



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 13
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0003310
Fieldwork ID:	MON-0033116

About the designated centre

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

Cork City North 13 is comprised of 4 bungalow type town houses which are located in a cul-de-sac in a large residential area on the outskirts of Cork City. The designated centre can provide full residential care for up to nine adult residents. Each bungalow comprises of individual bedrooms, some en-suite, kitchen, dining and sitting room, bathroom and laundry facilities. All the bungalows have individual front entrances with shared open plan garden area to the rear. There is a staff office and visitor room in one bungalow. The centre supports residents with varying levels of intellectual disability with many residents presenting with additional complex needs and behaviours that challenge. Residents are supported by a staff team that comprises of both nursing and social care staff by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 June 2021	10:00hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with three residents. To reduce movement as a result of the COVID-19 pandemic, the inspector reviewed documentation in the visitor room in the designated centre. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

The inspector observed one resident being supported to go out for a spin with staff in the morning. The resident appeared relaxed and happy on their return. The inspector could hear the resident and staff interact during the day in a relaxed manner and the inspector could smell the aroma as the resident was supported by staff to have a home cooked lunch. Staff outlined some of the positive impacts that had taken place for this resident since they moved into their single occupancy house in 2019 with a consistent staff team supporting them. The resident was supported to have a regular routine which included daily spins to areas of interest for the resident where they are now able to relax and enjoy woodland walks or other similar locations.

The inspector was invited to meet another resident in their home during the morning. The resident had celebrated their birthday a few days before the inspection and showed the inspector one of the presents they had received. Staff supported the resident to tell the inspector how they had stayed with their family overnight to celebrate their birthday and had enjoyed some party treats with staff, some birthday bunting was decorating the window which the resident enjoyed showing to the inspector. The resident was also observed to call their neighbour in the next house in a friendly manner when they heard some noise from outside the house as the door was open at the time. The resident had their nails painted, wore a stylish hair accessory and enjoyed a room in their house dedicated to their beauty treatments and clothes. The resident discussed with staff what activity they would like to do and the resident decided to go for a spin. The resident was relaxed and talkative during the visit and was happy to invite the inspector into their home. The inspector was aware prior to the inspection that this resident had required an extended stay in an acute hospital in 2020 and had been supported throughout that time by familiar staff who ensured the resident's ongoing safety in unfamiliar surroundings. At the time of the inspection the resident was well with ongoing support from allied healthcare professionals and the multidisciplinary team (MDT).

Later in the day the inspector was informed another resident was ready to meet with them outside their home while they were having a cigarette. This resident had celebrated their 84th birthday in the days prior to the inspection and the resident smiled broadly as they spoke of how staff had helped them to celebrate. The resident demonstrated their dancing skills and staff explained that they had arranged a local band to play music outside in the garden on the evening of the birthday which was enjoyed by all. The resident then asked the inspector where was

their birthday card. The clinical nurse manager expected this question and gave the inspector a birthday card to give to the resident. This brought a great big smile to the resident's face.

The resident invited the inspector into their home for a cup of tea. Staff supported the resident to sit comfortably on their preferred chair, put their feet up and cover themselves with a blanket. There were large balloons and cards on display and another resident was watching television nearby. The inspector had observed this resident being supported to go for a short walk with staff earlier in the day. Staff encouraged this resident to talk about visits they had recently enjoyed when they were able to meet with a significant person in their life. The resident had maintained communication during the pandemic restrictions via video calls with this person, but the recent drive-by visits as they called them were great. The resident also gave the inspector permission to visit their new room, which they had recently moved into. This room had an en-suite which suited the needs of the resident who required the use of a mobility aid to mobilise and had suffered a number of falls at night time when they were in another bedroom using a shared bathroom in the house. The person in charge explained the planned upgrading works to make the shower area a wet room and upgrade the décor in the ensuite and bedroom. The bedroom had only one high window so the resident was unable to look outside and there were plans to help the resident to get more personal effects to make it more homely for them.

One resident declined to meet the inspector when told of the inspection taking place and two other residents had plans for the day and did not meet the inspector. However, the person in charge did explain that both of these residents had enjoyed going back to the hairdressers to get their hair styled recently and were enjoying being able to go back out into the community as the pandemic restrictions eased. In addition, all of the residents in the designated centre were fully vaccinated.

The person in charge outlined how the staff had access to an additional transport vehicle if they required to support residents during the pandemic restrictions. Residents were supported to leave the designated centre regularly for spins and visits to local amenities while adhering to public health guidelines. In addition, the inspector was informed that the staff team supported the activation time table for residents in the designated centre during the pandemic restrictions and the resumption of day services by the provider to individuals in residential care remained unknown at the time of this inspection. The person in charge outlined ongoing review of activity schedules for residents to support retirement and semi-retirement plans for individuals with consideration of changing needs and consultation with the residents.

The inspector met with residents in two of the houses; the communal areas were decorated to suit the individual preferences of those living in the houses. While there was evidence that some maintenance work had been carried out in the designated centre since the last inspection in July 2019, further general maintenance was required both internally and externally. The inspector was informed the planned works had been suspended in January 2021 due to the public health restrictions and were scheduled to be completed once public health

restrictions had eased.

It was evident that residents were happy in their homes, and that they were supported to live a life that promoted and respected their choices and wishes. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in areas of managing challenging behaviours and fire safety. In addition, the skill mix of staff to meet the assessed needs of the residents was not reflective of the staffing as outlined in the statement of purpose for the designated centre.

The person in charge worked full time and had responsibilities for this designated centre and two other centres located nearby. The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. The person had commenced their role as person in charge in November 2020 and were supported by the person participating in management. There was also a core staff team which included a Clinical Nurse Manager (CNM) who were very familiar with the residents. Some staff had worked for many years in the designated centre and demonstrated their up-to-date knowledge of the individual medical and social supports residents required. The person in charge outlined the adaptations made to staff meetings due to the pandemic restrictions which were held bi-monthly with at least one staff from each house attending; residents were also supported to attend these meetings if they wished. The inspector was informed that face-to-face meetings of the whole staff team will be facilitated externally in the back garden area as the weather improves. The person in charge had not commenced staff supervision at the time of the inspection, however, the previous person in charge had completed annual reviews with the staff.

At the time of the inspection there were a number of staff vacancies which included both nursing and care assistant staff. Some of these vacancies had only occurred in the weeks prior to the inspection and the provider was actively recruiting to fill the vacancies. However, while the person in charge had ensured that minimal staffing numbers had been maintained at the time of the inspection, care assistant staff were replacing nursing staff roles. To facilitate ongoing nursing oversight as an interim measure in the designated centre the person in charge had facilitated the current nursing staff to over see nursing duties while additional staff supported the

residents with activities of daily living and social care. The inspector reviewed a document that the person in charge and nursing staff had compiled which outlined the extensive clinical duties which were part of the nurse's role in this designated centre. This document had been submitted to senior management as part of the escalation of risk regarding staffing in the designated centre.

The registered provider had ensured the completion of an annual review of service provision in the designated centre, however, there was no input from residents included in the report from November 2020. Due to the pandemic restrictions the auditors did not get to meet any of the residents. However, the person in charge explained that the auditors will be including residents viewpoints in planned audits and reviews for 2021. The provider had also ensured six monthly provider led audits were completed and all actions identified had been progressed. An audit schedule was also in place in the designated centre which included a review of intimate care plans, mealtimes, cleaning and more recently a money audit had been completed. The person in charge had scheduled the money audit to be completed quarterly following this initial audit, the actions identified in the audit completed in April 2021 had been completed.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. However, multiple staff vacancies had resulted in reduced nursing input in the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including on-line training in safeguarding and infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up-to-date at the time of the inspection, 18% of staff required refresher training in fire safety and 68% in

managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of support and individualised services to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The provider had ensured records of all complaints had been retained with the satisfaction of the complainant documented and actions taken.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected.

Residents had been supported to visit with friends and family when the pandemic restrictions had been relaxed during 2020 and staff had ensured regular contact had been maintained using a variety of different methods, including video and telephone calls and socially distanced visits in outdoor areas. In addition, residents were also supported to remain at home or have family visits as per their wishes and assessed needs. The staff team outlined how the return of regular family visits would be facilitated as soon as public health guidelines would allow this to happen.

The person in charge had developed a centre -specific money management guideline for staff and residents in the designated centre which had been sent to senior management for review at the time of the inspection. This was in response to an incident that had occurred in the designated centre in June 2020 and a centre specific protocol that had been put in place to ensure the safety and management of residents' personal money at that time. The incident was still under investigation by the provider at the time of the inspection. The active protocol from June 2020 required all residents' money to be kept in the safe located in the office. Only the person in charge and CNM had access to this safe which required all staff to request money for day-to-day activities for residents. This did not support all residents to have access to their day-to-day finances in their own homes as per their wishes. The person in charge had completed a lot of work on supporting advocacy and residents' rights in the designated centre, which included plans to address the current money management protocol in the designated centre. Residents had been supported with easy-to-read information and resident forums had been facilitated in the designated centre.

The inspector reviewed four personal plans in the designated centre. There was evidence of regular review with each resident supported by a key worker. Long term goals had been identified such as a dream holiday to Disneyland for one resident. In the interim period an overnight break to a theme park in Ireland had taken place prior to the pandemic. This had been supported by a easy-to-read plan for the resident and staff hoped to be able to do another similar break in 2021 in advance of the resident being supported to get to go on their dream holiday in 2022. The resident spoke to the inspector about this plan and how staff were going to help them to get there.

The provider had measures in place to ensure that all residents were protected from potential sources of infection; this included completing regular cleaning schedules as per public health guidelines and monitoring residents and staff for signs of illness. However, the policy for staff to record their temperatures did not outline the procedure to be followed by staff at night time which led to inconsistent recording for this shift in the designated centre. There were no recorded temperatures for

some night shifts and the dates that were recorded had only one temperature recorded at the start of their shift at 20:00 hrs. Residents were supported to follow safe hand hygiene and coughing etiquette with easy-to-read information provided when required. All staff had undertaken training in areas of hand hygiene and the use of PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. A self- assessment of the preparedness of the designated to support residents during the pandemic, issued by the Health Information and Quality Authority (HIQA) had been completed and subject to regular review. In addition, contingency planning was also the subject of regular review in the designated centre.

During the inspection, residents were observed to engage in activities with staff support. The inspector noted that the atmosphere was relaxed and unrushed, with a sense of home and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider supported residents to receive and visit family members while adhering to public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured residents were supported to have their personal possessions and furnishings in their homes. However, due to a centre specific protocol residents were not supported to manage their day-to-day finances in their own home, if they wished to do so.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre required general maintenance to ensure it was kept in a good state of repair externally and internally.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents were provided with a residents guide in a format which suited their individual needs. Easy-to-read information was readily available in the designated centre for residents to access if they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk, including the escalation of risk to senior management.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies in place, and had ensured that staff practices adhered to the guidelines as per the provider's guidance documents and updated policies to ensure the safety of all residents, in the context of the COVID-19 pandemic. However, the policy for staff to record their temperatures did not outline the procedure to be followed by staff at night time which led to inconsistent recording for this shift in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place. These systems included guidance for staff on the safe evacuation of residents in the event of emergency. Fire drills included pre-drill objectives and reflected real life scenarios. Adequate precautions were in place including the presence of fire fighting equipment, daily and weekly checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plan was the subject of a review as there were changes in residents' needs or circumstances.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that measures were in place to safeguard residents from harm. This incorporated staff training and care plans for personal and intimate care. There was an active safeguarding plan in place at the time of the inspection and the provider had ensured the incident had been reviewed and investigated with actions completed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions with regard to activities, personal goals and advocacy. The registered provider ensured that each resident's privacy and dignity was respected at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 13 OSV-0003310

Inspection ID: MON-0033116

Date of inspection: 02/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC ensures continuity of care within the centre by making sure that there is at least 1 familiar staff working with the residents at all times. The roster is properly planned, maintained and sent to the allocations officer in advance. The staff vacancies identified in the SOP have been escalated to senior management and they have prioritized the nursing vacancies to be filled first the use of regular agency staff fill the care assistant gaps until vacancies are sought.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff training matrix is being continuously updated with regards to fire safety, MAPA, Manual handling and safeguarding. This training enables staff to provide care that reflects up to date, evidence based practice. Education and training provided reflects the statement of purpose and there is quality supervision in place that improves practice and accountability. Gaps in Fire training will be complete by September. A risk assessment has been submitted to the MAPA training team so that units 7 -9 (physical training) can be taught to the teams locally. Manual handling training has now resumed and a training schedule for the year has been completed.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The residents make decisions with regards to the way their home is decorated and express individuality in their choice of clothing. The residents have control and can manage their own belongings. With regards to finances; facilities are available for safe storage of the residents' monies and valuables. All records and receipts are kept up to date. New money protocols are being adhered to with money for the residents day to day finances kept in their own homes. Staff will support the residents to manage their own finances by promoting good money management skills. An external investigator has been sought by the provider and terms of reference have been sent to them, they will visit the centre to review past incidences and money management in due course.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting work was completed throughout the houses in 2021. The design and layout of the houses are in line with the statement of purpose, if needed alterations are made to the houses to ensure it is accessible to all. Clear records of maintenance works are kept. The provider is aware of the need for general maintenance and a request has been submitted for the exterior of the building to be updated. All residents have a chose in how they would like their homes decorated</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The prevention and control of healthcare associated infections (HCAI's) is effectively governed and managed. The provider is aware of the discrepancies in the operating procedure for taking staff temperature during Covid-19 (Coronavirus) Pandemic and will amend same.</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2021
Regulation 15(2)	The registered provider shall	Substantially Compliant	Yellow	31/08/2021

	ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2021
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.	Substantially Compliant	Yellow	30/09/2021
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	Substantially Compliant	Yellow	31/08/2021

	published by the Authority.			
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