



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 February 2021
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0024935

About the designated centre

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

The designated centre is located in a rural town in County Wicklow. It can provide full-time residential care for up to 13 adults at any given time. The service provides support for older persons with intellectual disabilities and health care needs associated with age for example, palliative care and end-of-life needs. The centre is a one storey dwelling comprising of two joined residential bungalows. The centre consists of 13 single rooms with en-suite facilities, a sensory room, two living rooms, two kitchens and two dining areas, two utility rooms, two offices, family room and a number of shared bathrooms. The centre is staffed by a person in charge, staff nurses, social care workers, care assistants, cook and cleaner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 February 2021	09:20hrs to 15:30hrs	Jacqueline Joynt	Lead
Tuesday 16 February 2021	09:20hrs to 13:30hrs	Ann-Marie O'Neill	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the residents in the designated centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The provider and management ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. Residents had the opportunity to live a good life without undue restrictions because of the way risk was managed in the centre. Residents entitlement to dignity and personal development associated with risk-taking was respected. Families played an important part in the residents' lives and the management and staff acknowledged and supported these relationships and supported residents keep regular contact with their families during the current health pandemic.

The inspectors met with six of the residents living in the centre. Conversations between the inspectors and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

In the last month there had been an infectious disease outbreak in the designated centre. Many of the residents, who had become infected had fully recovered and on the day of inspection, appeared well and healthy. Three residents had passed during the outbreak and on the morning of the inspection, the inspectors were informed that a resident, who was in receipt of palliative care, had passed on Sunday night. Residents relayed their sadness and upset about their loss of their friends to the inspectors. Staff who spoke with the inspectors advised how they were supporting residents through their grief by providing regular reassurance and having one to one conversations.

During the current health pandemic, visits to or from family members were limited. Residents informed the inspectors that they were supported to keep in regular contact with their family during the current health pandemic through face to face video calls. Not all residents engaged in video calls to their family, and where this was the case, they were supported to contact their family by telephone call. The inspectors were informed that during the Christmas period, when restrictions permitted, residents were supported to visit their families whilst adhering to public health guidelines. Where a resident had recently passed, arrangements had been put in place by management, for the family to attend their repose in a dignified and respectful manner, whilst also adhering to public health guidance.

On entering the centre, the inspectors observed the house to have a homely feel with photographs of residents and their families along the hallways. There was an array of condolence and sympathy cards displayed on the hall stand acknowledging the recent passing of residents.

Residents appeared content and familiar with their environment. While speaking with the residents, the inspectors were informed that they were happy with the

layout and design of their bedrooms and that the rooms had been decorated to their personal taste and wishes. The inspectors observed the sitting room to provide a warm and welcoming atmosphere with lots of photograph montages of residents and their family members across the walls and above the fireplace.

The inspectors observed that the residents seemed relaxed and happy in the company of staff and staff were respectful towards the residents through positive, mindful and caring interactions. On observing residents interacting and engaging with staff, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspectors and the residents, staff members, on occasion and where appropriate, supported the conversation by communicating some of the non-verbal cues presented by the residents.

Residents that spoke to one inspector described their experience of being unwell during the infectious outbreak in the centre. They told the inspector that they were asked to stay in their bedroom. They mentioned they understood this was because they were unwell and to prevent their peers from getting sick. They told the inspector that they had found it sometimes boring, but that it had been alright. They mentioned that staff had helped them during that time and that they were feeling a lot better now.

Another resident spoken with, also described the outbreak and said it had been a difficult time and they were sad for their friends that had passed away. They also mentioned having to stay in their bedroom but understood why. They said they were glad it was over.

The inspectors found that residents were supported to exercise choice and to be involved in decision making about their care and support. There were many examples of how the provider promoted positive risk taking to support residents exercise their choice and wishes.

During the recent outbreak of infectious disease in the centre, and in line with the centre's protocol for self-isolation, residents were immediately supported to self-isolate in their bedrooms or where appropriate, supported to go to hospital. Where a resident found it difficult to self-isolate in their bedroom, provisions had been made to support the resident use another room, and in a manner that ensured the safety of all residents living in the centre.

The inspectors found that the provider promoted the right of residents in relation to making choices around their care and support and in particular expressing their needs and wishes. The person participating in management advised the inspectors, that upon a resident's request to attend the funeral of one of their friends, who had recently passed, appropriate and safe measures were put in place so that the resident's wishes could be adhered to. A positive risk assessment was carried out, with appropriate control measures to ensure the resident's safety and in addition, staff were provided with guidelines on how to support the resident attend the funeral, whilst adhering to public health guidelines.

There was an individualised approach to supporting residents that recognised their uniqueness. During conversations with staff and through observations, the

inspectors found that residents were supported to grieve the recent loss of their friends, and in ways that met their own individual needs. Staff provided support to residents through a variety of environments and mediums. Staff reassured and supported residents through one to one conversations in the privacy of their rooms, during one to one baking activities and through the medium of film screening movies that addressed death and grief.

In summary, the inspectors found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspectors found that overall, there were systems in place to ensure residents were in receipt of good quality care and support.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered through positive risk taking to have control over, and make choices in relation to their day-to-day lives.

A recent outbreak of infectious disease in the centre had seen the residents go through a very difficult and sad period in their life. Overall, the provider had managed the outbreak and residents were protected through a number of infection protection control systems and strategies in place. However, some of the provider's strategies, in particular the centre's local contingency plans and protocols for self-isolating, required improvements so that they were more comprehensive in nature and provided better preparedness and planning.

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 and in particular, during the recent infectious disease outbreak.

Capacity and capability

The inspectors found that for the most part, the provider had arrangements in place to assure itself that good quality care and support was provided to the residents living in the designated centre. However, the inspectors found that a number of improvements were warranted to the current contingency plans in place for the designated centre to ensure that they were comprehensive in nature and provided better preparedness and planning in the event of an outbreak.

This risk-based inspection was completed following receipt of information of concern submitted to the Health Information and Quality Authority. The primary objective of this inspection was to review the registered provider's oversight of the outbreak of

infectious disease that had occurred in the designated centre. Prior to this inspection, the provider was required to submit two provider assurance reports relating to testing and the quality of care and support provided to residents during the recent outbreak. The provider had also submitted regular updates through statutory notifications to provide assurances that the residents living in the centre were safe and in receipt of good quality care and support.

Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. During conversations, staff told inspectors they were aware of the provider's contingency arrangements in the event that key management positions became vacant due to unexpected leave and knew how to escalate infection prevention and control related risks.

While the person in charge was not available on the day of inspection, it was noted they had worked in, and managed, the centre for most of the infectious outbreak until they were unable to do so. There were appropriate deputising systems in place and the person participating in management provided regular on-site management support in absence of the person in charge and during the outbreak. On the day of inspection the person participating in management assisted the inspectors with the inspection. The inspectors found that the person participating in management demonstrated good knowledge of the needs of the residents and the supports required to meet those needs.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. In addition the provider completed a risk assessment for the centre relating to COVID-19 risks, COVID-19 isolation protocols and had also drawn up a contingency plan specific to the designated centre.

It was noted however, that the provider's centre specific contingency plan, protocols and associated risk assessments, required further improvement to ensure they were comprehensive in nature and provided better preparedness and planning in the event of an outbreak. For example, the provider had identified, through these plans, assessments and protocols, there was a risk that some residents would find self-isolation difficult. Risk assessments and individualised plans to address these risks, had not been created after identification through the assessment process. While these difficulties were managed during the recent outbreak, a more robust and detailed contingency plan, with resident specific risk assessments and self-isolation plans, would have ensured greater preparedness of the provider, local management and staff to respond to, and manage, an infectious outbreak in this centre.

The provider had created a staffing contingency and outbreak plan to ensure adequate staff levels would be in place in the centre should an infectious outbreak occur. The plan included procuring staff from agency in the first instance and then redeploy staff from day services.

During the recent infectious outbreak, a large number of staff went on unexpected

leave and the provider had sought to recruit agency workers in line with their contingency plan. However, appropriately skilled agency staff were not available at the time. The provider redeployed day service staff, from within the organisation, to the centre. While it was demonstrated that the provider responded appropriately, by ensuring adequate resources of skilled staff worked in the centre during the infectious outbreak, it demonstrated the provider had not assessed the effectiveness of staffing the contingency and preparedness measures in relation to the availability of agency workers, with the required skills, to support residents in this centre if required.

Inspectors noted that staff who had been redeployed to the centre were familiar with, and skilled in, supporting people with complex needs and had been provided up-to-date training relating to COVID-19 and were assigned to one of the centre's own staff as way of an induction. However, on the day of inspection, there was no appropriate documentation of the inductions to demonstrate that they ensured continuity of care and were effective in familiarising redeployed and agency staff on residents' needs and supports required to meet those needs, and of the current enhanced health and safety systems in place in the centre.

The inspectors found the staff contingency plan required further input so that it specifically identified contingencies for the all the varying roles and experiences of all staff working in the centre. For example, although the catering and domestic tasks were covered by nurses and care working staff during the recent outbreak, the staff contingency plan had not specifically included the associated risks that could impact on the care and safety of residents in the event that domestic and catering staff went on unexpected leave.

Inspectors found there was enough staff to meet the needs of the residents and staffing resources were in line with the statement of purpose. Inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. For the most part, and outside the recent outbreak, on speaking with staff and review of the roster there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted.

Staff who spoke with the inspectors demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspectors observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

External palliative care teams and the GP were also available to assist on a regular basis. Minutes from a public health meeting with senior management, identified that that due to the specific needs of residents, and in particular palliative care needs, it was challenging for staff, at times, who did not regularly support residents who required such care. There was no documented or verbal evidence to suggest that this impacted negatively on the care of residents however, the inspectors found that a more robust staffing contingency plan could improve the safe care and support

provided to residents. The provider had followed up on most of the recommendations from the public health meeting, however, the centre's documented contingency plans, protocols and risk assessments had not been updated to better ensure the safety of residents.

There was a COVID-19 outbreak committee set-up within the organisation. The committee had internal and external communication strategies in place to update staff on the changing guidelines and procedures relating to COVID-19. For example, the committee would email staff regarding updated guidance on PPE, restrictions and training but to mention a few. This system supported and enabled staff deliver safe service to residents during the current health pandemic.

Regulation 15: Staffing

On the day of inspection, there was no appropriate documentation in place to demonstrate that the inductions provided to redeployed and agency staff, during the recent outbreak, ensured continuity of care and were effective in familiarising redeployed and agency staff on residents' needs and supports required to meet those needs, and of the current enhanced health and safety systems in place in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's centre specific contingency plan, self-isolation protocols and associated risk assessments, required further input to ensure they were comprehensive in nature and provided better preparedness and planning in the event of an outbreak.

The centre's contingency plans, protocols and risk assessments required updating to reflect the recommendations made at the designated centre's public health meeting in January 2021.

The availability of agency workers, with the required skills, to support residents as per the provider's contingency plan required a review.

The staff contingency plan required further input so that it specifically identified contingencies for the the varying roles and experiences of all staff working in the centre, such as domestic and catering staff.

Judgment: Not compliant

Quality and safety

Overall, the findings from this inspection demonstrated residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person participating in management and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Care and support provided to residents was of good quality. However, the inspectors found that some improvements were required to the area of risk management and infection control to ensure, that at all times, they were effective and ensured the delivery of a quality and safe service.

The inspectors observed there to be many examples of where residents' rights were promoted. Residents were consulted about their care and support needs and their wishes and requests were considered at all times where possible.

Overall, it was demonstrated residents' healthcare needs had been well supported and reviewed prior and during the infectious outbreak in the centre. There was evidence to demonstrate frequent General Practitioner (GP) reviews had taken place throughout the outbreak. Residents were supported to discuss their healthcare planning with their GP and make decisions and choices about their health.

Residents had received palliative care supports and additional allied health professional reviews during the outbreak. Documented palliative care plans were in place and there was evidence to demonstrate these had been implemented for residents during the infectious outbreak.

Residents had been supported to avail of emergency medical treatment where required or deemed necessary following review with their doctor. Supplies of oxygen were available in the centre and documented observation notes demonstrated residents' oxygen levels were recorded and monitored while they were unwell. Additional nursing observation notes were also recorded regularly and progress notes were recorded each day.

Where residents declined medical treatment or transfer to hospital, this was clearly documented in residents' healthcare notes which described how the resident was informed of the recommendation by their clinician and the resident's choice in response to this.

Residents were facilitated and empowered to exercise control over their life and have their choices and decision respected. For example, on review of end of life care plans, general practitioners' (GP) reviews and engagement with residents it was clear that residents' views and wishes, on where they wanted to live out the rest of their life, was considered.

Healthcare directives with regards to residents' end-of-life care and wishes were clearly recorded in end-of-life care plans. For example, some residents' end-of-life care plans documented how they would like their funeral, where they wished to be buried. These discussions and plans, made with residents, demonstrated a person-centred process which allowed the resident to make choices and decisions about their future. Of note, the person in charge had ensured these end-of-life care plans had been drafted prior to the outbreak which showed good planning in this regard given the older age group of the residents.

Resuscitation directives were clearly recorded in residents' personal plans and had been reviewed with the resident, where possible, their medical practitioner, staff and their family.

The provider had also ensured nursing supports were available in the centre throughout the outbreak and had ensured where required, nursing staff were redeployed to the centre if necessary.

The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. Where appropriate, residents' families were encouraged to be involved in, and advocate for, the care and support provided to their family members. There was a complaints policy and procedure in place to support residents and their families raise any issues they may have in relation to the service provided.

There were individual and location risk assessments in place to ensure the safe care and support provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, the risk register had not been updated since September 2020 or updated in line with the recent public health review measures.

In addition to the risk register, a risk assessment had been conducted for the designated centre to identify risks associated with COVID-19 and control measures that would mitigate the risk of residents contracting the virus. The risk assessment identified that a number of residents would find self-isolation difficult however, there was no further follow up or detail as to the specific control measures that would be required to support residents around this situation. There was an overall protocol in place for self-isolation in the event residents contracted COVID-19 which also identified that some residents would find it difficult to self-isolate however, the protocol had not identified the risks associated with this or followed up with specific individualise self-isolating plans where the risk was greatest for the resident.

There was an infection control policy in the centre which had been reviewed in September 2020. The policy was an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the policy, the inspectors found that an improvement was warranted to the COVID-19 section of the policy to ensure that it provided clear direction on where to access the most up-to-date guidance and procedures.

The registered provider had adopted infection prevention and control measures specific to COVID-19. There was an array of COVID-19 related protocols in place in the centre, for example there were protocols for self-isolation, for bringing residents out for a drive, for family visits, for social distancing and for communication during staff handovers, but to mention a few. Overall, these had been implemented during the recent outbreak in the centre and had been supportive in keeping residents safe however, as mentioned in the capacity and capability section of the report, a number of improvements were required to the centre's overall contingency plan and self-isolation protocol to ensure they were comprehensive in nature and provided better preparedness and planning in the event of an outbreak.

There was documented evidence of regular cleaning of the physical environment in the centre, and inspectors observed staff cleaning the centre during the inspection. However, the inspectors found that there was a period of time during the outbreak where there was no documented evidence of cleaning tasks being completed. Furthermore, there was no audit of the cleaning schedule completed in January 2021 to demonstrate enhanced cleaning arrangements had been implemented during the period of the infectious outbreak, in line with public health guidelines and to mitigate, as much as possible, the spread of COVID-19.

The inspectors observed adequate supplies of hand sanitizer and hand soap in appropriate areas of the centre, along with signage reminding staff, residents and visitors of hand hygiene practices. Staff training records indicated that staff were provided with training in hand hygiene and correct usage of personal protective equipment (PPE). Staff were observed wearing appropriate surgical masks in line with current guidance. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

The registered provider had adequate supplies of PPE and there were arrangements for the centre to access additional supplies as required. A large delivery of FFP2 masks had been supplied to the centre in January and again in February 2021. In line with one of the recommendations made at the centre's public health review meeting in January, the management and maintenance team had commenced plans to organise a deep clean of the centre to ensure all areas were free from infection and that residents continued to live in a clean and safe environment.

Residents were educated and informed about how to stay safe during the ongoing pandemic. A variety of easy-to-read information relating to COVID-19 were available for residents, and staff carried out one to one meetings with residents to provide updates relating to COVID-19. In addition, staff and management advised the inspectors, that during the recent outbreak residents were continuously kept updated on the situation in hand and how their fellow residents were doing.

During the early stages of the recent outbreak, there was a delay in testing some residents due to circumstances outside the control of the provider or person in charge. At that time an unsolicited concern was submitted to HIQA.

HIQA wrote to the provider seeking assurances with regards to COVID-19 testing

arrangements. In response, the provider submitted an assurance report which demonstrated that they had reviewed where improvements were required and had undertaken to address actions required.

This included, increasing the number of staff trained in test swabbing in the organisation, improve speed and efficiency for testing and maintain closer contact with the Health Service Executive (HSE) in relation to swabbing kits and information requirements.

The actions provided better outcomes for residents and on the day of inspection, there was satisfactory testing systems in place with staff being tested on a weekly basis, which was due to continue until 24th of February.

Regulation 26: Risk management procedures

The designated centre's risk register required updating. The register had not been updated since September 2020 or in line with the recent public health review measures.

A COVID-19 risk assessment identified that a number of residents would find self-isolation difficult. However, the inspectors found that specific risk assessments and individualised self-isolation plans to address these risks, had not been created on foot of identifying these risks through the assessment process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

An improvement was warranted to the COVID-19 section of designated centre's infection control policy to ensure that it provided clear directions on where to access the most up-to-date guidance and procedures.

A number of gaps were found in the designated centre's cleaning schedule for January. Furthermore, there was no audit of the cleaning schedule completed in January 2021.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, it was demonstrated residents' healthcare needs had been well supported

and reviewed prior and during the infectious outbreak in the centre. Where appropriate, residents received palliative care supports and additional allied health professional reviews during the recent outbreak.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed there to be many examples of where the residents' rights were promoted. Residents were consulted about their care and support needs and their wishes and requests were considered at all times where possible. Residents lived in a supportive and caring environment where they were empowered through positive risk taking to have control over and make choices in relation to their day-to-day lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valleyview OSV-0001705

Inspection ID: MON-0024935

Date of inspection: 16/02/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider is currently reviewing the Policy on Staff Induction and Induction Template for existing, redeployed and agency staff. This will be finalized and circulated to all managers by 16th April 2021.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Contingency Plan has been reviewed and updated. All residents now have individual Covid Risk Assessments and individual Covid Isolation Plans in place in the event of an outbreak. 18th March 2021 2. (a) A risk assessment has been carried out around the recommendation for the installation of a second Clinical Room. The Provider has taken the decision that this is not required due to the reduced number of clients in the designated centre and the size of the building. 18th March 2021 (b) The designated centre's risk assessment on Infection Control has been reviewed and now includes breaks for staff members and staff are to continue to take their breaks individually with no one else present. 18th March 2021 3. Regarding the use of agency staff, the Provider has always recognised that the recruitment of Agency Staff may be problematic. There are currently 6 agencies registered with SHS to provide agency staff with appropriate skills and experience. The provider had contacted all 6 agencies and was not successful in securing staff. This was	

not a failure in contingency planning but as a direct result of the high levels of Covid-19 infection rates in Ireland, which resulted in a lack of available people from agencies and was outside of SHS's control.

Our redundancy in relation to contingency had factored in preparedness in the contingency plan for staff with SHS to be redeployed staff from Day Services. These redeployed staff were both Nurses and CSWs - all of whom are very experienced. There were always 2 nurses on day duty.

It must be highlighted that, during the height of the crisis, three residents were in hospital and a fourth was in and out of hospital. Therefore, the maximum number of residents in the designated centre was between 8 and 9 at any one time with never less than 2 nurses on duty and on some days, 3. Plus there were 4-5 CSWs on duty which in total was 6-7 staff to a maximum of 9 Residents. All redeployed staff had the required skills and were reliable and the Provider was able to ensure most stringent adherence to provider Covid-19 protocols. 18th March 2021

4. The Contingency Plan has been further reviewed taking into account the possible absence of domestic and catering staff. In this situation, extra staff will be rostered to cover for them while they are absent. 18th March 2021

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The designated centre's Risk Register has now been updated. 18th March 2021 2. All residents have individual Covid Risk Assessments and individual Covid Isolation Plans in place in the event of an outbreak. 18th March 2021	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. The Provider has reviewed the Infection Control Policy and the policy now includes links to a repository containing the most up to date information on Covid-19. 9th March 2021 2. The Provider has updated the daily cleaning schedule. Regular audits of the cleaning	

schedule are also in place. 18th March 2021

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	16/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	18/03/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	18/03/2021

	Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/03/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	18/03/2021