



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

Issued by the Chief Inspector

Name of designated centre:	Bella Vista
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0001701
Fieldwork ID:	MON-0032804

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 - 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
Thursday 29 April 2021	11:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as they were capable of. There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre.

Eight residents live in the centre however, during the most recent health pandemic restrictions, three residents were residing in their family homes. Throughout the day, the inspector met with four residents on an individual basis to talk about their lived experience in the centre and the service provided to them. One resident had decided not to speak with inspector and their wishes were respected. Conversations between the inspector and the residents took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment (PPE) and was time limited in adherence with national guidance.

On entering the house, the inspector saw that overall, the physical environment of the house was clean and for the most part, in good decorative and structural repair. Since the previous inspection of this centre in March 2020, improvements were made to the front hall with the removal of a staff desk and computer and a new seating area was created for residents to relax and enjoy space away from the larger communal areas of the house. The upstairs office was now laid out in a manner that was suitable for residents to meet with their visitors in private.

The walls of the hallway, staircase and sitting room were full of photographs of residents enjoying various activities with their family and peers. There were lots of art and craft works through out the house that had been created by residents living in the house. There were certificates of achievements hanging on walls and residents appeared proud to show them off. There was a sizeable sitting room where residents could watch television and relax together as a group however, residents told the inspector that they also had a television in their room if they wanted some space or wanted to watch a different programme. There was a large fish tank in the sitting room with an assortment of fish. Residents advised the inspector that they enjoyed feeding the fish and helped out with the cleaning of the tank.

A reconfiguration of two rooms had taken place in the house resulting in an upstairs bedroom being moved downstairs which better met the needs of a resident. However, on observation of the newly located bedroom, the inspector found that a number of decorative repairs were required so that the room was in line with the residents' needs, likes and wishes and included no trace of the previous use of the room.

The house included two bathrooms upstairs, a shower room and a small toilet room downstairs. Residents who slept upstairs in the house informed the inspector that they had to go downstairs to have a shower as the bathrooms upstairs did not include adequate shower facilities.

Prior to the inspection, residents were supported by their staff members to complete Health Information and Quality Authority (HIQA) questionnaires. Overall, the residents' feedback was positive about their lived experience in the centre. They expressed that they were happy with who they were living with, their bedroom, food and mealtimes, activities and the care and support provided by staff. Residents were happy with their surroundings however, a three of residents noted that they would like some tables and chairs in the garden area.

Residents noted in their questionnaires that they were happy with the amount of choice and control they have in their daily life and expressed that they enjoyed the company of staff and that staff were easy to talk to and were aware of their likes and dislikes. All resident questionnaires demonstrated that residents knew who to go to should they need to make a complaint. In addition, on speaking with residents the inspector was informed that they were aware of who they could go to should they want to make a complaint and had advised the inspector that they were happy with the outcome of any complaints they had made.

Residents were aware and knowledgeable about the current health pandemic and how to keep themselves safe when out in their community. Most of the residents advised the inspector that they were frustrated with the current health pandemic and the restrictions that were currently in place. Residents were looking forward to the easing of restrictions so that they could return to many of their community activities and for some residents, their employment. However, in the meantime residents were currently enjoying a number of activities such as spending time on their electronic devices making video calls to family and friends, going for walks in the local town, painting, listening to music, singing, meditation, engaging in zoom activities, and gardening out the back and front of the house. One resident appeared proud when pointing out some flower beds they had enjoyed planting in the back area of the garden.

The inspector found that the provider promoted positive risk taking whilst balancing the rights of residents. During the current health pandemic restrictions, and to support residents' wellbeing, arrangements had been made in a safe way for some residents to visit their family's home. There were appropriate safety checks in place in advance of the visit and on return to the centre. In addition, risk assessments had been completed to ensure the safety of the residents (and other residents and staff) around the visits.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in house meetings where matters were discussed and decisions made. However, improvements were required to the recording and publishing of the meeting minutes as the last set of minutes made available to residents was in September 2020.

In summary, the inspector found that overall, the residents' well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre.

The inspector found that overall, through speaking with the 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 an environment where they were empowered to live as independently as they were capable of. However, to ensure better outcomes for residents, improvements were warranted to the premises and in particular, to ensure adequate and sufficient facilities were made available to residents. (This is discussed further in the quality and safety section of the report).

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

Capacity and capability

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre and for the most part, there was a clearly defined management structure in place. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support. However, the inspector found that the majority of the improvements identified on the previous inspection in March 2020 had not been completed and that, at times, this was impacting negatively on the lived experience of residents.

This risk-based inspection was completed as there had been no inspection carried out in this centre since March 2020 and an update was required in advance of the designated centre's registration renewal.

A new person in charge commenced working in the centre in mid-March 2021. They divided their time between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Previous to the new person in charge commencing, the local management structure included a deputy manager to support the person in charge in their role however, on the day of inspection this role was no longer in

place.

Overall, the inspector found that the local governance and management systems in place were found to operate to a good standard in this designated centre. There was a comprehensive local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

There was evidence to demonstrate that that the person in charge, supported by senior management, strived for excellence through shared learning and reflective practices. Actions that arose from a recent inspection of a designated centre, that the person in charge also managed, was shared and discussed with the staff team. As a result a number of improvements had taken place such as the development of individualised assessments and plans for residents during the current health pandemic and enhanced awareness among residents of the complaints procedures. Overall, the shared learning had led to positive outcomes for residents and in particular, regarding their safety and wellbeing.

However, the inspector found that overall, improvements were required to the governance and management systems in place to ensure that where actions were required, they were completed and within an appropriate timeframe. The provider had not completed all of the actions identified on the previous Health Information and Quality Authority (HIQA) inspection that had taken place in March 2020. These actions related to premise, fire precautions and staffing. A number of the outstanding actions had been raised on the centres' health and safety audit in 2019 and 2020 and more recently the centre's 2021 annual report. As a result of the incomplete actions, residents' privacy and dignity was not promoted at all times, residents' safety was not assured at all times and appropriate staffing supports in line with residents' needs could not be ensured at all times.

To ensure the centre's staffing levels were in compliance with the regulations and the provision of safe and good quality care, the provider had advised that by August 2020 they would carry out a formal assessment to determine the actual staffing requirements for all residents each day. This was to ensure the qualifications and skill mix of the staff was accurate to the assessed needs of residents however, this had yet been completed. The outstanding action had been identified on the centre's 2021 annual report however, no specific action or timeline had been provided. On the day of inspection, the inspector was advised that the assessment was in progress with staff rosters currently under review.

Notwithstanding the above, on review of a sample of staff rosters the inspector found that staffing arrangements included enough staff to meet the needs of the five residents currently living in the house. The staff roster was maintained appropriately with a recent upgrade which provided further clarity on staff shifts and allocations. The roster clearly identified the times worked by each person including when the person in charge was present in the house. Overall, the provider and person in charge endeavoured to ensure continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. However, the inspector found that there was a high dependency on agency staff to

cover work shifts. However, where agency staff were employed, the same staff were recruited each week and were assigned to this centre only.

There was an effective complaints procedure that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. There was also information on a national advocacy advice service. The complaints procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive good quality and effective services. The inspector found that where a complaint had been made, it had been dealt with in an appropriate and timely manner with actions followed up and overall, satisfaction levels noted.

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. Furthermore, the provider had ensured there were adequate contingency plans in place during the current health pandemic. The person in charge, supported by senior management, had put in place individualised self-isolation plans and individualised risk assessments for all residents, which were person-centred in nature and better ensured each resident's safety and wellbeing in the event of an outbreak.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had commenced their role in the designated centre in March 2020. They divided their role between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was maintained appropriately with a recent upgrade that provided

further clarity on staff shifts and allocations. The roster clearly identified the times worked by each person including when the person in charge was present in the house.

A formal assessment to determine the actual staffing requirements for all residents each day was due to be completed by the provider however, this action had not yet been completed. On the day of inspection, the inspector was advised that work was in progress with the assessment with staff rosters currently under review .

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not fully completed all of the actions identified on the previous Health Information and Quality Authority inspection that had taken place in March 2020. These actions related to premise, fire precautions and staffing. A number of the actions had been raised on the centres' health and safety audit in 2019 and 2020, and more recently the centre's 2021 annual report however, the inspector found that the a number of actions remained outstanding and with no planned completion dates.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, improvements were warranted to the recording systems in place to ensure that all accidents were appropriately recorded at all times.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the centre that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. Residents were aware of who they could make a complaint to and overall, residents told the inspector that they were satisfied with the outcome of their complaints.

Judgment: Compliant

Quality and safety

The inspector found that for the most part, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, to ensure better outcomes for residents, improvements were required in the areas of fire safety, positive behavioural support and premise, most of which were identified on the centre's previous inspection in March 2020.

The inspector found that there had been a number of improvements to the layout of the centre since the last inspection which overall, better met the needs of the residents. However, to ensure a safer and more comfortable living environment for residents improvements were warranted to the décor of a newly reconfigured bedroom and to one of the upstairs' bathrooms. The latter improvement had been identified on the previous inspection in March 2020 and also on the centre's health and safety audit in 2019 and in 2020 however, had not yet been completed. Overall, the inspector found that the bathroom flooring was in disrepair and the shower type attachments to the bath were not fit for use and as a result residents had to use the shower facilities downstairs.

In addition, on the day of the inspection the inspector found that further decorative and structural repairs were observed to be warranted. A health professional's recommended upgrade to a ramped entrance/exit to provide better accessibility for residents, had not yet been completed. Furthermore, the inspector observed the carpet on the stairway of the house to be badly worn and stained in places. The inspector found that overall, the outstanding repair work to the premises impacted on the residents' protection against infection, accessibility and their of privacy and dignity.

The inspector found that overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' specific healthcare needs were supported through person-centre health and wellbeing plans and overall were regularly reviewed. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were supported to live healthily and were provided with a choice of physical activities, meals and beverages that promoted healthy living. Residents informed the inspector of the healthy meal options that were made available to them and talked about a number of ways they kept active to keep themselves fit and healthy.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. Where residents were provided with a positive behaviour support plan, the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs. Where residents were provided with a positive behaviour support plan the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs. However, the inspector found that improvements were warranted to ensure that all staff reviewed and incorporated the plans into their practice while supporting residents manage their behaviours.

For the most part, the inspector found that where restrictive procedures were being used, they were based on the centre's and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. However, not all restrictive practices in place had been reviewed within an appropriate timeframe. In addition, the inspector found that a review of an environmental restrictive practice was warranted to ensure that it was not dependant on staffing levels and that it was the least restrictive at all times.

The fire fighting equipment and fire alarm systems were appropriately serviced and checked. Fire drills were taking place at suitable intervals. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. Each resident was provided with a personal evacuation plan. However, a review and update of one resident's evacuation plan was

warranted to better ensure their mobility needs were adequately accounted for at all times.

The inspector found that improvements were required to fire containment measures in the centre to ensure the safety of all residents all of the time. These improvements had been identified in the previous Health Information and Quality Authority (HIQA) inspection in March 2020 but had not yet been completed. There was a requirement for certain doors in the centre to be fitted with self closure devices that would allow them to close in the event of a fire, as some doors were required to remain open to promote accessibility for residents. The provider was required to extend fire containment measures to other parts of the designated centre, and to ensure documentation was maintained to verify the effectiveness of these measures. These issues had also been identified on the centre's health and safety audit in 2019 and February 2020 and again on the centre's annual report completed in February 2021. The delay in completing this work impacted on the safety of residents living in the centre. On the day of inspection the inspector was informed that a fire safety engineer company was due to visit the centre in May 2021 to carry out an assessment and that funds for the work was included in the centre's 2021 budget.

Policies and procedures and guidelines in place in the centre in relation to infection prevention and control were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. The inspector 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. Residents were supported to be knowledgeable and educated in matters relating to the current health pandemic and how to keep themselves safe. On the day of inspection the inspector observed the house to be clean. However, the inspector found that the cleanliness of the upstairs bathroom required improvement to ensure the safety and protection of residents at all times.

Individual and location risk assessments were in place to ensure that safe care and support was 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. An enhancement to the current COVID-19 associated risk assessments had taken place in March 2021. The risk assessments included control measures to mitigate the risks associated with self-isolation and in turn ensured residents' safety and wellbeing including better preparedness in the event of an infectious outbreak..

Regulation 17: Premises

Not all actions relating to premises which were identified on the previous inspection in March 2020 had not yet been completed. The flooring in the upstairs bathroom was found in disrepair and the attachments to the bath were not fit for use.

The carpet on the stairway of the house to be badly worn and stained in places.
An upgrade to a ramped entrance/exit at the front of the house, which had been recommended by a health professional in 2019, had not yet been completed.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, residents were protected by risk management policies, procedures and practices in the centre. Specific individualised person-centred risk assessments relating to residents' self-isolation plans had been put in place in March 2021 to better ensure the safety of residents and preparedness in the event of an infectious outbreak.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the inspector found that the house to be clean. Policies and procedures and guidelines in place in relation to infection prevention and control clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections.

However, the inspector found that the cleanliness of the upstairs bathroom required improvement to ensure the safety and protection of residents at all times. There was mould on the ceiling and on the tiles behind the bath and the silicon around the bath taps was stained with ingrained mould on the circumference.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements required to fire containment measures, that had been identified in the previous Health Information and Quality Authority (HIQA) inspection in March 2020, had not yet been completed. There was a requirement for certain doors in the centre to be fitted with closure devices that would allow them to close in the event of a fire, as some doors were required to remain open to promote accessibility for residents. The provider was required to extend fire containment measures to other parts of the designated centre, and to ensure documentation was maintained to verify the effectiveness of these measures.

Each resident was provided with a personal evacuation plan. However, a review and update of one resident's evacuation plan was warranted to better ensure their mobility needs were adequately accounted for at all times.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to live healthily and were provided with a choice of health activities, meals and beverages that promoted healthy living.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were provided with a positive behaviour support plan the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs. However, the inspector found that improvements were warranted to ensure that all staff reviewed and incorporated the plans into their practice while supporting residents manage their behaviours.

Overall, the inspector found that where restrictive procedures were being used, they were based on the centre's and national policies. However, not all restrictive practices in place had been reviewed within an appropriate timeframe. Furthermore, the inspector found that a review of an environmental restrictive practice was warranted to ensure that it was not dependant on staffing levels and that it was the least restrictive at all times.

Judgment: Substantially compliant

Regulation 8: Protection

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. The inspector reviewed a sample of records of incidents in the centre and found that they provided adequate detail of the incident with appropriate follow up. Where appropriate, learning from the incidents was shared amongst the staff team to reduce the chance of the incident recurring.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bella Vista OSV-0001701

Inspection ID: MON-0032804

Date of inspection: 29/04/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Workforce planner will be completed by 11.06.21. A review of rosters has been completed and a decision has been taken to reduce the staffing at night, when 2 or more Residents are away from the designated center overnight. The Staffing will reduce from 2 sleepover and 1 waking night to 1 sleepover and 1 waking night. This will be reviewed as the environment or residents needs change.</p> <p>A SHS relief panel is now operational and vacant shifts are covered by relief staff. This has greatly reduced the reliance on agency staff. The recruitment of 2 new staff is currently being processed.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire doors will be installed in throughout the designated centre and closers fitted where required by 31st November 2021.</p> <p>A maintenance manger has joined the organisation on 24th May 2021 and is specifically focusing on the premises of all designated centres. Part of this brief is to develop a strategic plan to identify and prioritise works to be completed with time frames.</p> <p>External company conducted a Fire Risk Assessment in Bellavista on Wednesday, 19th May. The report will be issued on Monday 1st June 2021 and works are to be prioritised for the fire doors and fire containment. Works to be completed by 30th November 2021.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>This incident was recorded when the injury was discovered and reported in the quarterly NF39 Notification in April 2021.</p> <p>Timely notification and recording of incidents will be discussed at Staff meeting on 28th May 2021.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The following has been scheduled to be carried out the week of the 14th of June 2021</p> <ul style="list-style-type: none"> • New floor covering to both first floor Bathrooms • Thermostatic mixing tap with shower controls to bathroom no 2 new shower curtain • New flooring to clients bedroom. PIC is consulting with resident in relation to resident's choice of paint colour soft furnishings. Old desk will be removed and desk of resident's choice will be put in place • Re paint clients bedroom • New carpet to the main stairs • Free swing door closer to resident's bedroom <p>The ramp has been inspected by an external contractor and the works will be completed by 28th July 2021</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Mold has been cleaned and Staff have been instructed at Staff meeting on 28th May 2021 in relation to windows being left open until the bathroom is cleared of condensation. Staff need to ensure that the vent is kept clean and clear. This is</p>	

included in the cleaning schedule.	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire containment door closures will be installed immediately for Resident with mobility issues.</p> <p>External company conducted a Fire Risk Assessment in Bellavista on Wednesday, 19th May. The report will be issued on Monday, 1st June 2021 and works are to be prioritized for the fire doors and fire containment. Fire doors will be installed in the designated centre by 30th November 2021 and fitted with door closers where required.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All restrictive practices will be reviewed and updated where required by 30th June 2021. The alarm on the bedroom door will be deactivated and Risk Assessment updated by 1stth June 2021 as there is regular waking night staff downstairs next to the resident's bedroom</p>	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	11/06/2021
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	14/06/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	28/05/2021

	suitably decorated.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	28/07/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/06/2021
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	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	26/05/2021

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2021
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	28/05/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	28/05/2021

	behaviour that is challenging and to support residents to manage their behaviour.			
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 accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/06/2021
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	30/06/2021