



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

## Issued by the Chief Inspector

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|----------------------------|--|
| Name of designated centre: | Bella Vista  |
| Name of provider:          | Sunbeam House Services<br>Company Limited by Guarantee |
| Address of centre:         | Wicklow  |
| Type of inspection:        | Unannounced  |
| Date of inspection:        | 31 March 2022  |
| Centre ID:                 | OSV-0001701  |
| Fieldwork ID:              | MON-0035801  |

## About the designated centre

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

This designated centre is a large community house located in an estate in a large town in Co. Wicklow. The house has ten bedrooms, a large living room, a kitchen/dining room, two bathrooms, a shower facility and a small toilet room. The centre provides residential supports for up to eight adults, both male and female, with low to moderate supports needs. The centre is intended to support residents to live as independently as possible. The support provided to residents varies depending on individual needs and requirements. The current staffing compliment is made up of social care workers and care assistants with the staff team supervised by a person in charge. The person in charge divides their working hours between this centre and one other.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 8 |
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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 |
|------------------------|----------------------|------------------|------|
| Thursday 31 March 2022 | 09:45hrs to 18:00hrs | Jacqueline Joynt | Lead |

## What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

On arrival at the front door of the centre, the inspector was met by a staff member who took their temperature, asked them to sign the visitor's book and went through a number of key COVID-19 safety questions in advance of the inspector entering the house. There was a personal protective equipment (PPE) station located inside the front porch of the house, which included masks, hand gel and safety notices to remind visitors of how to keep safe during their visit.

During the course of the inspection, the inspector met with all eight residents and was afforded the opportunity to speak with some residents regarding their views on infection prevention and control practices in their home and when they were out in the community. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, wearing the appropriate personal protective equipment and in adherence with national guidance.

Overall, there was a sense of excitement and anticipation regarding the return to community activities. On the day of inspection, a number of residents had booked tickets to a music concert and expressed their happiness to the inspector about their return to this type of event. In general, residents seemed to understand the measures and restrictions in place to keep them safe during the current health pandemic. On speaking with one resident, as they were heading out to the local town, (using public transport), they showed the inspector a small bottle of hand-gel they carry on them at all times and spoke about wearing a mask on the bus to keep safe.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. On the day of inspection, staff were observed to be regularly cleaning their hands, and were wearing masks in accordance with the current public health guidance.

During the walk-around of the centre, the inspector observed the house, for the most part to be tidy, welcoming and in line with the residents' likes and wishes. In particular, the entrance hall, kitchen and sitting room. On the walls throughout the house were photographs of activities and achievements completed by the residents. There was also lots of art work, hanging on the walls of the they house, that had been painted by two of the residents.

All residents were provided with their own bedrooms which were decorated in line with their likes and wishes. Where appropriate, and in line with the residents wishes, residents were supported to clean and tidy their rooms and complete their own

laundry. However, where residents did not want support with cleaning their room, the arrangements in place to ensure the room was appropriately clean for sleeping in, required review and further consultation with the resident.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in monthly household meetings with the person in charge and their staff. Matters were discussed and decisions made. For example, health and safety matters, Covid-19 and complaints were regularly raised at the meetings. As part of their household meetings, residents were also supported to put forward any repair or upkeep work they had identified in their home that needed attention.

For the most part, the centre appeared clean and tidy however, a deeper clean was needed to some of the fixtures and facilities in some of the rooms and in particular, to a number of bathrooms in the house. In addition, there were a number of areas of the house that required upkeep and repair, again, many of these related to the centres' bathrooms. These rooms presented a potential infection control risk as they could not be adequately cleaned due to their disrepair and poor upkeep.

Staff were responsible for the day-to-day cleaning of the centre and for other tasks such as laundering some of the residents' clothes, towels and bed linen. On the day of the inspection, staff were observed carrying out some of the cleaning tasks in line with the schedule in place for that day. There were systems in place in the centre for keeping soiled laundry separate from clean laundry. Staff had access to soluble bags and were clear about the temperature soiled laundry should be washed at.

The inspector found that due to current staff vacancies and various types of absences, there was a heavy reliance on agency staff in the centre. Overall, the inspector found, that the infection prevention and control issues identified on the day of the inspection, did not provide assurances that there were adequate resources in place to ensure that the cleaning needs of the centre were met given its size of the centre and number of residents living in it.

There were cleaning systems in place and were part of the staff's daily and nightly duty list. These lists including specific cleaning and laundry tasks to be carried out at specific times during day and night. However, improvements were needed to ensure that the systems in place were effective and that they included sufficient guidance and were completed in line with the schedules in place. In addition, some improvement was needed to ensure that the cleaning schedules in place in the house incorporated equipment used by the residents, such as, wheelchairs and rollators.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place. However, a number of improvements were needed to ensure that the measures in place, to assess performance against infection prevention control standards and best practice, were effective at all times to ensure they protected residents against acquiring healthcare-associated infections.

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

## Capacity and capability

Overall, the inspector found that the provider was endeavouring to implement systems and arrangements to ensure that infection prevention and control procedures were consistent with the National standards. However, the level of compliance did not assure the Chief Inspector that the provider had taken all necessary steps to ensure compliance with regulation 27 and the National standards on infection prevention and control in community services (2018). The provider had not fully completed all actions required from the previous inspections, which impacted on some of the infection control standards in the centre.

Assurances had been provided to the Chief Inspector that Regulation 17, 23 and 28 would be brought into compliance by November 2021, in line with the non-standard condition attached to the centre's registration. However, the updated compliance plan for the centre advised that all actions would not be completed until January 2023. Overall, this response was found to be untimely and in particular, some of the outstanding upkeep and repair actions for Regulation 17, placed the residents at continued risk of potentially acquiring healthcare-associated infections. Subsequent to the inspection, the provider was required to attend an escalation type meeting with the office of the Chief Inspector.

The registered provider had implemented governance and management structures in an effort to minimise the risks to residents acquiring or transmitting preventable healthcare-associated infections. There was a COVID-19 committee established in the organisation to provide guidance and support. This committee consisted of the organisation's principal social worker, the medication trainer/clinical assessor, a number of senior service managers, the quality compliance manager and a human resource manager. The committee provided information and updates relating to COVID-19 matters, which was easily accessible to staff through the organisation's shared information technology system.

There was a risk assessment for the centre relating to COVID-19 risks to ensure there were adequate contingency plans in place during the current health pandemic. The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services.

There was an infection control policy that contained well-defined procedures and provided clear guidance to staff. There were also guidance documents and information available to staff and residents in relation to COVID-19. Additionally,

there was a suite of information and guidance available in the centre on infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HPSC).

The provider had completed a health and safety audit in May 2021 which considered a number of infection prevention and control matters. The provider had also completed an unannounced six-monthly review of the quality and safety of care and support provided to residents in the designated centre. It included a written report that took into consideration matters related to infection prevention and control. However, the inspector found that overall, the measures in place to assess performance against infection prevention and control standards and best practice, were not at all times, evidence based. For example, the provider had not completed a specific infection prevention and control audit for the centre.

In addition, the guidance documents, issued by the Chief Inspector, in relation to infection prevention and control had not been effectively implemented. The provider had completed the Health Information and Quality Authority (HIQA) Quality Improvement Plan however, as part of their active learning and reflective practice processes, had not reviewed or updated the plan since June 2021 or since the COVID-19 outbreak in the centre in January 2022. Furthermore, a copy of the centre's preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, was not available in the centre for the inspector to review.

On the day of the inspection, the inspector found that management structures were clearly defined and 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. A new person participating in management (PPIM) commenced in November 2021 and a new person in charge commenced in their role in January 2021. During the last twelve months, there had been a change in senior management and three changes to local management (person in charge). As such, continuity of care and support at management level could not always be assured during this period and potentially impacted on the effective implementation and oversight of some of the above mentioned infection prevention and control systems. However, the inspector found that since January 2022, there had been improvements to some of the local infection prevention and control systems in place. For example, the person in charge had made improvements to the centre's cleaning schedule and checklists to ensure the tasks were divided in accordance to the time and capacity available to staff on each shift. There were day-time cleaning schedules, night-time cleaning schedules including a specific cleaning schedule for staff working on a one-to-one basis with a resident.

Since the COVID-19 outbreak in the centre, the person in charge and PPIM reviewed the centre's outbreak plan and where lessons were learned, updated the appropriate sections of the plan. Risk assessments, relating to infection prevention and control, and specifically relating to COVID-19, were currently being reviewed and updated by the person in charge. This was to ensure their effectiveness and to ensure they were in line with residents' associated support plans. The person in charge carried



out team meetings with staff on a monthly basis and infection prevention control updates in policy, procedures and national guidance were included on the agenda.

There was a local auditing system carried out by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. There were monthly household audits taking place to monitor the cleanliness and upkeep and repair of the centre. However, improvements were needed to some of the monitoring systems in place to ensure that all cleaning systems were effective, and in particular, the centre's cleaning rosters, where a number of gaps were found.

The systems in place for workforce planning, to ensure that there were suitable numbers of staff members employed and available with the right skills to meet the centre's infection prevention and control needs, required review. For example, on the day of the inspection, there were two vacancies for healthcare workers. There was a high dependency on agency staff who were covering the vacancies as well as other staff leave. In addition, due to the physical and personal care changing needs of one resident, there were occasions where only one staff member was available to support the needs and wishes of five residents.

All staff were provided with the organisation's own on-line training for matters relating to COVID-19. The training included modules on understanding the virus, infection control policies and protocols, cleaning and disinfecting, risk assessments, donning and doffing of PPE and hand hygiene. The provider had identified a person with overall responsibility for the management of infection prevention and control within the centre. While they had been provided with the same infection prevention training as all staff, the inspector found that their role would be better enhanced if they were provided with additional training to support them in their role as the centre's representative on infection prevention and control.

The inspector met with members of the staff team during the course of the inspection and spoke to them about infection prevention and control practices in the centre including the associated policies, protocols and guidance. Staff members were able to explain to inspector the signs and symptoms of COVID-19 and were aware of the procedures to follow, and who to contact, in the event of an outbreak. However, improvements were needed to ensure that all staff were knowledgeable on cleaning processes in place for spills such as blood or bodily fluids, laundry systems in the event of soiled laundry and the effective and safe removal of PPE when supporting residents with healthcare-associated personal care.

Overall, the inspector found that a review of the type and frequency of infection prevention and control training provided to staff was needed to enhance staff knowledge and to ensure safe and effective infection prevention and control and antimicrobial stewardship practices at all times.

## Quality and safety

The inspector found that overall, the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were a number of recent improvements regarding the organisation's implementation of infection prevention and control procedures, however, further improvements were needed to ensure consistent implementation of standard infection control precautions and procedures at all times. In addition, there were a number of upkeep and repair improvements required, (some of which were outstanding since the previous inspection), to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Residents engaged in regular household meetings with their staff, where matters relating to COVID-19 were discussed. In addition, at the meetings, residents were provided with the opportunity to put forward any areas of upkeep and repair that they had identified in their home. This information was then relayed to the maintenance team and an action was noted on the maintenance log. There was accessible information displayed through-out the centre on effective hand hygiene practice, physical distancing and where appropriate, wearing masks.

Where appropriate, the person in charge communicated with residents' family representatives to keep them informed of any changing guidance or controls in relation to infection prevention and control, for example to inform them of visiting arrangements or if there were isolation requirements that would impact on residents' visitors or care arrangements.

All residents had an individual COVID-19 self-isolation plan in the event that they were required to isolate or restrict their movements. The plans were personalised and overall, provided clear guidance on the supports that residents would require and like, if they were to isolate. Post the COVID-19 outbreak in the centre, plans were reviewed and where learning had occurred, plans were updated.

A walk-around of the centre demonstrated that while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. Overall, the cleaning arrangements in place needed improvements to their checklists and the monitoring of them to ensure they had sufficient guidance and were completed in line with the schedules in place. In addition, a number of areas of the house required upkeep and repair so that these areas could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents.

The inspector observed a number of door and door frames throughout the house which were grubby with chipped and peeling paint. A number of residents' bathrooms were observed to be in poor upkeep and repair. For example, sealants around a number of sink and bath taps were stained and needed upkeep. Extractor fans contained heavy dust and in some cases, mould. A shower curtain pole was observed as rusty and without a shower curtain. There was mould observed on bath and shower tiles. In one bathroom, a bath towel was used as a window curtain.

There was rust and peeling paint on a number bathroom radiators. In one bathroom, the shower hose attachment to the bath was not fit for use, there was no soap in the dispenser and the hand paper towel machine worked intermittently. Upkeep and repair work in this bathroom had been highlighted during the previous inspection. Some work had been completed however, some remained outstanding. Overall, the above observations, not only impacted on the safety of residents but impacted on the needs and wishes and dignity of one resident who had to go downstairs to avail of a shower. In particular, during the outbreak, and in line with self-isolation plans, the resident was unable avail of a shower, as the only facility available to them was the bathroom where the shower hose attachment was unfit for use.

The November six monthly unannounced review of the centre, had noted that there was no mould found in the centre however, in light of the inspection findings, (three months after from the review), where mould was observed in several places in the centre, an overall review of the ventilation system in the centre's bathrooms was needed to ensure the reduction of the rapid growth of mould in the centre.

The laundry room was in a separate building out the back of the house. The inspector observed the laundry room to be cluttered, untidy and unclean in some areas. For example, the sink area, including the window sill in front of it the sink, was dirty. The counter top under the vegetable stand was unclean and there were a number of pieces of residents' equipment, that were no longer in use, stored in the room alongside new equipment.

The current colour coded mopping systems in place in the house was not consistent. For example, the named area on the mop buckets did not match up with the named area on the associated signage. A number of mop heads were not fit for use. However, the person in charge had recently purchased new mopping equipment and there were plans in place to implement a new mopping system that was in line with infection prevention and control guidance and best practice.

The maintenance logging system in place demonstrated that a deep clean had been requested by the person in charge after the centre's COVID-19 outbreak in January 2022 however, this had not yet been completed. Overall, the inspector found that many of the issues identified on the day, for example in residents' bathrooms, required a deeper clean to ensure residents were bathing and showering in a safe and clean environment at all times.

The cleaning checklists and schedules in place endeavoured to ensure a thorough clean of the house, in addition to the general and touch surface cleaning that was taking place on a daily basis. However, on review of a sample of the checklists, there was a number of gaps where the cleaning tasks had not been documented as complete. Overall, the inspector found that a review of the monitoring the cleaning arrangements was needed to ensure, that where there were gaps, they were identified promptly, so that improvements could be made. In addition, a review of the cleaning checklist was needed to ensure that it provided adequate guidance that ensured all areas and facilities in each room were cleaned.

The provider could not be assured that all equipment used by residents was appropriately cleaned and decontaminated in line with the manufacturer's instruction and relevant organisational protocols and guidelines. For example, a number of residents used wheelchairs and rollators in the house and when out and about in the community (which was in line with their assessed needs). However, there was no cleaning checklist or clear guidance in place to ensure staff were aware of the process and frequency of cleaning this equipment.

There was ample PPE in place in the centre. Staff were observed to be wearing appropriate PPE on the day and there was guidance in place for effective use and disposal of the equipment. However, a review of the location where staff disposed and replaced their masks was needed to ensure they had appropriate access to hand hygiene facilities during this time. In addition, a review of staff practice when donning and doffing of PPE, during the administration of medical creams to residents, was needed. In addition, the inclusion of clear guidance in residents personal plans was needed to support staff ensure the hygienic and safe disposal of PPE after the procedure.

Overall, the provider had effective contingency measures in place to follow if an outbreak occurred, the provider had plans in place to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre in line with their documented plans and in a person-centred manner. There was a clear outbreak plan specific to COVID-19. The plan was reviewed in January 2022 where learning was shared post the COVID-19 outbreak in the centre.

The plan contained specific information about the roles and responsibilities of the various staff within the organisation and centre and also included escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within the plan also included information on isolating procedures, enhanced environmental cleaning and laundry measures.

For example, the outbreak plan included specific plans and responses for residents and staff where suspected or confirmed cases were identified. It provided clear detail on self-isolation plans for each resident which were person-centred in nature and took into account the understanding and communication of each resident. The outbreak plan identified precautions to be considered such as visitors, home visits, set up of residents' bedrooms, sanitiser stations, housekeeping, PPE, return to work protocols and bin management, but to mention a few. There was a staffing contingency plan in place, should an outbreak occur, which was regularly updated and based on learning. A recent addition, as part of the centres reflective practice and shared learning, included alternative accommodation information for staff during an outbreak.

## Regulation 27: Protection against infection

Overall, the level of compliance did not assure the Chief Inspector that the provider

had taken all necessary steps to ensure compliance with regulation 27 and the National Standards on infection prevention and control in community services (2018). The provider had not fully completed all actions required from the previous inspections, which impacted on some of the infection control standards in the centre.

The measures in place to assess performance against infection prevention control standards and best practice were not, at all times, evidence based. For example, there was no infection control audit or assessment completed for the centre.

The HIQA preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak was not available to the inspector on the day of inspection and the HIQA Quality Improvement Plan had not been reviewed since June 2021.

Improvements were needed to some of the monitoring systems in place to ensure that all cleaning systems were effective, and in particular, the centre's cleaning rosters, where a number of gaps were found.

The systems in place for workforce planning, to ensure that there were suitable numbers of staff members employed and available with the right skills to meet the centre's infection prevention and control needs, required review. There were two vacancies, a high dependency on agency staff and the changing needs of a resident had not been considered in the current roster.

Improvements were needed to ensure that all staff were knowledgeable of the cleaning processes in place for spills such as blood or bodily fluids, laundry systems in the event of soiled laundry and the effective and safe removal of PPE when supporting residents with healthcare-associated personal care.

A review of the type and frequency of infection prevention and control training provided to staff was needed to enhance staff knowledge and to ensure safe and effective infection prevention and control and antimicrobial stewardship practices at all times

A review of the training provided to the person who held the role of the centre's COVID-19 representative was needed to ensure they had sufficient knowledge and skill appropriate this role.

A review of practices relating to donning and doffing PPE when supporting residents administer medical cream was needed, including clear guidance for staff on the donning and doffing of PPE during the procedure.

A review of the location where the donning and doffing of masks took place was needed to ensure staff had appropriate access to hand hygiene facilities when changing their mask.

A number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. In particular, areas such as residents' bathrooms where

mould, rust and stains were found. Doors and door frames that had chipped and peeling paint and the laundry room which was observed to be cluttered, untidy and unclean in places.

The current colour coded mopping systems in place in the house was not consistent. For example, the named area on the mop buckets did not match up with the named area on the associated signage. A number of mop heads were not fit for use.

Improvements were needed to ensure that there were appropriate cleaning checklists in place for residents' equipment such as wheelchairs and rollators. In addition, clear guidance was needed to ensure staff were aware of the process and frequency of cleaning this equipment to ensure they were well maintained and appropriately clean at all times.

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 Bella Vista OSV-0001701

Inspection ID: MON-0035801

Date of inspection: 31/03/2022

## 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>Infection control Reference Team meetings<br/>Update 29.04.2022<br/>Infection control video sent to team prior team meeting on 14.04.2022<br/>Team meeting 19.04.2022 and discussed going forward videos and a SHS policy and signature bank in place.</p> <p>Staffing<br/>Update 29.04.2022<br/>Staff have been recruited.<br/>Staff one (120hr contract) has being successfully recruited and will commence employment following compliance stage due to be completed June 2022.<br/>Staff two (130hr contract) is working notice period in another SHS location, this staff member should be in post by 30.06.2022.</p> <p>Training for Location representative<br/>Update 29.04.2022<br/>eLearning on hsa.ie for Lead representative training to be completed by 13.05.2022</p> <p>Infection prevention practices<br/>Update 29.04.2022<br/>Food Hygiene provided by SHS eLearning covers HACCP areas of cleaning confirmed by training provider. 19.04.2022<br/>PIC implanted Blood and bodily fluids cleaning procedure now in place under sink in kitchen area beside cleaning supplies and in the laundry room. 11.04.2022<br/>Soilage kit in place in laundry room for staff to access as needed. 18.04.2022<br/>This will be discussed in next staff meeting 25.05.2022</p> <p>Repairs</p> |               |

Update 29.04.2022

Deep Clean organized for Bella Vista on 20.06.2022

New floor covering to both first floor Bathrooms- Completed 24.11.21

Resident's bedroom has been painted – Completed 09.09.21

New carpet to the main stairs Completed – 09.09.21

Boiler Replacement This will be relocated and replaced in an alternative location and will not reside in residents bedroom. Completion date 04.06.22

Temporary ramp will be purchased by 20.06.2022. Permanent ramp will be fitted as part of major works Q1 2023.

The ramp to external laundry room will be included in the major works to be actioned for Q1 2023. In the interim staff support residents to access the laundry room in a safe manner. Handrail in place to support residents with steps.

Clutter / laundry – Broken Furniture – Removed by skip by 12.4.22

All painting, Kitchen, offices, skirting boards to be completed by 20.6.22

Minor repairs of bathrooms to be completed by 20.6.22,

Radiator Heating in resident's bedroom completed by 15.4.22, Further work to be completed 04.06.2022.

Office to be cleared of unwanted furniture and documentation. Storage units to be purchased 31.04.2022

Shower Curtain bought on 11.04.2022, new shower pole to be replaced 20.06.2022

Bathroom Radiators to be painted by 14.05.2022

Color coding mopping system purchased and reviewed in place 11.04.2022, all staff updated.

New cleaning records in place highlighting each shift and duties assigned. Inclusive of handover columns between all shifts day and night. More in-dept specific area cleaning and daily tasks. 18.04.2022

Fire safety

Update: 29.04.2022

Application to vary for non-standard condition will be posted Tuesday 03.05.2022.

Incremental works scheduled.

Fire Proof Boarding on side of Glazed Panel. Works to be completed 20.6.22.

Free swing door closer to resident's bedroom – Completed 12.07.2021

External company conducted a Fire Risk Assessment in Bellavista on Wednesday, 28th May 2021. The findings of report revealed major structural works are required to provide fire protection in line with current fire regulations. It is planned for residents to move to another designated centre while these major works are being completed.

10.01.2023 commencing Installing Fireboard to ceiling / walls, emergency lighting upgrade, fire panel upgrade, fire door installation.

Anticipation of 6 months relocation of staff / residents for project. Identified property Redwood, this property will be required to be vacant and at present is currently being utilized for another major capital works projects for a different SHS location.

## Section 2:

### Regulations to be complied with

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

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

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b> | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-----------------|--------------------|---------------------------------|
| Regulation 27     | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Not Compliant   | Orange             | 20/06/2022                      |