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## The Maples, OSV-0003601, 04 April 2022

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

Issued by the Chief Inspector

Name of designated centre:	The Maples
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	04 April 2022
Centre ID:	OSV-0003601
Fieldwork ID:	MON-0035725

## About the designated centre

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

The Maples is a designated centre operated by St. Michael's House. The centre provides a community residential service to five adults. The service can accommodate both males and females with varying ranges of intellectual disability and additional mental health support needs. The centre is a bungalow which consists of a kitchen/dining room, two sitting rooms, five individual bedrooms, a staff room and an office. It is located close to a town with access to shops and local facilities. The centre is managed by a person in charge and the staff team consists of nurses and health care assistants.

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

Number of residents on the date of inspection:	5
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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 (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
Monday 4 April 2022	09:15hrs to 16:30hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

At arrival to the designated centre, a member of staff checked the inspector's temperature as a precaution against transmission of COVID-19. The inspector observed staff members wearing personal protective equipment (PPE), however, the PPE (face masks) was not in line with national guidance. The inspector queried this with the person in charge and staff immediately changed to wearing the correct face masks. The inspector also observed signage about use of PPE and COVID-19 at the front entrance and there was an adequate supply of face masks at the door.

The inspector met all five residents. Two residents attended day services. Three residents were supported by staff in centre, one of them usually attended a day service but was home for the day during the inspection. One of the residents spoke with the inspector. The resident told the inspector that they liked living in the centre and its location which was conveniently located close to amenities and services. The resident said they got on well with their housemates and found the staff to be very nice and helpful. The resident spoke to the inspector about infection prevention and control (IPC) and their experience of the COVID-19 pandemic. The resident said they found the COVID-19 restrictions stressful and was bored at times as they could not see their friends or do community activities. The resident had a good understanding of IPC precautions and spoke about good hand hygiene, use of personal protective equipment, vaccinations, and recognition of COVID-19 symptoms. The resident spoke about partaking in some cleaning tasks in the centre but said they were primarily done by staff.

The resident said they were not happy with their bedroom as they found it small, but there were plans to renovate it. The resident was also not satisfied with the availability of transport to support them in activities outside of the centre. This was an ongoing matter and resident said they were "waiting ages" for their complaint to be addressed. The resident told the inspector that accessing their community on a regular basis was very important for their mental health. The resident told the inspector about their plans to get the train into the city centre at the weekend. During the conversation, other residents in the house were heard making loud vocalisations. The resident advised the inspector that when this happens, they put in their earphones and ask the resident to be quiet. The inspector raised the resident's complaint about transport during preliminary feedback before the inspection concluded, and was advised by the provider and person in charge that the complaint had been escalated and would be followed up on.

The three residents who did not attend day services remained home for the duration of the inspection, except for one who went on an outing with staff at approximately 15.30. At approximately 15.00, the residents were observed attending a residents'

house meeting. From what the inspector observed during the inspection, they were not assured that residents were provided with the opportunity to partake in meaningful activities. At different times during the inspection, the inspector also heard very loud vocalisations from residents in the home. The provision of meaningful activities, and the potential impact of the loud vocalisations on other residents was also raised by the inspector during preliminary feedback with the provider and person in charge.

Residents were supported by a team of nurses and care assistants. The inspector observed interactions between staff and residents to be warm and kind, and residents appeared comfortable in staff presence. The inspector met and spoke with the person in charge and staff members who were on duty throughout the course of the inspection. The staff team were responsible for the day-to-day cleaning of the centre and the inspector observed them cleaning throughout the inspection. Staff spoken with told the inspector about the cleaning and IPC arrangements in the centre. Staff were knowledgeable on aspects of IPC, however, it was found that they required further guidance in relation to management of soiled laundry.

The centre was a large single-storey home located in a busy suburb of Dublin. It comprised single-occupancy bedrooms, kitchen dining area, utility room, two living rooms, bathrooms, staff office, storage room, and a back garden. The person in charge and a member of staff accompanied the inspector on a walk-around of the centre. Generally, the residents' bedrooms were bright, comfortable, and decorated in accordance with their own tastes and preferences. There were plans to renovate one resident's bedroom. The centre had been nicely decorated and was found to be comfortable, however, renovations and maintenance upkeep was required throughout, such as painting, and repair to property and flooring. Some areas also required cleaning. The inspector also observed issues with storage, and access to IPC facilities and equipment such as cleaning equipment and hand sanitiser. The issues identified during the walk-around of the centre presented as infection hazards and risks that impacted on the effectiveness of the infection prevention and control measures implemented in the centre, and are discussed further in the report.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## **Capacity and capability**

Despite some positive practices and systems found during the inspection, overall, the governance and management arrangements required improvement to effectively protect residents from the risk of infection.

The provider had prepared a range of policies and procedures related to infection prevention and control (IPC) matters. Aspects of the IPC policy required enhancement to sufficiently guide and inform IPC practices. The provider had

prepared information and guidance for staff on IPC and COVID-19 matters. The information was available on-line and in hard copies for staff to access in the centre's IPC folder. The centre's outbreak control plan and infection prevention and control strategy incorporated COVID-19 and described the IPC governance and management arrangements, and referred to the policies and procedures to be adhered to. The person in charge had developed the document. The document required further information on matters such as the supports required by residents during an outbreak, access to PPE, and staffing arrangements. In addition to the document, there was also an undated COVID-19 contingency plan, and a 'house plan' that was last reviewed in August 2021 (before the COVID-19 outbreak in the centre in January 2022). The person in charge was planning to merge these three documents into one comprehensive plan.

At a centre level, there was no identified infection prevention control lead to lead and guide the team on infection prevention and control matters. However, there was a pathway for the escalation of IPC matters, and arrangements for access to an IPC clinical nurse specialist and clinical nurse manager where required. The provider had an established management team that could convene in the event of an outbreak. The provider had ensured that there was adequate supply of personal protective equipment (PPE), and there were arrangements for access to more if required.

To drive quality improvement and shared learning on IPC, the provider organised an information session in March 2022 for persons in charge to learn about the findings of IPC inspections carried out in other centres and to implement the learning in their own centres. The person in charge had also completed a self-assessment tool in March 2022 to identify areas of good practice and any gaps or deficits in the IPC measures. However, the inspector found that the systems for monitoring infection prevention and control (IPC) matters in the centre required enhancement. The last unannounced report on the safety and quality of care and support provided in the centre was carried out remotely in December 2021, and reported that the premises was in good repair. There were also monthly health and safety inspection checklists. The last inspection checklist, completed in March 2022 (prior to this, the last monthly inspection checklist was completed in October 2021), found the washroom and toilets to be in hygienic conditions, floor surfaces in good condition, and there to be adequate storage. The findings from the unannounced report and the health and safety inspection checklists contrasted to the findings of this inspection which are discussed further in the quality and safety section of the report. The person in charge also completed a monthly quality and safety data report which was reviewed by the service manager and Director, however, the report did not report on IPC matters. There were monthly IPC checklists, however, the last one was completed in December 2021, and there had been no IPC audit carried out by a person with relevant expertise.

The person in charge had completed a suite of risk assessments on infection prevention and control (IPC) and COVID-19 matters. The inspector found that some of the risk assessments required review, for example, one of the COVID-19 risk assessments required updating in relation to the existing control measures, one risk assessment on sharps required expansion on needle stick injuries, and the risk

assessment on cross contamination and infection from laundry required review in relation to the clarity of the control measures. There was also no risk assessment on legionnaire's disease which there was a risk of in the centre.

The centre was staffed by a full team of nurses and care assistants, and there were no vacancies. The person in charge commenced in their role in November 2021, and was supported by a clinical nurse manager in the day-to-day management of the centre. The person in charge maintained a planned and actual rota recording the staff working in the centre. There were good systems in the centre for the communication of IPC matters. Staff attended regular team meetings where IPC matters could be discussed or shared. The centre also used a communication book for staff to read that shared relevant IPC updates and information. In addition to handover sheets, the person in charge had introduced 'safety pauses' at handover times to ensure that pertinent information including any information related to IPC was highlighted and shared by staff. In the absence of the person in charge and clinical nurse manager, staff could escalate infection prevention and control (IPC) concerns to the service manager, or the nurse manager on-call during out of office hours.

The inspector spoke to staff during the inspection. In addition to their primary roles, the staff team were responsible for the cleaning of the centre and for other tasks such as supporting residents with cooking meals and washing their clothes. As mentioned earlier in the report, staff members were observed wearing face masks that were not in line with the current public health guidance, but did change to wearing the correct masks. Staff spoken with described some of the cleaning arrangements in the centre, and spoke about the use of different cleaning products, use of personal protective equipment (PPE), and how soiled laundry and bodily fluid spills were managed. Staff told the inspector that they were confident in raising concerns about IPC with the person in charge and that any concerns were responded to in a timely manner. Staff were knowledgeable about IPC standard precautions.

Staff were able to explain the signs and symptoms of COVID-19 and were aware of the procedures to follow and who to contact in the event of a suspected or confirmed case. Staff also spoke about how they supported residents to understand IPC measures and the restrictions that were implemented during the COVID-19 outbreak in January 2022. Generally, the inspector found that staff spoken with had a good understanding of IPC matters, however, they required further guidance on the management of soiled laundry. The provider did not supply alginate bags, and staff at times sluiced soiled laundry which went against the provider's policy and presented IPC risks. There was also no copy of National Standards for Infection Prevention and Control in Community Services (2018) in the centre for staff to refer to.

Overall, the governance and management arrangements for infection prevention and control required improvement to ensure that they were effectively reviewed, monitored, and implemented.

## Quality and safety

While there were some areas of good practice found in the local implementation of infection prevention and control (IPC) measures, improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection.

The inspector found that residents were provided with appropriate information and were involved in decisions about their care to prevent, control, and manage healthcare-associated infections. Residents had access to easy-to-read information on COVID-19 and IPC matters, such as hand hygiene, and vaccinations. There were also regular resident meetings, and the inspector found that topics such as COVID-19 restrictions were discussed to keep residents informed of changes to public health guidance. Residents were also supported to avail of COVID-19 and flu vaccines if they wished. One resident chose to speak to the inspector and, as described earlier in the report, was well informed on COVID-19 and IPC matters.

Some residents were prescribed antibiotics for long-term use, and the residents were reviewed by medical professionals on a regular basis. The inspector reviewed the relevant care plans for one resident and found that they required enhancement to reflect that the resident was prescribed long-term antibiotics and any associated risk of antimicrobial resistance.

The premises were found to be warm, bright and comfortable, however, some renovations and maintenance was required. In addition, areas of the centre required cleaning, and the inspector observed practices and arrangements that they did not support the implementation of effective IPC measures.

Upon arrival at the centre, there was infection prevention and control (IPC) and COVID-19 signage displayed, and personal protective equipment (PPE) at the front door for use. The hand sanitiser dispenser fixed to the wall beside the front door was empty, and the inspector was informed that it could not be refilled as there was no key to open it. There was a bottle of hand sanitiser at the front door, however, it was not readily available in other areas of the house.

Overall, the bedrooms were tidy, bright, and decorated to resident's preferences. One resident was unhappy with their bedroom, and the floor was found to be damaged, however, there were plans to renovate the room. A storage unit in another bedroom required cleaning. The staff room was used to store PPE. The PPE stock was observed on shelves and in boxes on the floor. The storage of boxes on the floor required reconsideration as it presented as a hazard impeding on the adequate cleaning of the room, and the inspector observed that the carpet needed to be vacuumed. The en-suite required cleaning. The flooring was damaged and there was rust on the bin which impinged on how effectively they could be cleaned. The sitting rooms were comfortable, however, the flooring in the large sitting room was damaged and the sofa fabric frayed. There were plans to get a new sofa. Some

of the walls and skirting boards in the house required painting.

In the small shower room, the flooring was damaged and had detached from where it met the wall. There were unfilled holes in the tiles, the enamel around the sink hole was damaged, the fan was dusty, and there was rust on the radiator. The storage facilities were inadequate and equipment was observed stored on the toilet cistern lid. There was also blue tack on the tiles that presented a risk of harbouring bacteria. In the bigger shower room, there were unfilled holes in tiles, chipped paint on grab rails, the fan was dirty, and plastic pockets stuck to the wall around the sink posing a potential IPC risk. There were also exposed pipes that presented an institutional aesthetic to the room. The shower trolley required a deep clean and there was a tear in the fabric. A small bathroom was used as a dedicated donning and doffing of PPE area. The flooring was damaged, and the enamel around the sink hole was damaged. There was also a suitcase stored in the bathtub.

The walls in the kitchen dining area were marked and needed painting. The cupboards and counters were damaged which impinged on how effectively they could be cleaned. The large fridge and freezer were observed to be clean, however, some appliances such as the coffee machine and small fridge required cleaning. The cutlery drawers also needed to be cleaned, and there was thick dust observed on the fire blanket and first aid box. The kitchen floor was damaged in places and did not meet the cupboards. A foot operated pedal bin was broken, but was replaced during the inspection. There was a clinical sink in the kitchen, however, the wood around it was exposed chip wood which due to the porous nature of the wood could not ensure the most optimum arrangements for cleaning to ensure infection control standards.

The utility room was a narrow space and contained a washing machine, dryer, and storage cupboards and shelves with cleaning equipment. The utility room required a deep clean. The sink was damaged from lime scale and therefore could not be cleaned properly. Parts of the floor were damaged and was no bin for waste. Parts of the bottoms of cupboards were chipped and could not be properly cleaned. The storage practices required reconsideration, as glasses for recycling were stored in an open plastic container on the counter, and personal products used by residents were stored on open shelves. The inspector tested all of the taps to see if there was hot water for washing hands. There was hot water from all of the taps except the tap in the utility room.

There were schedules and arrangements in place for cleaning the centre. Colour coded clothes and mops were used as a measure against cross contamination, and there was guidance for staff on using the correct colours. However, there was no supply of two of the four colour coded clothes. The maintenance of the cleaning equipment required improvement, as the inspector observed cleaning detergent residue built up on mop buckets. There was a procedure for the weekly cleaning and decontamination of the washing machine, however, the inspector observed a thick build-up of detergent ingrained in the drawer. There were daily and night time cleaning schedules, however, gaps in the recording of the cleaning tasks in both schedules were identified. The schedules also required enhancement to be more comprehensive, for example, to include cleaning of bathroom fans which were found

to be dirty during the inspection.

There were also no documented cleaning arrangements for the cleaning of shower chairs and the shower trolley after use. The inspector observed the shower trolley to require cleaning. There were arrangements for the cleaning and replacement of equipment used individually by residents, such as nebulisers. However, records of the cleaning and replacement of the equipment were found to be incomplete, for example, the nebuliser mask was to be changed on a weekly basis, but records indicated this was last done 8 March 2022. The clinical nurse manager advised the inspector, that the mask had been changed but not recorded.

There was a shower and a bath that were unused in the centre. The shower was flushed on a weekly basis as a control against the risk of legionnaire's disease, however, there were no arrangements for the flushing of the bath.

The centre shared the use of a vehicle with another centre. The vehicle contained PPE and cleaning wipes. Staff were observed cleaning the vehicle during the inspection but it required a more intense deep clean. There was also a big rip in the fabric of the driver's seat which exposed the inner lining of the seat and presented an infection risk.

## Regulation 27: Protection against infection

Systems and resources in place for the protection against infection in the centre were not adequate. Practices were not fully consistent with national standards for infection, prevention and control in community services. The areas for improvement posed a risk to safety of residents in the centre from exposure to infection. These include;

- The provider's IPC policy required enhancement.
- Staff were not wearing personal protective equipment (face masks) in line with public health guidance.
- The infection prevention, management, and outbreak plans required enhancement and cohesion.
- The monitoring and oversight of IPC hazards and risks was ineffective.
- IPC related risk assessments required review.
- The arrangements for the management of soiled laundry were poor.
- There was no copy of National Standards for Infection Prevention and Control in Community Services (2018) in the centre for staff to refer to.
- Resident's care plans required updating to reflect the use of long term antibiotics.
- Some areas of the centre required cleaning to ensure optimum hygiene conditions.
- Some areas of the centre and furniture required refurbishment and renovation to mitigate IPC risks and hazards, and to promote good overall hygiene and cleanliness, such as damaged flooring, cupboards, tiles, and a

shower trolley.

- Some of the storage arrangements impeded good IPC practices.
- There was no waste receptacle in the utility room.
- There was no hot water in the utility room to wash hands.
- Hand sanitiser was not readily available throughout the centre.
- There was inadequate supply of colour coded cleaning products.
- The maintenance of cleaning equipment required improvement, for example, washing machines and mop buckets.
- The cleaning schedules did not incorporate all required cleaning duties, and records were not properly completed.
- There were no arrangements for the flushing/treatment of the water in an unused bath.
- There was no risk assessment on legionnaires disease.
- The vehicle required a deep clean and repair to the driver's seat.

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 The Maples OSV-0003601

Inspection ID: MON-0035725

Date of inspection: 04/04/2022

## 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>1. The provider's IPC policy required enhancement</p> <p>The person in charge have liaised with the SMH Infection Prevention and Control team. The Maples staff will attend the IPC webinar hosted by SMH IPC team. SMH Infection Preventon &amp; Control Policy has been reviewed and revised.</p> <p>2. Staff were not wearing personal protective equipment (face masks) in line with public health guidance.</p> <p>The Maples staff have reverted to using the FFP2 or respirator mask during the inspection. FFP2 fitting of masks for all The Maples staff has been completed.</p> <p>Completed: 4th of April 2022</p> <p>3. The infection prevention, management, and outbreak plans required enhancement and cohesion.</p> <p>The Maples "Outbreak Control Plan and Infection Prevntion &amp; Control Strategy has been reviewed by the person in charge. The Outbreak Control Plan is in place.</p> <p>Completed: 5th of April 2022</p> <p>4. The monitoring and oversight of IPC hazards and risks was ineffective.</p> <p>The person in charge will continue to monitor IPC hazards. The monitoring will be done using the IPC Self-Assessment Tool audit, Monthly Health and Safety Inspection Audit and Checklists, Safety and Quality Care and Support audit, IPC Monthly Audit and daily audits</p>	

5. IPC related risk assessments required review.

The person in charge has reviewed and updated the following risk assessments currently in place in The Maples on the 5th of April 2022:

- A. Risk Assessment on Sharp Injuries and Human Bites from Service User
- B. Risk Assessment on Managing Dirty Clothes and Linens
- C. Risk Assessment on Precautions for contracting Legionnaires in SMH premises is in place

Completed: 5th of April 2022

6. The arrangements for the management of soiled laundry were poor.

The person in charge reviewed the risk assessment on managing dirty clothes and linen. IPC team advised to source the alginate bags. Every resident will have their individual laundry basket.

7. There was no copy of National Standards for Infection Prevention and Control in Community Services (2018) in the centre for staff to refer to.

Copy of the National Standards for Infection Prevention and Control in Community Services (2018) is now available in the IPC folders; Staff to read and sign the guidelines.

Completed: 5th of April 2022.

8. Resident's care plans required updating to reflect the use of long term antibiotics.

Support plans are now in place for the residents on long term use of antibiotics; Support plans also to commence on the residents who have been prescribed on short term antibiotics to evaluate its efficacy.

Completed on the 20th of April 2022.

9. Some areas of the centre required cleaning to ensure optimum hygiene conditions.

Deep cleaning of The Maples is scheduled with Euroconect Cleaning Service. Company on the 14th of May 2022 from 1230 to 1700 hours

10. Some areas of the centre and furniture required refurbishment and renovation to mitigate IPC risks and hazards, and to promote good overall hygiene and cleanliness, such as damaged flooring, cupboards, tiles, and a shower trolley.

Deep cleaning of The Maples scheduled on the 14th of May 2022 from 1230 to 1700 hours; Meeting with Housing State Manager scheduled to discuss required renovations and refurbishment; New shower trolley purchased.

11. Some of the storage arrangements impeded good IPC practices.

The PPE stock and supply has been removed and relocated to the shed. The floor in the storage room has been hoovered and cleaned thereafter. Housing state manager due for site visit.

12. There was no waste receptacle in the utility room.

Foot operated bin has been placed in the utility area on the 4th of April 2022.

Completed: 4th of April 2022

13. There was no hot water in the utility room to wash hands.

The maintenance department and housing state manager has been informed on. There is warm water from the tap to date.

14. Hand sanitiser was not readily available throughout the centre.

Hand sanitiser located on the wall at the entrance door and all other areas within the Maples was made available.

Completed: 14th of April 2022

15. There was inadequate supply of colour coded cleaning products.

Colour coded cleaning products are now available.

Completed: 9th of May 2022.

16. The maintenance of cleaning equipment required improvement, for example, washing machines and mop buckets.

The cleaning schedule and log was reviewed and revised.

Completed: 14th of April 2022

17. The cleaning schedules did not incorporate all required cleaning duties, and records were not properly completed.

PIC discussed the importance of carrying out cleaning as scheduled and proper recording of the IPC tasks carried out at the staff meeting

Completed: 14th of April 2022

18. There were no arrangements for the flushing/treatment of the water in an unused bath.

The flushing schedule was revised to ensure all unused water outlets are flushed as per risk assessment on Precautions for contracting Legionnaires in SMH premises. Proper recording of the flushing of water has continuously improved.

Completed: 14th of April 2022

19. There was no risk assessment on legionnaires disease.

Risk Assessment on Precautions for contracting Legionnaires in SMH premises.  
Is in place.

Completed: 5th of April 2022

20. The vehicle required a deep clean and repair to the driver's seat.  
Repairs and valet to unit transport to be completed by the 31/05/2022.

## 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	31/12/2022