



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

Issued by the Chief Inspector

Name of designated centre:	Luchanna
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0005677
Fieldwork ID:	MON-0034637

About the designated centre

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

Luchanna is a detached one story house located in a rural area but within a short driving distance to a nearby town that can provide full time residential care or shared care for four residents of both genders between the ages of 18 and 65 with intellectual disabilities, Autism and physical and sensory needs. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen, a sitting room, a main bathroom and a conservatory. Residents are supported by the person in charge, a team leader and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 9 November 2021	10:00hrs to 18:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was a thematic inspection intended to assess if infection prevention and control practices and procedures within this designated centre was consistent with relevant national standards. The inspection found that information was provided to residents around COVID-19 and infection prevention and control. Staff were seen to interact positively and warmly with residents with residents being encouraged to wash their hands by staff. However, areas for improvement were observed related to infection prevention and control in areas such as hand hygiene, cleaning and aspects of the premises provided.

On arrival at the designated centre it was seen that residents were preparing to leave to go to a swimming pool and a gym in a nearby town. A maintenance person was also present carrying out works and cleaning of the outside of the centre. Upon entering the designated centre, the inspector was directed to sign into a visitors' log and to perform hand hygiene. The inspector was not asked at this time to take their temperature and this was only taken later in the day at 12:45pm after the inspector highlighted this to the person in charge. The inspector was informed that their temperature should have been checked on his arrival to the designated centre.

Shortly after the start of the inspection all four residents left via the one vehicle that was available for this centre. As they were leaving it was observed that there was at least six people (both residents and staff) in this vehicle and similar numbers were also noted when all residents returned to the centre in the afternoon. As this vehicle was leaving and returning to the centre, no window was seen to be open to promote ventilation. The inspector was informed that no risk assessment had been carried for the use of this vehicle for six people in light of the ongoing COVID-19 pandemic but that the centre was in the process of getting a second vehicle. Towards the end of the inspection, the centre's current vehicle was reviewed by the inspector and, while overall it was seen to be reasonable presented, the inspector did see what appeared to be a used face mask on the dashboard of the vehicle.

While residents were away from the designated centre during the early part of this inspection, the inspector used this time to review the house that was provided to residents to live in, primarily from an infection prevention and control perspective. It was noted that various signs were on display throughout the premises encouraging social distancing, hand washing and face mask wearing. In the entrance lobby it was seen that a hand gel dispenser was present with three further hand gel dispensers present in the hall of the house. All such dispensers had hand gel inside them but when the inspector viewed the underside of such dispensers, it was seen that they required cleaning.

Parts of the premises were seen to be reasonably clean and well maintained, particularly the sitting room and residents' bedrooms. However, the inspector did observe some areas in the house that needed improvement in this regard such as dust being clearly evident on a number of skirting boards with the house, some light

fixtures having dead flies and spiders visible in them and large cobwebs being seen in some rooms. In addition cleaning was observed to be required for the sink and surrounding worktop in the utility room, the oven in the kitchen and the toilet in main bathroom. Such matters were highlighted to the person in charge and by the end of inspection it was seen that the utility room sink and the toilet highlighted were cleaner.

Aspects of the house and the facilities within it did pose challenges from an inspection prevention and control perspective. For example, when the inspector first visited the utility room it was seen that some used mop heads were stored in a basin that was located directly under a paper towel dispenser which was intended to help dry hands after washing them in the utility's room's sink. It was also seen that a press for the storage of colour coded cleaning items to be used in different areas of the house was cluttered when first viewed by the inspector while a mop head was seen drying on a radiator in the utility room. Such matters were again highlighted by the inspector and later on it was seen that the storage press was better organised while the basin with mops heads had been moved.

Facilities were available for hands to be washed throughout the house. However, in the main bathroom of the house, the inspector did observe that the cover of a paper towel dispenser used for drying hands after washing was missing while in the dispenser itself there appeared to be a roll of kitchen paper. The person in charge ensured that paper towels were inserted into this dispenser shortly after. A pedal operated bin was also present in this bathroom but it was not working. Another bin was present for the disposal of paper towels but this required the bin cover to be opened by hand rather than being foot operated. A number of other bins seen throughout the house were also noted to require opening by hand to dispose of waste if required.

In addition, when reviewing the kitchen the inspector noted that part of the worktop on a kitchen island was chipped which could make it harder for this surface to be effectively cleaned and disinfected. When in this kitchen in the early part of the day, the inspector observed a door leading from this kitchen into an adjoining conservatory being held open by a pedal exerciser. This door was marked as being a fire door that needed to be kept close. Such fire doors are important in preventing the spread of fire and smoke in the event of a fire taking place and the holding open of such doors reduces its effectiveness in this regard. The door being held open was highlighted to the person in charge who informed the inspector that it should have been closed. Despite this later on during the inspection the door was again seen to be held open and at no point during this inspection did the inspector observe this door to be closed.

Aside from reviewing the house, this inspection also provided the inspector with opportunities to observe some staff practices related to infection prevention and control along with interactions between residents and staff. When residents and staff returned to the centre later the afternoon having initially left shortly after the start of the inspection, it was observed and overheard that residents were encouraged to wash their hands. At this time some staff entering the centre were seen to perform hand hygiene but other staff were not seen to do so. To ensure

that hand hygiene is appropriately carried out it is important that wrists are kept free and that nails are unvarnished. However, the inspector did observe some staff with varnished nails and wearing watches and/or bracelets on their wrists.

Throughout the inspection, staff members on duty were seen to have face masks on and stocks of such personal protective equipment (PPE) along with gloves and aprons were also maintained in the designated centre. The inspector did observe one instance though when two staff had their face masks lowered when eating with both staff seated right beside one another at the time rather than two meters apart in line with relevant national workplace safety protocols. It was indicated to the inspector that staff members received updated related to infection prevention and control through emails, verbally or during monthly staff meetings.

The inspector reviewed notes from such meetings in 2021 and, while infection prevention and control was listed as an agenda item on all meetings, it was not evident from the notes provided that such matters were discussed in all meetings although it was seen that the most recent staff meetings had discussed the programme of thematic inspection on infection prevention and control that HIQA had recently commenced. Despite this, as will be discussed in greater detail elsewhere in this report, the inspector was provided with some inconsistent information from staff regarding key infection and prevention control practices such as laundry management and cleaning.

A specific COVID-19 folder was present in the designated centre for staff to access that included copies of relevant national guidance. Amongst these was the most recent guidance on normalising visiting to residential care facilities from July 2021. When speaking with some staff members it was indicated to the inspector that residents had not received any visitors to the designated centre since the start of the COVID-19 pandemic. A visitors log was maintained in the centre which was reviewed by the inspector with the majority of visitors to the centre noted to be various health and social professionals while some entries were seen where such visitors had not signed out of the centre having first signed in. A new template for visitors to sign in and out of the centre had been recently introduced at the time of this inspection.

It was stressed though by most staff that all residents could receive visitors to the centre if they wished and contact was being maintained between residents and their families through video calls and visits away from the designated centre. However, one staff member informed the inspector that visiting to the designated centre was not allowed while the risk assessment in place related to visiting in the context of COVID-19 referenced visiting being prohibited as a control measure. This was highlighted to the person in charge and team leader for the centre who insisted that residents could receive visitors to the designated centre.

Residents were being given information related to COVID-19 and infection prevention and control with each resident having their own folder with easy-to-read information in these areas. It was also noted that each week a house meeting was held with residents that was facilitated by staff where residents were given an opportunity to express their choice for what activities they did and what food they

had. During the inspection it was seen that the four residents present appeared either content or happy while staff members on duty were seen to interact with and support residents in a positive and warm manner throughout.

In summary, aspects of the premises provided and the facilities within did pose challenges from an infection prevention and control perspective while some areas were observed which needed cleaning. Residents were encouraged to wash their own hands and while some good hand hygiene practices were seen by the inspector, practice in this area required improvement.

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.

Capacity and capability

The overall governance and management in place, particularly in terms of the monitoring systems being carried out, required review to ensure that there was consistent and effective prevention and control practices followed in this designed centre.

In October 2021 HIQA commenced a programme of thematic inspections focusing on the 2018 National Standards for infection prevention and control in community services. Under the regulations providers must ensure that infection prevention and control practices and procedures within designated centres are consistent with these standards. As such it was decided to carry out a thematic inspection of this designated centre to assess compliance in such areas. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

It was seen that the provider had an infection and prevention control policy which is important to provide guidance on the practices to be followed in this area. This policy covered relevant areas such as standard precautions, linen management and responsibilities. While the policy had been reviewed in October 2019 and April 2021 and did outline how matters related to COVID-19 were being reviewed, it was noted that policy did not reference the 2018 national standards. However, the policy did reference the 2009 Quality Standards for Residential Care Settings for Older People in Ireland even though these standards had been revised by HIQA in 2016. The inspector was informed that the provider's infection and prevention control policy was being reviewed at the time of this inspection.

The inspector was also informed that there was no infection prevention and control expertise available within the provider but that the provider had established links with the Health Service Executive (HSE) in this area. It was also indicated that a

representative of the HSE had recently visited some of the provider's other designated centres in Co. Kerry to review infection prevention and control practices while some staff of this centre were due to undergo training in this area with the HSE. In line with the provider's infection and prevention control policy staff were to undergo training related to infection prevention and control at least annually. Records provided indicated that staff had received training in various relevant areas such as hand hygiene and PPE but for some it had been over 12 months since they had undergone such training.

Under the 2018 national standards the provider should ensure that it plans, organises and manages its staff to meet a designated centre's infection prevention and control needs. When reviewing staff rosters that were maintained in the centre, it was noted that there had been times in September and October 2021 when not all staff shifts had not been filled while reference was also made in a recent staff team meeting to there being staffing shortages. The inspector was assured that such staffing issues had been addressed and on the day of inspection appropriate staffing levels were present. The staff members spoken with during this inspection demonstrated a good awareness of the COVID-19 symptoms to look out, how to respond were a resident to develop symptoms and who to escalate any concerns to.

However, some of the information provided to the inspector by staff members relating to key infection prevention and control practices was not consistent. In particular, it was noted that there been appeared to be a lack of certainty as to when certain cleaning within the designated centre and its assigned vehicle was to be carried out along with who was responsible for doing this cleaning. In addition, when querying laundry practices to be followed with two staff members, one indicated that certain baskets were to be used to carry laundry that was to be washed but the second staff member indicated that the same baskets were used to carry that had been washed. This suggested that there was a lack of clarity amongst staff as to the laundry practices to be followed in order to prevent any possible contamination.

It was noted that areas relating to staffing were reviewed as part of the monitoring systems in place. These included audits on hand hygiene and a self-assessment on infection prevention and control while weekly environmental checks were also being carried out. Such monitoring systems, some of which had been conducted very recently, indicated a strong level of compliance in the area of infection prevention and control but this was not the findings of this HIQA inspection. In accordance with national standards, effective governance and management is essential to creating and sustaining a safe infection prevention and control environment. However, the inspector was not assured that the overall governance and management arrangements in operation in this designated centre had ensured effective monitoring of infection prevention and control practices.

Quality and safety

While provision had been made for infection prevention and control practices to be followed in the designated centre, improvement was required to ensure that these were carried out in a consistent and effective manner.

A key component for effective infection and prevention and control is ensuring that care and support is provided in a clean environment. Amongst the measures that can help ensure this is to have documented cleaning schedules in place along with clarity as to who is responsible for carrying out the cleaning. It was seen that this designated centre did have cleaning schedules in place that outlined specific daily cleaning that was to be carried out in this centre in rooms such as the kitchen, utility room, main bathroom and sitting room. In addition, as part of this schedule there was specific tasks that were completed on a weekly basis such as ensuring that cobwebs were cleared away in the house.

Relevant national guidance in the context COVID-19 provides that commonly touched surfaces such as light switches and door handles should be cleaned daily but for the cleaning schedules provided, the requirement to carry out such cleaning had only been added to this centre's cleaning schedule in November 2021. The records provided indicated that all scheduled cleaning in the months leading up to this inspection had been mostly carried out consistently bar some entries seen by the inspector where it was not indicated that such cleaning had been done. Cleaning records in the days leading up this inspection suggested that all scheduled daily and weekly cleaning had been carried out including cleaning of the main bathroom, utility room and the kitchen cooker in addition to the clearing away of cobwebs.

Ample cleaning supplies and equipment were available in the centre. However, as highlighted earlier in this report, it was seen during this inspection that cleaning was required in these areas while there was a lack of certainty amongst staff regarding certain cleaning that was to be carried out in this designated centre and who was responsible for this. This did not provide assurance that cleaning in this designated centre was being carried out in a consistent and effective manner. During this inspection, the inspector did see some cleaning being done in the utility room while it was also observed that the main bathroom had been cleaned after initial observations by the inspector but the inspector did not see any cleaning of commonly touched surfaces like door handles being carried out during his time in this centre.

Inconsistencies were also identified regarding temperature monitoring for residents and staff. Relevant national guidance provides that the temperatures of staff and residents should be checked twice daily. This is important to help identify any possible COVID-19 as soon as possible and staff spoken with did demonstrate a good knowledge around the symptoms of COVID-19. Despite this, while some staff told the inspector that temperatures were recorded once a day, one staff member told the inspector that staff's temperatures were only to be checked once a day. Records of staff and residents temperatures were maintained in the centre which were reviewed by the inspector. It was seen that there were days when staff and residents' temperatures were checked twice but on other day it was only indicated

as being checked once. Inconsistencies around monitoring for potential symptoms of COVID-19 could result an outbreak not being identified as early as it could be.

Where an outbreak of COVID-19 to occur in this designated centre, it was seen a surge capacity plan was provided. This outlined the measures to take in response including who to report the outbreak to and additional protective measures to implement. It was noted that this plan also provided for isolation arrangements for residents and reference was made to residents availing of another service for isolation if required. The inspector was informed that this other service was another designated centre operated by the provider within the same county. However, it was mentioned that this other centre was currently at its maximum capacity while the residents of the current centre could isolate in their bedrooms if required which was helped by the presence of en suite bathrooms. This was not clearly documented in the centre's surge capacity plan.

Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

- The governance and management arrangements in this centre had not ensured that there was effective monitoring of infection prevention and control practices
- There was inconsistent information provided by staff on certain practices while there was also a lack of clarity around aspects of the cleaning to be carried out in this centre.
- Some staff had not undergone relevant training in line with the provider's infection prevention and control policy.
- Hand hygiene practices required review to ensure that it was being carried out in line with best practice.
- Based on the observations made during this inspection, cleaning was not being carried out consistently and effectively.
- There was inconsistencies in the monitoring of staff and residents' temperature. On arrival at the designated centre, the inspector was not requested to check his own temperature.
- A risk assessment had not been carried out around the use of the centre's vehicle for at least six people given the ongoing COVID-19 pandemic.
- While most staff spoken with indicated that residents could receive visitors to the centre, one staff member said visiting was not allowed while the risk assessments related to visiting listed visiting being prohibited as a control measure.
- Aspects of the premises provided and the facilities contained within it required review to help infection prevention and control efforts. For example, most bins seen were not foot pedal operated, a kitchen worktop was chipped and used mop heads were seen to present directly under a paper towel dispenser.

- The surge capacity plan for the centre required review.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Luchanna OSV-0005677

Inspection ID: MON-0034637

Date of inspection: 09/11/2021

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Service Infection Prevention Control Policy is currently under review this will take into consideration the up to date 2018 National Standards and HIQA Standards for Residential Care Settings 2016. The Policy will also review the Training requirements for staff in IPC to ensure that it is line with current HSE Guidelines.</p> <p>All staff are trained in IPC. An oversight in Resilience IPC policy stated that IPC training had to be delivered every year, this will be changed to reflect current guidelines on training which is every 2 years. Staff whose training was out of date as per Resilience policy have received face to face training which had been booked prior to the inspection.</p> <p>The risk Assessment for staff and service users travelling together which considers the number of people travelling together is in place. As this a residential home for four individuals they frequently share the same space. All staff have been made aware of the risk assessment and the actions identified.</p> <p>As discussed with the Inspector on the day of Inspection a 2nd car is on order and we are awaiting delivery.</p> <p>The Inspector on the day observed a fire door left open on two occasions. As this is a communal area a fire door magnet will be explored to allow the door to remain open. The magnet will release automatically in the event of a fire alarm being activated.</p> <p>To ensure more effective cleaning and IPC measures within the house a review of the daily and night staff duties and cleaning schedules has occurred which includes the following:</p> <ol style="list-style-type: none"> 1. Car cleaned and disinfected after each use 2. Cleaning of hand sanitizers daily 3. Continued disinfection of door handles and light switches throughout the day 	

4. Continue with regular hand washing/sanitizing throughout the day including service user hand hygiene.
5. Temperature checks x 2 daily for all service users and staff are recorded
6. Rooms ventilated throughout the day
7. Temperature checks for all visitors to the centre to be taken and recorded

All staff have been made aware of this at team meetings and supervisions.

The Environmental Audit will be completed twice weekly with staff on duty taking part in it to highlight areas i.e. high and low dusting, cleaning of oven and other areas identified in the audit. All staff will be involved in the audit process to ensure continuity of cleaning required.

There was evidence on the day of Inspection that temperature checks were being taken of visitors. On the day of Inspection staff omitted to take the temperature of the Inspector on arrival. However if staff were reminded on entry temperature would have been immediately taken.

The Team Lead will take on the role of IPC Lead in the house.

On the day of Inspection pedal bins were bought and are in place in all areas of the house including kitchen, bathrooms, office and bedrooms. Luachanna provides a social model of care to individuals with Autism and behaviours of concern. While all bins were replaced on the day it must be acknowledged that pedal bins get damaged and potentially break. When this occurs the PIC will attempt to replace them immediately, however this may not always be possible. Cleaning of bins will be included in the cleaning schedule.

Any equipment used that is broken or requires replacement e.g. hand towel dispensers shall be repaired or replaced as soon as possible.

A review of the current laundry facility plans to remove the existing storage facility to make a larger space in the utility room for the laundry baskets and cleaning equipment.

Due to some complexities of the residents in Luachanna there can be some wear and tear on the property. The kitchen counter top is cleaned regularly including the areas where the counter top was damaged. A replacement counter top will be sourced which is more durable

At a recent house meeting specific to IPC held on the 18th of November all staff were again made aware of the duties that they are required to carry out on shift. This was discussed in depth with the staff attending the meeting and recorded in the minutes which were circulated out to all staff. There is a requirement for all staff to read and sign these minutes.

Under the current Public Health Guidelines visitors are permitted into the centre the risk assessment has been reviewed and all staff have again been made aware of the precautions required when permitting visitors i.e. Temperature checks and questionnaire completed with regard to any symptoms of COVID – 19, signing in and out on each visit.

The PIC will ensure that any future amendments to the PH Guidelines are reflected in the risk assessment and that all staff are made aware of same.

The Contingency Plan has been reviewed and reflects the current procedures to follow in the event of an outbreak of COVID – 19 and all staff are familiar with how to proceed.

While the majority of the Compliance Plan has been immediate there will be a need for due process for completion of the following: Policy Review, Purchase of 2nd vehicle which is in process and we will take delivery of in the first quarter of 2022, alterations to utility room and replacement of counter top in kitchen.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/03/2022