



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

## Issued by the Chief Inspector

Name of designated centre:	Ballinvoher
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0001529
Fieldwork ID:	MON-0038064

## About the designated centre

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

Ballinvoher is a detached, two-storey house located in a housing estate on the outskirts of Limerick city. This designated centre provides a residential neuro-rehabilitation service to four residents with an acquired brain injury. Those over the age of 18 years of both genders can live in the designated centre. Each resident has their own bedroom. Other rooms in the centre include bathrooms, a kitchen, a dining room, a sitting room, a utility room, and staff rooms. Residents are supported by the person in charge, a team leader, and rehabilitation assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 25 October 2022	09:25hrs to 16:50hrs	Caitriona Twomey	Lead
Tuesday 25 October 2022	09:25hrs to 16:50hrs	Kerrie O'Halloran	Support

## What residents told us and what inspectors observed

This inspection was focused on Regulation 27: Protection against infection only. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. Both inspectors and all staff adhered to these throughout the inspection. This designated centre was a five-bedroom, two-storey, detached house located in a residential area in a suburb of Limerick City. A full-time, residential, neuro-rehabilitation service was provided to adults with an acquired brain injury. The centre was registered to accommodate four residents. On the day of this inspection there were four residents living in the centre and the inspectors had the opportunity to meet with three of these residents.

This was an unannounced inspection. On arrival the inspectors were greeted by a member of the staff team and invited into the centre. Inspectors informed staff and residents of the focus of the inspection. The kitchen and dining area was busy as residents were beginning to start their day's activities. One resident had already left the centre. Staff introduced the inspectors and residents to each other. Inspectors had brought an accessible document to introduce themselves and to explain why they were in the residents' home. One resident was very interested in this document and spent some time going through it with one of the inspectors and also showing them their own diary where they recorded information that was important to them. Residents were very welcoming and appeared at ease in the centre. They appeared to have a good knowledge of some infection and prevention control (IPC) protocols, with some greeting inspectors with an elbow tap, in place of a handshake. Shortly after the inspection began, the team leader arrived in the centre. Later in the morning, the person in charge also met with inspectors. All staff were observed wearing face masks, in line with current public health guidance.

The inspectors spent the initial period of the inspection reviewing the premises primarily from an infection prevention and control perspective. While parts of the centre were observed to be generally clean, it was identified that the standard of cleanliness throughout the centre required significant improvement.

The ground floor of the building included a hallway, sitting room, a kitchen and dining room, a utility room, a communal bathroom, and two resident bedrooms. The inspectors initially spent time in the kitchen and dining room. This was a bright room where meals were prepared and eaten, and also where residents chose to spend their time. This area was observed to be generally clean. The kitchen was well-equipped and well-organised. The kitchen units and countertop, dining table, and floor appeared to be regularly cleaned. There was a range of equipment stored on the countertop and these, and all other cooking appliances, were observed to be clean and well-maintained. Some damaged surfaces were noted on the door of one kitchen unit, and on the window sill.

It was a finding of a previous unannounced inspection of this centre that the kitchen and dining room, and the utility room were unclean. When in the utility room,

inspectors observed that the sink and draining board needed to be cleaned. The wall was stained, possibly from wet mops and other equipment being placed against it. Damaged surfaces were seen on the countertop and on storage units and shelves. As with other damaged surfaces, it would not be possible to effectively clean these surfaces. Mop buckets and bins in this area were observed to be unclean. Laundry equipment including a washing machine and tumble drier were stored here. The washing machine was not well-maintained and black areas indicated that mould may be present on the surface and in the detergent drawer. There was a refrigerator and freezer in the utility room to provide additional storage for food. As has been described, this was not a clean room to store food in.

The sitting room was fitted with a suite of comfortable furniture, a coffee table, and a television. There were some art works on display, and bookshelves with photographs and activities of interest to residents. Although generally clean, some areas, as was found in other parts of the centre, had been overlooked. These included the skirting boards, shelves, and photographs which were visibly dusty. There were cobwebs on the bookshelves. Cobwebs were also seen up high in the kitchen and dining area, in a corner of the downstairs bathroom, and around the boiler in the utility room.

The downstairs bathroom included a toilet, sink, and shower facilities. A number of the fittings in the bathroom, including the radiator, had rusted. Parts of the shower area, including around the drain and on grouting between tiles, were observed to be black and required either extensive cleaning or replacement. The mirror and shelving unit were unclean. It was also noted that a scratched wooden table was used in this room. When discussed with the person in charge, they advised of their intention to remove this table due to the inability to clean this damaged surface.

There were hand sanitiser units mounted on several walls, including in the hallways. Many of these were empty, and one was unclean. Management advised that some of these were no longer in use and directed the inspectors to use other sanitiser that was provided in bottles. The cupboard under the stairs used for storage was visibly unclean. The hallways and landing area were also in need of attention. Some walls and radiators were unclean, and the floor was damaged in one downstairs area. Equipment stored in these areas, including fire extinguishers, was noted to be dusty.

Upstairs in the centre, there was a larger communal bathroom, two staff offices, a staff bedroom, a hot press, and two resident bedrooms, both with ensuite bathroom facilities. Similar to the one downstairs, the shelves and storage units in the bathroom were unclean and there were black areas around the shower tray and door, and where the taps met the sink, that required more extensive cleaning. The side of the bath was damaged. Both staff offices were primarily used for storage and for staff to complete administrative duties. As was seen elsewhere, the external vents in one office required cleaning. Damaged surfaces were also observed on frequently-used furniture.

When in the staff bedroom, the area around the window, the window sill, and the blinds were observed to be unclean and black. This suggested that there may be mould present. When brought to the attention of members of the management

team, they advised that they were not aware of this issue previously. Some other areas requiring maintenance were also observed in the centre. These included a wall in the kitchen and dining area where residents liked to sit, and another in the utility room, that required replastering.

Each resident in the centre had their own bedroom. Two were upstairs and two were downstairs. One resident invited an inspector to see their room. This had been personalised to the resident's taste, with a number of their favourite belongings and photographs on display. The resident enjoyed showing, and speaking about, these things with the inspector. The resident also showed the inspector their ensuite bathroom. The inspector noted that both areas required cleaning. As elsewhere, the external vent was visibly dirty, bathroom fittings were black in places, and areas such as the window sill, television, and curtain rail were dusty. The surfaces on number of items, including a door handle, storage units, and a bin, were damaged.

Inspectors' observations also indicated that storage arrangements in the centre required review. Some cleaning products were stored in the hot press. Cleaning products may adversely react to warm temperatures or humidity. These were moved during the inspection. Some food was stored with other non-food items in a cupboard in a staff office. This was a restrictive practice used in the centre that was notified to the Chief Inspector, as required. The shelf where food was stored needed to be cleaned. Although the regulation regarding fire precautions was not reviewed on this occasion, it was noted when walking around the centre that one fire door did not fully close and that a door release mechanism was not working in the staff bedroom. These were brought to management attention.

As well as looking at the premises, one inspector reviewed a car used by staff and residents. This required cleaning. A first aid kit was stored in this vehicle. It was identified by the inspector that none of the contents were in date.

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

It was identified that the provider had structures in place to share information and to escalate concerns regarding infection prevention and control (IPC). However, the policies, procedures and guidance available to staff were out-of-date and not consistent with current public health guidance. The majority of the staff team required IPC training. Significant improvement was required to the monitoring and oversight systems to provide assurance that the IPC practices in the centre were safe. Although a number of areas for improvement were highlighted by inspectors during this inspection, the majority of these had not been identified by the

provider's own monitoring systems.

This designated centre was last inspected on behalf of the Chief Inspector of Social Services in April 2021 where overall a good level of compliance with the regulations was found. Following that inspection, the centre's registration was renewed until July 2024. As part of a programme of inspections commenced by the Chief Inspector in October 2021 focusing on the National Standards for infection prevention and control in community services, it was decided to inspect this centre to assess adherence with these standards. Key areas focused on during this inspection included the monitoring and oversight by the provider of infection prevention and control practices, the leadership, governance and management systems, and the training provided to staff in the centre.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. The staff team providing direct support to residents reported to a full-time team leader, who in turn reported to the person in charge. The person in charge had other management responsibilities and dedicated half of their working week, 0.5 whole-time equivalent (WTE), to this centre. They regularly spent time in the centre, advising inspectors that they were there three to four times a week for varying lengths of time. It was documented, and inspectors were informed, that both the person in charge and the team leader were the identified infection prevention and control (IPC) leads in the centre.

Each person who worked in the centre was responsible for implementing the provider's IPC policies and protocols, which included cleaning duties. There were systems in place, including cleaning schedules and checklists, designed to ensure that the centre was kept clean. Given inspectors' observations of the centre and gaps noted when reviewing these documents, the oversight of these systems required improvement. The staffing levels in the centre appeared appropriate to the needs of the residents, while also ensuring that the IPC needs and activities of the centre could be met.

Management and staff informed the inspectors that infection prevention and control (IPC) training was to be completed annually. Management advised that IPC training was now completed online and consisted of three mandatory courses in standard precautions in a community setting, hand hygiene, and the use of personal protective equipment (PPE). Inspectors reviewed these records. It was identified that both management staff identified as IPC leads in the centre were required to complete one or more of these courses. One other staff member was also required to complete the hand hygiene course. Of the records reviewed for all 13 staff, including those who worked in the centre on a relief basis, it was identified that only six had completed all three courses in the previous 12 months, as required. As all training was online, it did not involve a practical component. Following the training, staff members' practical implementation and use of these skills had not been assessed.

The provider arranged for regular online meetings for managers working in residential services to discuss and share information regarding COVID-19. Attendees included the person in charge of this centre and the provider's national infection

prevention and control (IPC) lead. While these meetings had been weekly during the earlier stages of the pandemic, the frequency had reduced since then. The person in charge spoke with an inspector about the role of the provider's national IPC lead. They advised that they support IPC practices generally and are available to provide guidance on COVID-19, or any other IPC-related queries. The person in charge advised that they had previously linked in with this person, and were also aware of the local public health professionals to contact if needed.

There was information on display in the centre regarding hand hygiene, waste & laundry management, and the use of a colour-coded cleaning system, whereby different coloured equipment was used to clean specific areas to reduce cross-contamination. Information was also shared in staff meetings. The person in charge informed inspectors that the provider's national guidance relating to COVID-19 and infection prevention and control (IPC) in residential services had been updated in recent weeks. It was noted that it had been an action from a recent staff meeting for staff to familiarise themselves with this document. The person in charge advised that, as information had changed so frequently throughout the pandemic, information was no longer provided in paper format and was instead accessed online. When the inspectors asked to see this information, it was identified that it was not yet on the provider's online network, and was therefore not accessible to staff.

The inspectors reviewed the information that was available and found that much of it was outdated and not consistent with current public health guidance. The person in charge showed inspectors their personal copy of the recently revised guidance. This included information regarding what were described as 'key' IPC precautions, risk assessment, staff training, use of transport, visitors and visiting, admissions and transfers, monitoring of symptoms, and contingency plans to be implemented in the case of suspected or confirmed cases of COVID-19. This information was consistent with current public health guidance.

At the time of this inspection, residents and staff were no longer routinely monitoring their temperatures. Instead they remained vigilant for any symptoms that may indicate they were unwell, including those commonly associated with COVID-19. Management advised that as well as staff being vigilant, residents themselves would report any symptoms they were experiencing. Both management staff advised inspectors that if staff were symptomatic prior to coming to work they were asked to complete an antigen test. If this test provided a 'not detected' result, staff were to report to work as normal. This was not consistent with public health guidance which recommended symptomatic staff not report to work and follow advice regarding PCR testing. It was also not consistent with the centre-specific COVID-19 preparedness plan in place.

The centre's COVID-19 preparedness plan was last reviewed in July 2022. This was available on the provider's online network and a paper copy was also on display in the staff office. This included a contingency plan to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection. As outlined previously the guidance in this document regarding symptomatic staff was not being completed in the centre. Other information in this plan was outdated and

was also not consistent with current staff practice, for example staff no longer took visitors' temperatures. This plan also referenced a number of national procedures that were attached. These had been reviewed by the inspectors on the provider's online system and did not include up-to-date information, for example the recommended isolation time for confirmed cases was incorrect. Given the revisions to public health guidance since July 2022 and the recent review of the provider's national guidance, this preparedness plan required a thorough review.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. An annual review regarding 2021 was completed by the person in charge and unannounced visits completed by representatives of the provider had taken place in December 2021 and May 2022. These reports were available in the centre. Each referenced the premises, risk assessments, COVID-19, and the infection prevention and control (IPC) measures in place. It is a requirement of the regulations that a written report is prepared following these visits and that a plan is put in place to address any concerns identified. Actions were identified regarding individual resident risk assessments, staff training updates, reviewing cleaning checklists, and repainting the centre. As demonstrated in the findings of this inspection, the majority of these actions remained outstanding.

Infection prevention and control (IPC) specific audits were not completed in the centre. Instead a combination of monitoring systems were in place which management advised incorporated IPC practices. A health and safety checklist was completed monthly by a member of the staff team who was appointed the centre's health and safety representative. The records of these audits were reviewed by an inspector. Since April 2022, two areas requiring improvement had remained on the action plan. These were a hole in a wall beside a bedroom door, and damaged flooring by the downstairs bathroom. No actions had been taken to address these matters and they remained relevant on the day of this inspection. Other premises issues identified by inspectors, as outlined in the opening section of this report, had not been identified despite the checklist explicitly referencing the condition of windows, doors, and floors. It was noted that the checklist did not reference the ensuite or downstairs bathrooms where inspectors had identified other areas requiring maintenance.

Vehicle safety inspections were also completed monthly. These referenced that a first aid kit was in place but did not reference the contents. In all vehicle inspections completed to date in 2022, the car was noted to be clean. As outlined previously, an inspector identified that the contents of the car's first aid kit were no longer in date and the car needed to be cleaned.

In addition to the health and safety checks, the person in charge had completed a self-assessment tool circulated by HIQA (Health Information and Quality Authority) regarding preparedness planning and infection prevention and control. It is a requirement that this is updated every 12 weeks. The self-assessment was completed in April 2022, with no documented update since. No areas requiring improvement were identified. More recently, the person in charge had completed a document in preparation for a possible inspection focused on Regulation 27

Protection against infection. In this document, the person in charge outlined their assessment of how the specific national standards (that are the focus of this programme of inspections) were implemented in this centre. Again, no areas requiring improvement were identified. Many of the issues identified during this inspection were present in the centre when this document was completed in August 2022.

Despite the oversight systems in place and audits completed, findings of this inspection indicated that they were not effective in identifying the areas where the provider was failing to meet the National Standards for infection prevention and control. In addition, when audits did identify areas requiring improvement, the provider had not addressed them in a timely manner.

## Quality and safety

Residents were provided with information regarding measures to protect themselves and others against infection. Significant improvements were required to improve the standards of cleanliness in the designated centre. Parts of the premises were in need of maintenance. Additional measures were required to ensure that residents' personal equipment, including any medical devices, were regularly cleaned and disinfected.

As outlined in the opening section of this report the cleanliness of this centre required significant improvement. There were systems in place designed to ensure that the centre was cleaned regularly. A cleaning folder was kept in the centre. This contained cleaning schedules and checklists to be completed daily by staff. Additional, specific cleaning duties were assigned to different days of the week or month. An inspector reviewed these documents and found that records were regularly not completed in full. Records also indicated that there was no handover of tasks that had not been completed on any given day. It was noted that some of the areas that appeared to have been overlooked when staff cleaned the centre, such as skirting boards, window sills, and hand sanitiser units, were not specified on these checklists. Management informed inspectors that more extensive cleaning of the centre was to be completed monthly. Only one completed record regarding this was available. In addition to areas identified as unclean, a number of damaged surfaces were seen by inspectors. These included bathroom fittings, furniture regularly used by staff, areas of the utility room, and parts of the kitchen units. As a result it would not be possible to effectively clean these surfaces. Maintenance works were also required, most noticeably in the area surrounding the staff bedroom window.

There were no cleaning schedules or checklists in place for residents' personal equipment, such as mobility aids. It was not clear how often, or if, these frequently touched surfaces were cleaned. When discussing residents' healthcare needs, inspectors were informed that one resident independently used a piece of medical equipment nightly. When asked about the cleaning and disinfection protocols in

place, management advised that this device was the resident's responsibility. It was identified that this information was not known or available to the staff team and therefore they were not in a position to support the resident with this, if required.

Stocks of personal protective equipment (PPE) were available in the centre. Management advised that in general staff wore surgical masks when working in the centre. Respirator masks were used when supporting residents with personal care, and if there were any suspected or confirmed cases of COVID-19 in the centre. Other additional PPE was also used by staff in the event of a possible case of COVID-19. Previously stocktakes of PPE were completed weekly, however this had since moved to monthly.

As referenced previously residents had an understanding of some of the enhanced infection prevention and control (IPC) measures in place due to the ongoing pandemic. Minutes showed that COVID-19 precautions were a standing agenda item at residents' monthly meetings. These records did not include any detail of the information shared or discussed, for example, if any updates to protocols were shared, or if recent positive cases in the centre were discussed. The inspectors were informed that some residents also regularly watched, or listened to, the news which often included COVID-19 related updates. Residents had received information regarding vaccinations and were supported to receive them if they wished. A member of the management team advised that it was planned to support residents to receive a booster COVID-19 vaccine in the coming weeks.

Inspectors were informed that visitors were welcome in the centre but that most often residents chose to spend time with friends and family in the local community. Management advised that visitors to the centre were asked to wear masks at all times. This was not consistent with current public health guidance which outlined that when not in communal areas, masks did not need to be worn. It was also not consistent with the information outlined in the centre's COVID-19 preparedness plan.

The centre's risk register included risks associated with COVID-19 and other infections. Some of the resident-specific COVID-19 risk assessments had been revised following the last inspection of the centre. On review of the risk register, it was noted that the overall risk assessment regarding COVID-19 was completed in January 2022. Due to the changes in circumstances and public health guidance in the previous nine months, a number of the control measures outlined in this assessment were no longer in place. It was also identified that a risk assessment had not been completed regarding a staff member working in the centre who also worked in other health and social care settings.

A number of notifications had been submitted to the Chief Inspector regarding suspected and confirmed cases of COVID-19, as required. Only one of these had involved a resident of the centre. Management advised that this resident had a good understanding of COVID-19 and the additional measures that needed to be put in place when they were unwell. This resident had isolated in their bedroom and had used one designated communal bathroom. Management advised that the bathroom was cleaned and disinfected by staff after every use. Additional precautions

including staff wearing additional personal protective equipment (PPE) and segregated laundry had also been implemented. The inspector was informed that the resident had coped well with this isolation period and had been successfully supported to recover in the centre.

## Regulation 27: Protection against infection

While the provider had developed some systems to support staff to deliver and maintain a good level of infection prevention and control (IPC) practice, this inspection identified a number of areas where significant improvement was required.

These included

- Ensuring all areas of the designated centre are clean and well-maintained
- Ensuring that the cleaning and disinfection requirements of any medical equipment used in the centre are known, and implemented
- Revising the contingency and preparedness plan to reflect current guidance
- Ensuring practices regarding symptomatic staff are consistent with current public health guidance
- Ensuring the most up-to-date information regarding COVID-19, other transmissible infections, and IPC is available to staff
- Ensuring all staff, including management, have completed required IPC training, and that these skills are assessed in practice
- Addressing areas identified as requiring improvement in audits in a timely manner
- Improving the oversight systems in place to ensure the provider's systems are implemented, and that issues relating to IPC practices in the centre are identified and addressed
- Ensuring cleaning checklists reference all areas of the centre
- Ensuring residents' personal equipment, including mobility aids, are cleaned regularly
- Completing an IPC related risk assessment regarding a staff member who also works in other health and social care settings
- Revising the risk assessment completed regarding COVID-19 to reflect current circumstances and controls
- Reviewing storage arrangements in the centre
- Reviewing first aid kits to ensure they are well-stocked and all items remain within their use-by date

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Ballinvoher OSV-0001529

Inspection ID: MON-0038064

Date of inspection: 25/10/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning – staff continue to clean the frequent touch areas in the service three times a day. The monthly deep clean process was replaced in November 2022 by a weekly cleaning schedule. This schedule has been updated and improved since it was introduced in response to staff feedback. This new schedule includes all rooms, utility room, vehicle and also the walking aid which was not on the previous schedule. Cleaning equipment is no longer stored in the hot press. On 28/02/2023 an external cleaning company was used to further support the new cleaning schedule.</p> <p>Auditing – The new weekly cleaning schedule includes a process for the Team Leader and/or Local Services Manager to audit the cleaning and IPC requirements on a monthly basis. This also commenced in Nov 2022.</p> <p>Maintenance – a large number of repairs have taken place in early 2023 including replacement of rusted handrails, spot painting, replacement of a window blind and repairs to counter end. A plumber is due to replaces taps and bath panels on 01/03/2023. Painting quotes were requested in Feb 2023. Other repairs will be completed by 31/05/2023.</p> <p>Hand sanitiser – the wall mounted hand sanitiser units were replaced in November 2022.</p> <p>First aid kits – the contents of the first aid kits are monitored and updated as needed during the new monthly auditing process.</p> <p>Fire doors – doors are inspected and repaired as part of the monthly audit process. Dorgard batteries are replaced as soon as needed. By 31/03/2023 the service will seek to make a booking with an external company who service fire doors.</p> <p>Resident medical device – the Respiratory Nurse attended the service on 22/02/2023 to</p>	

inform the staff of the correct processes when maintaining a CPAP device. This will assist the staff in supporting the relevant resident to maintain their own device. The information is noted in the online resident file for all staff to reference.

Staff training – all staff have completed the IPC training programmes within the required two year period. An updated consolidated IPC training programme will be available to staff in the coming months.

Staff illness screening – additional screening will be implemented if staff are moving between different healthcare settings. This has been added to the Local Risk Register. At present there are no staff working at Ballinvoher who also work in another healthcare setting. Staff who are symptomatic inform the manager and do not attend for work.

IPC Documentation – the updated ABI Ireland IPC/Covid Protocol was emailed to the staff on 21/10/2022. The document was updated again in Feb 2023, circulated to the staff team on 09/02/2023 and attached to the Preparedness Plan on the staff noticeboard on 09/02/2023. The Preparedness plan, local risk register and residents risk assessments have been updated to reflect current recommendations. The HIQA self assessment tool is now reviewed every 12 weeks.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/05/2023