.

The inspector saw evidence from the previous inspection report and from the provider's own audits that the provider was aware that the premises was in a poor state of repair and that it did not have the facilities to meet the needs of residents. These issues had also been raised by residents and family members through the provider's complaints process for over two years. While the provider had previously submitted a compliance plan to the chief inspector, it was found that the planned actions had not been fully implemented. Furthermore, it was found that the overall condition of the house, with regard to mould and mildew, had deteriorated since the previous inspection.

The provider had carried out an environmental review of the premises following the previous inspection, in December 2018. This audit was carried out by a competent person on behalf of the provider, and identified numerous areas of mould growth and damp throughout the house, and a number of recommendations had been made to address these issues. The provider had implemented some of these actions, for example, the insulation in the attic had been improved. However, a number of actions were outstanding, such as window replacement and corrective action relating to mould growth in bedrooms and an upstairs bathroom.

While there was a clearly defined management structure in place, the inspector was not assured that the roles and responsibilities and the lines of authority and accountability were clear for all areas of service provision. There was a full time person in charge in place who reported to a service manager. The service manager reported to a director of care. It was found that while local audits were effectively identifying quality and safety issues, these issues were not being adequately addressed at provider level. A review of records showed that the person in charge had consistently raised the same safety issues through the provider's management structure, and had not received any commitment or definitive action plan to address these concerns. Records also indicated that those in key management roles were unclear as to who was responsible for ensuring these issues were addressed.

The urgent compliance plan received following this inspection committed to addressing accessibility of bathroom facilities by the end of January 2021. The provider had commenced a plan to address the mould and mildew issues which included immediate measures to address mould growth and a longer term plan to implement preventative actions.

Regulation 23: Governance and management

The provider had failed to address significant health and safety issues and ongoing quality of care issues despite being aware of these concerns for more than two years. The provider had not carried out the actions required to come into

compliance with the regulations as submitted to the chief inspector following the previous inspection.

It was found that the lines of accountability for decision making and responsibility for the delivery of a safe and quality service were not clear.

Judgment: Not compliant

Quality and safety

The inspector found that the day to day provision of care and support to residents was of good quality and directed by residents. There were significant concerns with regard to the quality of the premises and the availability of adequate facilities to residents.

The inspector carried out a walk through of the premises and found that the provider had not fully implemented the actions that they committed to following the previous inspection. As identified in 2018, there was just one shower available for six people to use, with two bathrooms upstairs not suitable to use for bathing and showering purposes. This had been repeatedly raised by residents and staff as a concern since at least 2017.

Following the inspection in 2018 the provider commissioned an occupational therapy assessment of the bathing facilities in the centre. This assessment found that both upstairs bathrooms were not equipped to safely meet residents' bathing and showering needs. It was found that the shower and bath were not accessible to residents and that the design and layout did not facilitate staff support or the addition of grab rails. It was also noted that the shower room had 'severe mould'. This assessment also noted that the requirement for all residents to use the same downstairs shower negatively impacted residents' quality of life. Residents and staff told the inspector that residents often had to queue to use the shower. Residents also said they were sometimes worried they would not be able to shower before going out if they didn't get up early enough. Some residents expressed that it was inconvenient to traverse through to the other side of the house in order to shower.

At the time of inspection the shower upstairs was disconnected and not in use, there was a working toilet and hand wash basin. The bathroom ceiling and window had considerable thick mould present and there was insufficient ventilation resulting in a significant malodour. The inspector was informed that residents use the toilet and hand wash facilities in this room.

The inspector observed each of the residents' bedrooms and the living areas of the house. The house was well furnished and decorated in a homely manner with additional festive decorations in place. Residents' bedrooms were decorated with their own personal items such as pictures and soft furnishings. It was found that mould was present in all but one of the residents' bedrooms, around the window

frames of the kitchen and dining room window, and along the wall and door frame of the dining room sliding doors. In the case of one bedroom there was mould and stains around the window frame and wall, as well as on the wall above the resident's bed. The resident said that staff helped them to clean these areas regularly, however the mould returned quickly and there were stains and paint damage evident. This resident also said that the room had a bad smell.

The provider had improved the attic insulation since the previous inspection and this had reduced the presence of mould in the ceiling of another bedroom, although there were some small patches remaining. There was mould staining on the fabric of blinds in the utility room as well as residents' personal items, such as the back of picture frames.

The inspector was not satisfied that the provider had adequately responded to this ongoing risk, and was further concerned that the issue had worsened in some areas since the previous inspection, despite the provider's commitment to address the issues. It was of particular concern to the inspector that a number of residents in the centre had ongoing respiratory conditions for which they received medical care.

The windows in the centre were found to be draughty in places and staff and family members had complained that they were regularly full of condensation and added to the damp in the house. The provider had identified in 2018 that new windows were required, as the current windows are single glazed and do not offer adequate insulation. One resident told the inspector that there was a draught in their room and they sometimes used a scarf to block it. This resident also said that they used extra blankets to stay warm at night. The issue of insulation had been raised previously by staff with regard to the staff bedroom, and the provider had installed a second window panel to reduce draught in the staff bedroom.

There were arrangements in place to identify and respond to residents' health care needs. While it was observed that there were risks to residents' health associated with the premises, a review of records found that residents' ongoing health care needs were adequately supported. Residents had access to a range of allied health care professionals as well as their own general practitioner. Where necessary, there were care and support plans in place to meet residents' health care needs, and these were developed in consultation with the appropriate health care practitioner. The arrangements to meet residents' physical and mental health care needs had been amended to ensure that residents could achieve best possible health during a period where access to outpatient services was restricted.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Notwithstanding the concerns in relation to mould, the centre was otherwise found to be clean and tidy and there were a range of hygiene checklists and audits in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use. The person in charge had made available up to date infection control information and protocols. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a

COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

Residents' needs had been reassessed with consideration to the impact of COVID-19 and where necessary, support plans had been updated. Residents' skills and abilities had been assessed in relation to following national guidance and staying safe in the community, and there were skills teaching plans in place for some residents.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed; these included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

While generally records indicated good awareness of risks present in the centre, in some cases the control measures were found to be insufficient to reduce the risk to a tolerable level. For instance, while the risk to residents' health associated with sleeping in bedrooms where mould was present had been assessed; the risk rating did not reflect the significant risk to those with respiratory conditions, and the control measures were wholly inadequate.

Regulation 17: Premises

It was found that the condition of the premises was not adequately maintained with insufficient insulation and mould present throughout the premises. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk would be adequately addressed.

The provider had not made available all of the facilities under Schedule 6 of the regulations; it was found that there were insufficient bathing and shower facilities. The provider had not ensured that the facilities in the centre were accessible to residents, and had not conducted an assessment of accessibility in over two years. The recommendations from the previous assessment had not been implemented.

While the premises was decorated in a homely manner, there were some areas that required upgrading, such as carpet and flooring. The provider had installed new front doors in response to the previous compliance plan; the internal frame of these doors required painting as the plaster and cement remained exposed.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedures in place. The person in charge

maintained a risk register of risks to resident safety and service quality. The inspector was not satisfied that the provider had adequately assessed or managed a risk in relation to resident health and safety.

Judgment: Not compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. While there was corrective action required with regard to the cleaning and treatment of mould, the house was maintained in a clean and tidy condition throughout. There were hand washing and sanitising facilities available for use. Infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate health care was made available to each resident. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Marley Court OSV-0002402

Inspection ID: MON-0026227

Date of inspection: 15/12/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• CEO of the St Michaels Housing Association visited Marley Court on the 17/12/2020 with a view of outlying the required works for the centre.• Meeting was held on the 17/12/2020 with the CEO of the Housing Association, SMH Director of Operations, SMH Technical Service Manager, SMH Director of Service and the Service Manager to schedule plan of works required for the designated centre.• SMH CNS in infection control and the Service Manager completed a hygiene audit in the centre• First floor bathroom re-configuration and upgrade per 2018 Occupational Therapist report. Contractor appointed December 2020 - In House Carpentry Services Limited. Identified works were completed by 31st January 2021.• New carpet to stairs including "Treadsafe" stair nosing New Luxury Vinyl Tiling (LVT) to be supplied & Fitted throughout the Ground floor hallway. Contractor appointed December 2020 - Prestige Flooring Limited. Works to Commence week beginning 25th. January 2021. Identified works were completed by the 31st January 2021.• Mould / Energy Efficiency works: Mould / Energy Efficiency works: In order to address mould growth due to poor performing windows, insulation and ventilation a robust regime of regular cleaning of mould growth from the inside of existing window frames / reveals is ongoing using off the shelf mould removing products. This has been successful to date in managing localised mould growth on internal reveals / window frames in bedrooms in the original part of the house. In order to address these issues in the longer term St. Michael's House Housing Association will include Marley Court in the next	

application for grant aided energy efficiency works. To date St. Michael's House Housing Association have successfully applied for and have been approved and have executed these works in 8 residential Houses in 2020. Houses are selected and prioritised based on their current BER rating. Marley Court has a current BER rating of (C3)

Works include:

- New Windows & doors throughout.
- New Air to water heating System.
- New Wall insulation, a combination of external wrap around or cavity pumped or dry lining.
- Attic insulation to a minimum of 300mm depth.
- Upgrade of extraction systems to wet areas.

Post works the property is guaranteed to have a minimum of a B2 BER rating.

The time frame for this process is as follows:

- Survey conducted January 2021
- Applications to SEAI for 50% grant aid by 31st. January 2021.
- Approval from SEAI by 30th. March 2021
- Once approved all works under the grant aided scheme have to be completed by end October 2021.
- If the application is successful Marley Court's works would be prioritised to start late spring early summer 2021. (All of course in line with Covid Guidelines
- Health and safety manager to attend staff meeting and provide additional information on the health and safety rep in supporting staff to raise concerns about the quality and safety.

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:

- CEO of the St Michaels Housing Association visited Marley Court on the 17/12/2020 with a view of outlying the required works for the centre.
- Meeting was held on the 17/12/2020 with the CEO of the Housing Association, SMH Director of Operations, SMH Technical Service Manager, SMH Director of Service and the Service Manager to schedule plan of works required for the designated centre
- SMH CNS in infection control and the Service Manager completed a hygiene audit in the centre
- First floor bathroom re-configuration and upgrade per 2018 Occupational Therapist report. Contractor appointed December 2020 - In House Carpentry Services Limited. Identified works were completed by 31st January 2021.

- New carpet to stairs including “Treadsafe” stair nosing New Luxury Vinyl Tiling (LVT) to be supplied & Fitted throughout the Ground floor hallway. Contractor appointed December 2020 - Prestige Flooring Limited. Identified works were completed by 31st January 2021.

- Mould / Energy Efficiency works: Mould / Energy Efficiency works: In order to address mould growth due to poor performing windows, insulation and ventilation a robust regime of regular cleaning of mould growth from the inside of existing window frames / reveals is ongoing using off the shelf mould removing products. This has been successful to date in managing localised mould growth on internal reveals / window frames in bedrooms in the original part of the house. In order to address these issues in the longer term St. Michael’s House Housing Association will include Marley Court in the next application for grant aided energy efficiency works. To date St. Michael’s House Housing Association have successfully applied for and have been approved and have executed these works in 8 residential Houses in 2020. Houses are selected and prioritised based on their current BER rating. Marley Court has a current BER rating of (C3)

Works include:

- New Windows & doors throughout.
- New Air to water heating System.
- New Wall insulation, a combination of external wrap around or cavity pumped or dry lining.
- Attic insulation to a minimum of 300mm depth.
- Upgrade of extraction systems to wet areas.

Post works the property is guaranteed to have a minimum of a B2 BER rating.

The time frame for this process is as follows:

- Survey conducted January 2021
- Applications to SEAI for 50% grant aid by 31st. January 2021.
- Approval from SEAI by 30th. March 2021
- Once approved all works under the grant aided scheme have to be completed by end October 2021.
- If the application is successful Marley Court’s works would be prioritised to start late spring early summer 2021. (All of course in line with Covid Guidelines)

Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:

- PIC and service manager review all risk assessment with particular focus on infection control and health.

- In order to address mould growth due to poor performing windows, insulation and ventilation a robust regime of regular cleaning of mould growth from the inside of existing window frames / reveals is ongoing using off the shelf mould removing products. This has been successful to date in managing localised mould growth on internal reveals / window frames in bedrooms in the original part of the house. In order to address these issues in the longer term St. Michael's House Housing Association will include Marley Court in the next application for grant aided energy efficiency works. To date St. Michael's House Housing Association have successfully applied for and have been approved and have executed these works in 8 residential Houses in 2020. Houses are selected and prioritised based on their current BER rating. Marley Court has a current BER rating of (C3)

Works include:

- New Windows & doors throughout.
- New Air to water heating System.
- New Wall insulation, a combination of external wrap around or cavity pumped or dry lining.
- Attic insulation to a minimum of 300mm depth.
- Upgrade of extraction systems to wet areas.

Post works the property is guaranteed to have a minimum of a B2 BER rating.

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- SMH CNS in infection control and the Service Manager completed a hygiene audit in the centre

- Following completion of the First floor bathroom re-configuration and upgrade per 2018 Occupational Therapist report. Work completed from Monday 25th January to Saturday 30th January 2021. Cleaning company provided a deep clean of the building on Saturday 30th of January before the residents returned to the building on Sunday 31st January. Actions identified in the hygiene audit were addressed at this time.

- Mould / Energy Efficiency works: Mould / Energy Efficiency works: In order to address mould growth due to poor performing windows, insulation and ventilation a robust

regime of regular cleaning of mould growth from the inside of existing window frames / reveals is ongoing using off the shelf mould removing products. This has been successful to date in managing localised mould growth on internal reveals / window frames in bedrooms in the original part of the house. In order to address these issues in the longer term St. Michael's House Housing Association will include Marley Court in the next application for grant aided energy efficiency works. To date St. Michael's House Housing Association have successfully applied for and have been approved and have executed these works in 8 residential Houses in 2020. Houses are selected and prioritised based on their current BER rating. Marley Court has a current BER rating of (C3)

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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	Red	17/12/2020
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Not Compliant	Orange	30/01/2021

	accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	17/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2021
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	31/03/2021
Regulation 26(2)	The registered	Not Compliant	Yellow	25/02/2021

	<p>provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>			
Regulation 27	<p>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p>	Substantially Compliant	Yellow	30/01/2021