



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

Issued by the Chief Inspector

Name of designated centre:	Riverrun
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0005563
Fieldwork ID:	MON-0030211

About the designated centre

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

Riverrun is a designated centre operated by Nua Healthcare located in County Wicklow. It provides a full-time residential care and support for up to four young people with disabilities (both male and female) up to the age of 18 years. The designated centre is a two storey detached house which consisted of a kitchen/dining room, a utility room, sitting room, sun room, a staff office, a bathroom and three bedrooms. The centre also comprised of a separate apartment facility on the ground floor which provides self contained accommodation for one resident, consisting of a large bedroom, sitting room, bathroom and storage space. The centre is staffed by the person in charge, social care workers and assistant support workers.

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 - 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
Thursday 25 November 2021	9:30 am to 6:00 pm	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The residents living in this designated centre were three young persons between the age of 10 and 16 years of age. On the day of the inspection, the inspector was provided with the opportunity to meet with two of the three residents living in the centre. Two residents lived in the main house and one resident lived in a single occupancy apartment attached to the main house. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, with the inspector wearing the appropriate personal protective equipment (PPE), in adherence with national guidance. One of the young persons, who met with the inspector, used non-verbal communication and was supported by their staff when engaging with the inspector.

Two of the residents had recently moved to the centre and the inspector was advised by staff that they were settling in well to their new home. The staff member spoke very enthusiastically about the positive changes in the wellbeing and development of the two residents since moving into the house. The residents had been supported to move into their new home through robust transition plans. In advance of moving into the house, residents were provided with easy-to-read information and social stories including photographs and videos of the designated centre. All three residents were attending school and after school each resident was supported to enjoy communities activities of their choice.

In the early evening, the inspector met with one of the residents in the kitchen in the main house. The resident did not communicate their views of the service however, invited the inspector to join in with the game they were playing while their staff was preparing and cooking the dinner. The resident appeared relaxed and happy in their home environment and through-out the game referred back to their staff member for assurances. Later in the afternoon, the inspector met with another resident in their apartment. The resident had just returned from a community activity and was enjoying a sweet treat. The resident appeared happy and comfortable in their environment and in the company of their two staff members.

On entering the centre, the inspector observed the house to have a homely feel. For the most part, the physical environment of the house was clean and in good decorative and structural repair. There were many child friendly murals on the walls of the house and there were lots of Christmas decorations including a Christmas tree in the sitting room. There were a variety of pictures and posters throughout the house that were of interest and meaningful to the residents. There were age-appropriate facilities available to the residents. Inside the house there were an array of toys, games, play areas and musical instruments. There was a large outdoor garden space with basket swings, trampolines and gardening activity areas.

The inspector reviewed the complaints and compliments log and found that there had been a number of compliments sent to the centre's staff from the residents' principals, teachers and external support workers. They all provided positive

feedback and complimented the quality of the care and support provided to the residents.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where menu planners, activities, the complaints process, safeguarding and other matters were discussed and decisions being made. The inspector found that residents' personal plans demonstrated that they were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. The inspector was informed that the next planned community outing for the three residents was a trip to the Zoo. As there was three vehicles available to the residents, they all travelled separately and had the choice of enjoying the activity as a group or individually. Overall, there was a lot of choice around community activities for each of the residents due to the amount of cars available in the centre. Some improvements was required to the upkeep of the interiors of the cars to ensure residents enjoyed travelling in a vehicle that was clean and tidy at all times.

In summary, the inspector found that overall, the well-being and welfare of the residents living in the centre was maintained to a good standard. There was a person-centred culture within the designated centre and overall, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the residents enjoyed living in a centre where their choices and wishes were met.

To ensure the residents were safe and free from risk of infection at all times, improvements were needed to some of the infection prevention and control measures in place in the centre.

The next two sections of the report 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 delivered to each resident living in the centre.

Capacity and capability

The inspector found that, for the most part, a good quality service was being provided to the residents living in the designated centre. The service was led by a capable person in charge, supported by the director of services, who were knowledgeable of the assessed needs of the residents and support required to meet those needs. Improvements were required to some of the centre's infection prevention control monitoring systems in place. This was to ensure that measures in place were effective at all times and that the premises and facilities provided to the

residents, were at all times clean and mitigated the risk of spread of infection.

Overall, the inspector found that the provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was appropriate to their individual needs, consistent and for the most part, effectively monitored. The centre was resourced in accordance with the centre's statement of purpose. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. Team meetings were taking place regularly which promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, the person in charge had relayed the information from the annual report into an easy-read format for the residents to better understand. The centre's management had carried out a six monthly unannounced visits to the centre as required and completed a written report on the safety and quality of care and support provided in the centre. In addition, there was a local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, there was a household audit which monitored fires safety checks, electrical safety, the working environment and the cleaning schedules but to mention a few. However, on the day of inspection, the inspector found that improvements were needed to some of the monitoring systems in place to ensure that all facilities used by the residents were fit for use and clean at all times. For example, three of the centres' vehicles, which were used by the residents on a daily basis, were observed to be unclean.

The person in charge had commenced their role in the designated centre July 2021. Previous to this, the person in charge was employed in the centre as the deputy manager. The person in charge held the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the individual and collective rights of the residents living in this centre.

The staffing arrangements in the designated centre were found to be appropriate in meeting the assessed needs of residents and in line with the statement of purpose. There was a planned and actual roster and it was maintained appropriately. While there had been a number of staff newly recruited in the centre during 2021, there was a core team of staff who had worked in the centre for a number of years. In addition, the roster demonstrated, that where relief staff was required, three specific staff from the organisation's relief panel were assigned to work in the centre.

There were clear lines of accountability at individual, team and organisational level

so that staff working in the centre were aware of their responsibilities and who they were accountable to. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. On the day of the inspection, when the inspector met with two of the residents, they observed positive and caring interactions between the staff and residents.

Staff were provided with training in child protection, fire safety, managing behaviours that challenge, safe medicine practices and infection control, but to mention a few. Overall, training provided to staff was up-to-date including refresher training. The training needs of the staff were regularly monitored and addressed by the person in charge. However, on review of the training matrix, a tool to support the person in charge monitor staff training needs, the inspector found that there were a number of anomalies on the matrix. For example, a number of training completion dates on the matrix did not match the dates on some of the staffs' training certificates.

Staff were provided with one to one supervision meetings with management and on a review of a sample of records, the inspector found that good quality supervision meetings, to support staff perform their duties to the best of their ability, were taking place.

Regulation 14: Persons in charge

The person in charge held the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the designated centre were found to be appropriate in meeting the assessed needs of residents and in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of the staff were regularly monitored and addressed by the person in charge. Overall, training provided to staff was up-to-date including

refresher training.

Good quality staff supervision meetings were taking place on a regular basis.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre and it was made available to the inspector on the day of inspection. The directory included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre. However, the inspector found that improvements were needed to some of the local monitoring systems, for example, systems to monitor the infection prevention and control measures in place. This was to ensure that the measures were effective at all times and that the premises and facilities provided to the residents, were at all times clean and mitigated the risk of spread of infection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For the most part the person in charge ensured that incidents were notified in the required format and with the specified timeframes.

Judgment: Compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents' well-being and welfare was maintained to a good standard. The person in charge and staff were observed to be aware of the residents' needs and knowledgeable in the care practices to meet those needs. However, the inspector found that improvements were required to the infection prevention control measures in place to ensure that all facilities provided to the residents were clean at all times and mitigated the risk of infection.

The inspector found that overall, in respect of the current health pandemic, there were satisfactory contingency arrangements in place for the centre including self-isolation plans for residents, a centre outbreak management plan, a key stock management tool for PPE and adequate contingency plans for staffing. These arrangements endeavoured to ensure the safety of residents living in the centre and mitigate the risk of COVID-19. Staff had completed specific training in relation to the prevention and control of COVID-19 and on the day of inspection, staff were observed to be adhering to public health guidance in the appropriate use of face coverings, hand hygiene and social distancing.

However, on the day of the inspection, through observations and a review of the centre's documentation, the inspector found that not all precautions in place to prevent and reduce the risk of transmission of infection were adequate. Three vehicles, that were used on a daily basis to bring residents to and from school, including community activities, were observed to be unclean; there was dirt on the floors, seats and around the gear sticks of all three cars. In one car, the inspector observed sweet wrappers, crisps and a face mask on the floor of the car. The car checklist, which included checking if the car was clean, had not been completed at all times. In two cars the checklist was last completed on the 19 of November 2021 and in one car on the 20 of October 2021.

Overall, the premises appeared clean and tidy. However, as there were areas in the house that required repair and upkeep, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents. For example, there were a number of peeling and chipped surfaces found in the house and the apartment. Sealing on tiles around two baths, a toilet base and one shower required upkeep. There was rust on a bathroom radiator, and in the corner of one of the bedrooms, the edges of floor and skirting board were unclean with ingrained dirt. There was sticky residue found on a resident's bedroom door and remnants of glue on an upstairs wall where a fire notice had been removed.

On review of the centre's cleaning schedule, the inspector found that it was completed in an inconsistent manner. On some days the schedule demonstrated that an area had been cleaned once and on other days that the same area was cleaned two or three times. In addition, on some days, areas of the house had not been marked as cleaned at all. Overall, a review of the cleaning schedule template was needed to ensure it provided clear guidance to staff on how to complete it. Furthermore, the monitoring systems in place for the cleaning schedule required review to ensure that it was effective in identifying gaps so that when required,

quality improvements were implemented.

In February 2021, the person in charge ordered special hygiene bins that would be required from July 2021 onwards. However, the wrong bins were delivered and an order for the correct bins was placed again. However, on the day of inspection, the bins had not yet arrived. This meant that for the last three and a half months, the waste management of clinical waste was not being disposed of in an appropriate way. In addition, where staff were required to clean soiled walls, floors and laundry, the inspector found that adequate procedures to guide staff on the appropriate way of cleaning and handling of infectious waste, was lacking.

The provider was endeavouring to ensure that there were systems in place in the centre for the assessment, management and ongoing review of risk. The centre's risk register had identified most of the relevant risks in the house, in line with the assessed needs of the residents, including risks related to COVID-19. Details of the assessment of each risk, and the control measures in place to mitigate the risk, were clearly outlined. However, improvements were needed to ensure that, where staff were tasked with cleaning soiled surfaces, there were appropriate infection control risk assessments in place which included control measures that mitigated the risk of spread of infection.

Overall, the design and layout of the premises ensured that the residents could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents living in the centre. The residential centre provided an appropriate outdoor recreational area for the residents including age-appropriate play and recreational facilities. Some improvements were warranted to the upkeep of some areas of both the house and apartment to ensure that the residents were living in a house that was in good decorative repair and mitigated the risk of infection at all times. On review of the centre's maintenance log, a number of the issues identified on the day had been included on the log and on the day of inspection some repairs were completed by the end of the inspection.

The provider had ensured that there was effective fire safety management systems in place in the designated centre. This included containment systems, fire detection systems, emergency lighting and fire-fighting equipment. These were all subject to regular checks and servicing by an external fire company. Fire safety checks took place regularly were recorded appropriately. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. Fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. Fire procedures for safe evacuation were prominently displayed. Overall, staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes.

The inspector reviewed the three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. The inspector found that the residents' personal plans demonstrated that the residents were

facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. Residents were provided with an accessible format of their personal plan and there was evidence to demonstrate that they were consulted in the process.

Two residents, who recently moved into the centre, were provided with comprehensive transition plans which were also available in easy-to-read format so that they could better understand them. For example, residents were provided with a plan which included photographs of the centre, the communal areas, their bedrooms and the external space which included age appropriate play facilities.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. Residents had access to members of a multidisciplinary team to support them to manage behaviour positively. Where necessary residents had support plans in place, which were informed by an appropriate professional and comprehensively guided staff in the delivery of care.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. All staff had received training in child protection and safeguarding. Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff treated residents with respect and personal care practices included in residents' personal plans, regarded their privacy and dignity. Where incidents occurred they were followed up appropriately by the person in charge and where required, safeguarding plans were put in place. The inspector found that incidents were appropriately managed and comprehensively reviewed at staff meetings as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Regulation 17: Premises

The design and layout of the centre were in line with the statement of purpose. Overall, the premises met the needs of all residents and the design and layout promoted residents safety, dignity, independence and well-being. Overall, the physical environment of the centre was clean and for the most part, it was kept in

good structural and decorative repair. A number of the repairs found on the day of inspection, had been identified by the person in charge and these had been recorded on the centre's maintenance log.

In some areas, improvements to the cleanliness and upkeep and repair of the centre was required however, these are addressed in Regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre's risk register had identified most of the relevant risks in the house, in line with the assessed needs of the residents, including risks related to COVID-19. Details of the assessment of each risk, and the control measures in place to mitigate the risk, were clearly outlined. Where one risk relating to infection control had not been identified, this is addressed in Regulation 27.

Judgment: Compliant

Regulation 27: Protection against infection

Not all precautions in place to prevent and reduce the risk of transmission of infection were adequate. In addition, the monitoring systems in place to ensure infection prevention control measures were effective required reviewing.

Three of the centre's vehicles were observed to be unclean. The checklists (which included checking if the car was clean) had not been completed as required.

There were a number of peeling and chipped surfaces found in the house and the apartment.

The sealing and tiles around two baths, a toilet base and one shower required upkeep.

There was rust on a bathroom radiator.

In one bedroom, in the corner of the room, the edges of floor and skirting board were unclean with ingrained dirt. (This had been cleaned by the end of the inspection).

There was sticky residue found on a resident bedroom door (from a peeling cushion strip) and remnants of glue on an upstairs wall where a fire notice had hung.

A review of the cleaning schedule template was needed to ensure it provided clear

guidance to staff on how to complete it.

Some of the waste management systems in the centre were not adequate; clinical waste was not being disposed of in an appropriate way.

There was no adequate procedures in place to guide staff when cleaning soiled walls, floors and laundry.

There was no appropriate infection control risk assessment in place relating to the cleaning of soiled surfaces.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that there was effective fire safety management systems in place in the designated centre. This included containment systems, fire detection systems, emergency lighting and fire-fighting equipment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan and for the most part, there was evidence to demonstrate that they were regularly reviewed. Residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented when required.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff treated residents with respect and personal care practices included in residents' personal plans, regarded their privacy and dignity.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Riverrun OSV-0005563

Inspection ID: MON-0030211

Date of inspection: 25/11/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) PIC conducts twice daily checks of the Centre and takes immediate action on any infection prevention and control measures required. [01/12/2021] 2) PIC reviews infection prevention and control measures with staff team at monthly team meetings and daily handovers. [01/12/2021] 	
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) The vehicle inspection log has been updated to guide staff on cleaning of vehicle's critical touch points prior to and following all journeys. [24/12/2021] 2) Daily reviews take place of vehicles & inspection logs by the PIC or Deputy team leaders [01/12/2021] 3) General maintenance tasks identified for action during the inspection have been completed in the Centre. [18/01/2021] 4) The PIC conducts twice daily checks of the premises inclusive of Centre vehicles and actions immediately any hygiene, infection control or maintenance tasks requiring completion. [24/12/2021] 5) All fire doors were reviewed and any adhesive residue has been removed. [24/12/2021] 6) Cleaning SOPs template has undergone a full review, these are to be approved at the Quality and Safety committee meeting. [27/01/2022] 7) Clinical waste bins have been implemented in the Centre. [11/12/2021] 	

Review of the Centre specific risk register and individual risk management plans have taken place to ensure that staff are guided on infection prevention controls relating to cleaning soiled surfaces and clothing. [01/12/2021]

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 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.	Substantially Compliant	Yellow	01/12/2021
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	Not Compliant	Orange	31/01/2022

	published by the Authority.			
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