Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Valleyview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	16 January 2023
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0034096

About the designated centre

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

Valleyview is a designated centre operated by Sunbeam House Services CLG. Valleyview is located in a rural town in County Wicklow. It can provide full-time residential care for up to 12 adults at any given time. The service provides support for persons with intellectual disabilities and health care needs associated with age. The centre is a one storey dwelling comprising of two joined residential bungalows. The premises consists of single rooms with en-suite facilities, a sensory room, two living rooms, two kitchens and two dining areas, two utility rooms, two offices, visitor room and a number of shared bathrooms. The centre is staffed by a person in charge, deputy manager, staff nurses, social care workers, and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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 16 January 2023	09:30hrs to 18:00hrs	Michael Muldowney	Lead
Monday 16 January 2023	09:30hrs to 18:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors wore face masks during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, inspectors observed information on infection prevention and control (IPC), and masks and hand sanitiser were readily available.

The centre comprised a large single-storey building with nice gardens, located in a picturesque setting in county Wicklow. The centre was close to a small town with many amenities and services. The driveway into the centre had several pot holes which presented a trip hazard. The person in charge was not on duty during the inspection, and the deputy manager accompanied inspectors on a thorough walk-around of the centre. Overall, inspectors observed a relaxed, comfortable and homely atmosphere in the centre.

Each resident had their own bedroom with en-suite facilities. The bedrooms were decorated in accordance with the residents' personal tastes. There were two main bathrooms, two kitchens, sitting and dining rooms, storage rooms, offices, a sensory room and visitor room. Inspectors found that the function of some of the rooms had been changed and did not align with the floor plans, for example, some vacant bedrooms had been changed to storage rooms.

While the centre was clean, maintenance and upkeep was required throughout the premises, and some of these issues had been already escalated to the provider's maintenance department. Painting and upgrades to the flooring was required in several areas and rooms in the centre. Some of the door frames were also damaged from contact with wheelchairs. Inspectors also observed damage to a door frame in an unused room cause by exposure to water. In the main office, there was a large stain with black mildew on the ceiling caused by a leak. In a sitting room, the adjoining en-suite had no door and there were broken tiles and a large hole in the wall. Some of the sofas required upgrading due to tears and damaged fabric, and inspectors were advised that new ones had been ordered.

In one of the main bathrooms, the floor was damaged and had detached close to the bath. This posed a trip hazard and infection risk. In the other bathroom, inspectors observed residents' mobility slings inappropriately hanging of vertical pipes. They also observed towels drying on radiators and clean clothes on a clothes horse which presented a risk of infection cross contamination.

The kitchens required upkeep including upgrading of some of the presses. There was a good selection and variety of food and drinks available to residents, and inspectors observed staff cooking nice meals and snacks for the residents, for example, baking a homemade apple pie. Healthy eating and menu planning was discussed at residents' meeting minutes. However, inspectors found that the

meeting minutes were not easily accessible for residents to view and more consideration was required regarding this.

The visitors room was very cluttered with three unused wheelchairs and a fold-up bed. The adjoining en-suite required attention as the toilet seat was broken and there was no functioning lock on the door to ensure privacy. Overall, the storage arrangements in the centre were poorly organised, as inspectors observed clutter in the utility rooms and inappropriate high storage in bathrooms.

Inspectors observed some examples of appropriate IPC management, such as a good supply of personal protective equipment (PPE), and the use of colour-coded equipment as a measure against infection cross contamination. However, inspectors also observed poor IPC practices, for example, some of the bathrooms were lacking in appropriate hand-washing facilities such as hand towel dispensers and appropriate waste receptacles. Some of waste receptacles in other rooms were also inadequate, for example, they were not foot-pedal operated or had no lids. There was also rust observed on radiators which impinged on how effectively they could be cleaned.

Inspectors checked some of the fire equipment and measures in the centre during their walk-around. They found that improvements were required, for example, a fire door was wedged open which comprised the fire containment measures, and some fire doors did not have self-closing devices. Fire safety and IPC matters are discussed further in the quality and safety section of the report.

Inspectors met many residents during the inspection, and some chose to speak with them. The first resident spoken with said that they were happy living in the centre and referred to their housemates as "friends". They enjoyed the food in the house, and said that they could talk to staff if they had any concerns. They told inspectors about their family, and some of the activities they enjoyed such as getting pedicures. When asked about fire safety, they said that they did not like fire drills as the alarm was too loud.

The second resident told inspectors that they were "happy with everything" in the centre and got on well with staff. They spoke about their favourite activities such as bus trips, shopping, cinema, eating out, and watching soaps. They said that staff do all of the cooking in the centre and they were happy with this arrangement.

Another resident was watching music videos on their smart device, but chose to briefly speak with inspectors. They said that they liked living in the centre, and would like to plan a holiday to Liverpool.

Inspectors met and spoke with several staff during the inspection. They observed staff engaging with residents in a very kind and respectful manner, and residents appeared relaxed in their company.

The deputy manager told inspectors that residents received a fantastic quality of service and that their assessed needs were being met in the centre. They were satisfied that the staff skill-mix and complement was appropriate to residents' needs. There were four resident vacancies, and the deputy manager told inspectors

that a new admission was being planned which for and would take place in line with the provider's policy. Residents had varied healthcare needs, and a member of the nursing staff told inspectors about how these needs were being provided for. They were found to be very knowledgeable in this area.

Inspectors spoke with two social care workers. They described the quality and safety of care and support provided to residents as being excellent, and attributed this to the dedicated staff team and a very person-centred service. They had no concerns, but felt confident raising any potential concerns with a member of the management team whom they described as being approachable and supportive. They were aware of the procedures for responding to and reporting safeguarding concerns. They spoke about how residents' rights were promoted and upheld through exercising choice and control in their daily lives. They also told inspectors about how they recently advocated for some residents to attend day services. There were two vehicles dedicated to the centre, and staff told inspectors about the community activities residents enjoyed, such as cinema, retirement groups, day trips, eating out, shopping, and going to pubs. Some residents had also recently gone on holidays with staff to Dublin and Northern Ireland. Staff spoke about some of the IPC measures implemented in the centre, and this is discussed further in the quality and safety section of the report.

From what inspectors were told and observed during the inspection, it appeared that overall, residents were happy living in the centre, and received a good service underpinned by a person-centred approach to care and support. However, some aspects of the service were found to require improvement to ensure that it was safe and good quality, for example, the premises, infection prevention and control measures, fire safety arrangements, and maintenance of required documentation all required enhancements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent and appropriate to residents' needs. However, improvements were required to ensure that areas requiring improvement were progressed and completed, and for the provider to meet their regulatory responsibilities.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and reported to a senior manager. They were supported by a deputy manager in their

management of the centre. Inspectors found that the deputy manager had a good understanding of the residents' care and support needs.

The registered provider had implemented management systems to ensure that the centre was monitored. However, the findings of this report, particularly under regulations 27 and 28, did not demonstrate that these systems were effective in ensuring that the service provided to residents was safe.

Annual reviews and six-monthly reports, and a suite of audits had been carried out to assess the quality and safety of service provided in the centre. Inspectors found that the progress in implementing some of the actions identified in the audits required improvement from the provider.

The skill-mix in the centre comprised social care workers, nurses, and care assistants. Inspectors observed staff engaging with residents in a professional and kind manner, and it was clear that they had a good rapport. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. There was one part-time nursing vacancy, however it was managed well to reduce any potential adverse impact on residents. The person in charge maintained planned and actual rotas showing staff working in the centre. Inspectors found that the rotas required enhancement to clearly show the hours worked by staff.

Staff working in the centre completed training in areas such as, fire safety, safeguarding of residents, management of aggression, manual handling, first aid, and medication management as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents. Some staff required refresher training, and this had been scheduled.

The person in charge and deputy manager provided support and formal supervision to staff working in the centre, and staff spoken with advised inspectors that they were satisfied with these arrangements. In the absence of the person in charge and deputy manager, staff could contact a senior manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. Inspectors viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, maintenance issues, infection prevention and control, health and safety, and restrictions.

The registered provider had prepared a written statement of purpose. The statement of purpose had been recently reviewed and was available to residents and their representatives to view. However, inspectors found that it required revision and more information.

Inspectors also found that the provider had failed to apply to vary their registration conditions to reflect changes to the function of some of the rooms outlined in the centre's floor plans. In addition, the person in charge had not notified the Chief Inspector on the use of restrictive practices in the centre.

Registration Regulation 8 (1)

The registered provider had not applied to vary the first registration condition of the centre to reflect changes to the function of some of the rooms in the floor plans, for example, a sensory room was changed to a visitors' room, a bedroom had been converted to a living area, and another bedroom was used as a storage room.

Judgment: Substantially compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers, and care assistants. The deputy manager told inspectors that the current skill-mix and complement was appropriate to the number and assessed needs of the residents. There was one part-time nursing vacancy that the provider was recruiting for. The vacancy was managed well to reduce any impact on residents, for example, vacant shifts were filled through overtime by regular staff in the centre.

The person in charge maintained planned and actual staff rotas. Inspectors viewed a sample of the recent rotas, and found that they showed the names of the staff working in the centre during the day and night. However, the hours worked by staff were not clear and there was no legend to explain codes on the rotas.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Inspectors reviewed a log of the staff training records provided by the deputy manager. Staff had completed training in areas such as, fire safety, safeguarding of residents, management of aggression, infection prevention and control, manual handling, first aid, medication management, and epilepsy management. Some staff required refresher training, and the deputy manager had booked them to attend the next available training dates.

The person in charge and deputy manager provided informal and formal supervision to staff. Formal supervision was scheduled as per the provider's policy, and supervision records and schedules were maintained. In the absence of the local management team, staff could contact a senior manager for support and direction, and there was also an on-call service for outside of normal working hours. The deputy manager advised inspectors that the supervision arrangements were

sufficient. Staff spoken with told inspectors that were satisfied with the support and supervision they received.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was full-time and based in the centre, they were supported in their role by a deputy manager. The person in charge reported to a senior manager.

The registered provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Six-monthly reports and annual reviews were carried out and identified areas for quality improvement. The last annual review had consulted with residents and their representatives. Audits had also been carried out in the areas of health and safety, housekeeping, medication, personal planning, and documentation. However, the implementation of actions identified in reviews and audits required improvement from the provider, for example, premise issues noted in the annual review June 2022 and health and safety audit December 2021 had not been resolved. Furthermore, the findings of this inspection report did not demonstrate that the management systems were effective in monitoring and ensuring the safety of the service, for example, the arrangements to protect residents from infection and fire were poor.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose and it was last updated in November 2022. It was readily available to residents and their representatives. Some of the information in the statement of purpose required revision and more detail, for example, the care and support needs that the centre intended to meet was not specific, and information regarding the number of residents and conditions of registration was incorrect.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that any occasion on which a restrictive procedure was used in the designated centre had been notified to the Chief Inspector of Social Services.

Judgment: Substantially compliant

Quality and safety

Inspectors found that generally residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvements were required in a number of areas to ensure that the service provided in the centre was safe and of a good quality, for example, there were deficits in the fire safety systems, infection prevention and control measures, premises, and implementation of restrictive practices.

Assessments of residents' care needs had been carried out which informed the development of personal plans. However, inspectors found that an additional plan required development to reflect a resident's specific care need. They also found that the arrangements for maintaining care plans required improvement to ensure that they were easily accessible for residents and their representatives to view, and for staff to guide their practice and implementation of care interventions.

Where required, positive behaviour support plans were developed for residents. The plans viewed by the inspector were up to date. There were some environmental and physical restrictive practices implemented in the centre. However, it was not demonstrated that all restrictions had been consented to by residents or their representatives, or that they were implemented for the shortest duration necessary.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns.

As described in the first section of the report, while there was sufficient living space, communal space, and bathrooms, and each resident had their own bedroom, the centre was not maintained in a good state of repair externally or internally. Some of these issues had been previously reported to the provider, however were outstanding. Inspectors also found that the storage arrangements required improvement.

Residents used equipment such as hoists, slings, and specialised beds and mattresses. Servicing records were maintained for most of the equipment, however

there were no documented checks or servicing records for the slings to indicate that they were in good working order.

The fire safety systems were found to require improvement, particularly in relation to the fire containment measures. Inspectors observed a fire door to be wedged open, and some other doors did not have self-closing devices. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. The effectiveness of the plans was tested as part of regular fire drills carried out in the centre. However, the records viewed by the inspector indicated a drill reflective of a late night-time scenario was overdue. The arrangements for the safe evacuation of the centre also required further consideration to ensure that evacuations were prompt.

The infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection required improvement to meet the associated standards. The provider had prepared IPC policies and procedures, and within the centre there were two IPC lead workers and copies of public health guidance. Inspectors were advised that a recent COVID-19 outbreak had been managed well, however it had not been formally reviewed. Inspectors found that the associated COVID-19 protocols and plans required more information and expansion. IPC risk assessments also required updating and further development.

While the centre was clean, the cleaning records required enhancement. Inspectors observed some good IPC practices, such as arrangements for the safe use of sharps and access to personal protective equipment (PPE). However, other practices were poor, such as inadequate waste receptacles. Premise issues such as rust and damaged flooring also posed IPC risks. The oversight of IPC in the centre also required improvement as there had been no stand-alone IPC audit.

Staff were required to complete IPC training, however the training records were not complete. Staff spoken with told inspectors about some of the IPC measures in the centre, and inspectors found that some practices were not in line with the provider's policy.

Regulation 17: Premises

The centre comprised a large single-storey building in a picturesque setting. The premises were found to be appropriate to the number and needs of the residents. There was sufficient communal and living space including outdoor spaces for residents to use. There was also sufficient bathroom and kitchen facilities which were well equipped. Residents had their own bedrooms which were decorated in accordance with their personal tastes.

However, the provider had not ensured that the centre was kept in a good state of repair externally and internally. Upkeep and maintenance was required throughout

the centre, including repairs to pot holes in the driveway, and damaged flooring, furniture, and door frames. Painting was also required, and there was black mildew and staining on the ceiling in the main office. Some of these issues had been previously reported to the provider, however were outstanding.

The storage arrangements were not adequate, as inspectors observed clutter and disorganisation in many rooms as well as inappropriate high storage.

There were servicing records for equipment used by residents including hoists, and specialised mattresses and beds. However, there were no servicing records to indicate that the slings used by residents were being checked or serviced.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had implemented infection prevention and control (IPC) measures and procedures, however several improvements were required in order to meet compliance with the associated standards.

The provider had prepared an IPC policy along with associated procedures. There was also signage and public health information for staff to refer to. However, the COVID-19 outbreak protocol, which was not signed or dated, was not specific to the centre to provide adequate guidance. Furthermore, the protocol required expansion beyond just COVID-19 to consider other potential infections. The person in charge had prepared individual isolation plans for residents, however inspectors found that they required more detail on the specific supports that residents would require if self isolating.

The COVID-19 risk assessments had been recently reviewed, however inspectors found that some of the control measures listed were no longer in place, for example, visitor restrictions. Another risk assessment regarding spread of infections was too limited in scope and control measures, for example, other infection hazards such as sharps had not been considered.

The centre had experienced a COVID-19 outbreak in November 2022. Inspectors were advised that it was managed well and with good support from senior management, however the outbreak had not been formally reviewed to identify any potential learning. Inspectors were informed by staff that residents had been supported to keep in contact with their loved ones during this time through video and phone calls. Residents, and staff, could also avail of COVID-19 and flu vaccinations.

The person in charge and deputy manager were the IPC leads in the centre. They had completed a self assessment tool to assess the effectiveness of the IPC measures; and audits on house keeping, and health and safety had also reviewed

aspects of IPC such as waste, cleaning, premise issues. However, there had been no stand-alone IPC audit.

There was dedicated cleaning staff in the centre, however nursing and care staff also completed cleaning duties in addition to their primary roles. Generally, the centre was clean, however some of the premise issues presented infection hazards and required mitigation, for example, floor was damaged, and their was rust on some radiators which impeded on effectively these surfaces could be cleaned and posed a risk of bacteria harbouring. Inspectors observed some poor IPC facilities, for example, lack of appropriate bins in all required areas, and drying of clothes on radiators and clothes horses in a bathroom.

There were cleaning checklists, however some had gaps and required enhancement to ensure that they were comprehensive and completed in full. There was guidance and procedures for reducing the risk of legionella.

Staff were required to complete infection prevention and control training, however there were gaps in the training records. IPC was a standard agenda item discussed at team meetings to refresh their knowledge. Staff spoken with told inspectors about the IPC measures, such as hand hygiene, use of PPE, social distancing, cleaning, and reporting structures. However, it was found that the IPC was not fully adhered to, for example, staff occasionally sluiced soiled clothing which was not recommended by the provider's policy. Staff also required further information on the arrangements for managing bodily fluid spills in the centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire safety systems implemented in the centre required improvement. There was fire detection, containment, and fighting equipment, and emergency lights throughout the centre. The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, and emergency lights were up to date with their servicing. A sticker on one fire blanket indicated that it required servicing. Staff in the centre also completed regular fire safety checks.

The fire containment measures were poor. Inspector tested several of the fire doors with self-closing devices, and they closed properly when released. However, inspectors observed one fire door wedged open, and some others did not have self-closing devices, for example, the doors connecting both wings of the centre.

The arrangements for evacuating residents required further consideration as most exit doors were key operated which could impede on a prompt evacuation. Inspectors saw this in practice, when there was a delay in staff being able to find a key to open the front door when inspectors were leaving the centre. While there

were break-glass units with keys at the doors, one unit was broken which presented a risk of the key being misplaced.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require. Fire drills were carried out to test the effectiveness of the evacuation plans. Inspector viewed a sample of the recent drills carried out, and found that a drill to reflective of a night-time scenario was overdue.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans. Inspectors viewed a sample of residents' care plans including health and personal care plans, and found that a care plan required development in relation to one resident's specific care need to ensure that staff had sufficient guidance to support the resident with this need.

Inspectors also found that the plans were not easily accessible to residents or their representatives, for example, they were spread across printed paper and two different electronic data systems. Staff could not find the plans promptly which also posed a risk to the effective implementation of the plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Positive behaviour support plans had been developed for residents where required. Staff had also received training in the management of aggression and the provider had prepared a policy on positive behaviour support for them to refer to.

The person in charge maintained a restrictive practice register which listed environmental and physical restrictive practices in the centre, for example, locked doors, lap belts, and bedsides. The deputy manager explained the rationale of the restrictions to the inspectors. However, the supporting documentation was poor. The use of the restrictions was not recorded to demonstrate that they were implemented for the shortest duration necessary. While it was recorded that residents had given consent for the locked doors, the date they provided consent was not recorded. Furthermore, it was not demonstrated that residents or their

representatives had given informed consent for other restrictions implemented in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. There were no active safeguarding concerns in the centre.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Valleyview OSV-0001705

Inspection ID: MON-0034096

Date of inspection: 16/01/2023

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**
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): • The current Floors Plans are accurate, theses two rooms remain as two unused bedrooms and all equipment removed. Completed 14/02/2023.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • HR have Advert for nursing position posted - Completion date 30/04/2023. • The roster codes reviewed all shift codes are now clearly explained it Completed 14/02/2023.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • New stainless steel, pedal bins are placed in every room of the house – new soap dispensers and towel dispensers, in every room of the house. • Ceiling in main office repaired. • Potholes in car park are filled with tarmacadam.	

• Storage presses cleared out and tidied. Completed 12/2/2023.

• Bathroom Floor completed. Completed 21/02/2023.

Tiles, Skirting, Door Frames, Painting, Fire Door, Kitchen Press, Door Replacement – Completion date 30/09/ 2023

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Statement of Purpose remains as is. Two rooms cleared out and remain as bedrooms. Completed 12/02/2023.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• There are 5 group restrictive practices, all of which submitted to the HIQA Portal– Completed 21/02/2023

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• As stated, and listed above in Regulation 23 maintenance issues completed. Completed 14/02/2023.
• Radiators Completed 20/02/2023.
• High storage items removed, and area decluttered. Completed 14/02/2023.
• All storage spaces neat and tidy. Completed 14/02/2023.
• Exposed pipes in sitting & dining rooms completed. Completed 12/02/2023.

• All outstanding maintenance issues identified in H&S Audit and HIQA Audit to be Completed by 30/09/2023.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Self-Assessment Tool (Contingency Plan), Individual Isolation Support Plans Individual Isolation A&B Plans Individual Risk Assessments . • Completed 12/02/2023. • Domestic checklists updated Completed 12/02/2023. • IPC Audit due to be Completed 20/03/2023 • Damaged flooring in main bathroom repaired. Completed 21/02/2023. • Sluicing system no longer being used and due to be removed by end of September. Completed 30/09/2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Servicing of Fire blanket . Completion date 20/3/2023 All wedges have been removed with immediate effect. Completed 16/01/2023 Self – closing devices on other doors will have door stop guards in place which are activated by the fire alarm . Completion date 31/03/2023. The key is always in the front door, unfortunately on day of HIQA inspection the key was temporarily removed by the maintenance team. Maintenance team & Staff team informed that the key is not removed from door again. Completed 12/02/2023 Broken Glass unit , Completed 27/2/2023. Nighttime simulated Fire Evacuation carried out. Completed 27/02/2023.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Care/Support Plans devised to support resident in question, • Completed 10/02/2023. • There are two systems in place CID & SharePoint. All files will be transferred from SharePoint to CID by end of March. Completion date 31/03/2023	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Five restrictive practices, along with resident consent sought submitted through HIQA Portal. Each resident now have a restrictive practice support plan and their key worker will support the residents with the restrictive practices in place. The practices will be discussed monthly with the residents to support understanding and giving consent. These support plans will be reviewed every 6 months. Completed 27/2/2023.	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	27/02/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2023
Regulation 15(4)	The person in charge shall ensure that there	Substantially Compliant	Yellow	27/02/2023

	is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	27/02/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	27/02/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that	Not Compliant	Orange	30/03/2023

	management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	30/09/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/03/2023
Regulation 28(3)(a)	The registered provider shall	Not Compliant	Orange	20/03/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/02/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	21/02/2023

Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	10/02/2023
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/03/2023
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	27/02/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in	Substantially Compliant	Yellow	27/02/2023

	accordance with national policy and evidence based practice.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	27/02/2023