



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

Name of designated centre:	Villa Maria
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	28 May 2018
Centre ID:	OSV-0001686
Fieldwork ID:	MON-0021596

About the designated centre

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

Villa Maria designated centre is located in a town in Co. Wicklow. The designated centre can provide residential care for up to six male or female residents over the age of 18 years. The centre provides services for residents who are dependent in many areas of their daily life and require staff support to maintain and increase independence as much as possible. Staff also support residents to manage personal risks and provide health-care supports. The centre is managed by a full-time person in charge who also has responsibility for another designated centre. They are supported in their role by a deputy manager. A senior services manager is also assigned to the centre and provides supervisory support to the person in charge. The whole-time-equivalent staffing for this centre is 12.8, as per the provider's statement of purpose, the whole-time-equivalent for the person in charge is .5. The provider has identified, in the statement of purpose, that at least one male staff is required to work in this designated centre during the day and at night time. The provider has also identified in the statement of purpose that Villa Maria cannot accept new admissions should a vacancy arise in the future.

The following information outlines some additional data on this centre.

Current registration end date:	16/08/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
28 May 2018	09:50hrs to 18:15hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met with all six residents on the day of inspection and interacted in a more in-depth way with two residents. Residents spoken with were unable to verbally communicate their views of the service however, the inspector observed that residents were comfortable and appeared content in their home. Some residents held the inspector's hand at times during their interactions while other residents showed the inspector their art work and drew some cards with the assistance of staff. Residents were observed going out for social trips and shopping in the town where they lived. Residents appeared to enjoy the company of staff and interactions between staff and residents were observed to be pleasant and supportive. Questionnaires received about the centre were from residents' families and representatives. They were complementary of the service and staff working in the centre. Questionnaires also identified that social care supports and an active life were important for residents and acknowledged that staff supported them in this regard.

Capacity and capability

The registered provider, the person in charge and persons participating in management of the centre were ensuring each resident received a safe service. This inspection found evidence of a service that had improved social care supports for resident and overall governance arrangements which were promoting each resident's care, welfare and social care needs to an improved standard from the previous inspection.

Sunbeam House had made a number of governance and management improvement initiatives in the months prior to this inspection. These changes were found to be effective and had impacted in a positive way on the centre. This meant that systems were in place to identify and respond to residents' needs and ensure that they received a good service.

Appropriate oversight arrangements were in place. The person in charge provided the day-to-day operational management and oversight of the centre and a deputy manager managed the centre in the absence of the person in charge ensuring consistent oversight of the care provided to residents.

The provider had ensured that staff were accountable in their roles. Meetings between the senior services manager and person in charge had occurred in the first quarter of 2018. Specific key quality indicators were reviewed at this meeting.

The person in charge presented as a competent manager who understood their regulatory role and responsibilities to a good standard. This included knowledge of notifications to the Chief Inspector required by the regulations. The inspector reviewed incident recording systems in the centre and noted required notifications had been submitted to the Chief Inspector within the time-lines stipulated in the regulations. Some improvement was required to ensure all restrictive practices in the centre were notified on quarterly reports for the centre.

The provider was using an audit system to self identify areas for improvements and to comply with the regulations. Six-Monthly provider led audits had been carried out as required by the regulations. These were found to be comprehensive documents with associated action plans devised following each audit. The provider had also completed an annual report as per the requirements of the regulations. Ongoing operational management audits were in place and there was evidence that staff were encouraged to take responsibility and be accountable through improved governance arrangements in the centre.

The provider had revised the statement of purpose, those amendments had ensured the document met the requirements of Regulation 3 and Schedule 1 of the regulations and better reflected the service provided in the centre.

Effective staffing arrangements were ensured an adequate number of consistent staff were in place. The inspector noted staff had appropriate qualifications, experience and skill mix to meet the assessed needs of residents. The provider had also identified the requirement for at least one male staff to work in the designated centre on day and night time shifts. This was reflected in the statement of purpose and also staff rosters reviewed indicated male staff were assigned to each shift.

Effective staff training and development systems and policies had also ensured staff had completed mandatory training in management of behaviours that challenge, fire safety and safeguarding vulnerable adults. Some improvement was required to ensure staff were trained in other areas to meet the assessed needs of residents. First aid training had been identified by the provider as a training requirement however, not all staff had received this training. Some personal risks for residents in this centre included the risk of choking and potential head injuries due to self-injurious behaviours. Some residents presented with autism specific needs however, it was not demonstrated staff had received training to meet these needs.

The provider had ensured staff were appropriately supported and supervised. The person in charge had completed a supervision meeting with most of the staff and the remaining staff had supervision meeting dates scheduled to occur during the remainder of the year.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full application to renew registration for this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge that met the requirements of regulation 14.

The person in charge had maintained their continuous professional development and had completed a recognised management course in 2017.

Judgment: Compliant

Regulation 15: Staffing

There were an adequate number of staff assigned to work in this centre. Specific provisions were in place to ensure male staff worked in this designated centre during the day and night time as reflected in the statement of purpose regarding the staffing requirement for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified first aid was a training need requirement for staff to manage specific healthcare risks. However, not all staff had received this training . Staff had not received training in autism support to meet the needs of some residents living in the centre.

A supervision policy and systems were in place at the time of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, it was demonstrated that the provider was implementing a more effective governance and management system for this centre. They had identified a number of non compliance issues, for example fire safety and premises issues, that required

improvement and plans to address them were at an advanced stage.

An annual report had been completed by a representative of the provider. Six monthly provider led audits had occurred and operational management auditing was also in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Actions from the previous inspection in relation to residents' contract of care had been addressed. Contracts of care were now presented in written and picture format and clearly set out services provided in the centre and fees/charges to the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was revised prior to the inspection and a further revision was made the day following the inspection to ensure it more accurately reflected the service provided in the designated centre. Following the revisions made the statement of purpose was found to meet the requirements of Schedule 1 of the regulations and provide a more accurate description of the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

It was found that all required notifications had been submitted from the sample reviewed. Some improvement was required to ensure all restrictive practices in operation in the centre were notified on quarterly reports to the Chief Inspector.

Judgment: Substantially compliant

Quality and safety

Overall, the provider had ensured they were providing a better quality service for

residents living in this designated centre. Some areas required further improvement in relation to personal planning, premises communal space, management of behaviour support needs for residents and further reduction of restrictive practices if and where possible.

The provider had not ensured residents had appropriate communal space options in this centre. At times during the day the dining area presented as overcrowded and could not adequately provide residents with a comfortable space to relax or engage in personal pastimes. However, it was demonstrated that the provider was now responding to this need. The provider proposed to reconfigure inside the property which would offer residents more communal space. However, a date for this reconfiguration was not specified.

The provider had introduced a more effective organisational risk management policy for Sunbeam House Service. The policy met the requirements of regulation 26 and risk management systems in place were in accordance with the policy. For example, the person in charge had devised an up-to-date risk register for the centre which included specific control measures for each risk identified. Personal risks for residents had also been identified with associated control measures in place for each risk identified. Some improvement was required to ensure the risk register captured all risks being managed in the centre, for example, in relation to the risk of head injuries associated with self-injurious behaviour.

The provider had addressed actions from the previous inspection in relation to infection control but further improvements were required to ensure an effective and evidence based infection control policy was in place to guide and support staff in the development and implementation of infection control risk management procedures. During the course of the inspection the person in charge implemented some improved infection control procedures for the management of soiled linen and clothing but this arrangement was initiated in the absence of organisational guidelines and as a response to an infection control risk identified by the inspector.

The provider had implemented appropriate fire safety precautions in the centre however, improvements were required in relation to fire and smoke containment measures which the provider had self identified. A date for the fire safety works was scheduled for the July 2018.

Residents' personal planning was not as effective as it could be as residents had not received an up-to-date annual comprehensive assessment of need. Therefore, it was not clear if support planning that was currently in place was adequate to meet the overall needs of residents without such assessment. For example, some residents presented with self injurious behaviours, autism and specific behaviour patterns which reflected sensory support planning was required. However, there was an absence of sensory support assessment.

The provider had ensured where residents presented with behaviour that challenges, behaviour support planning was in place but these plans did not provide adequate information and guidance for staff in how to respond to and manage self-injurious behaviours presented by some residents. In some other plans where

specific triggers were identified which could cause residents to engage in behaviours that challenge, there was insufficient information or behaviour support planning in place to mitigate these triggers.

The provider had systems in place for the monitoring and review of restrictive practices. A restrictive practice register was in place and there was evidence that the provider and person in charge had attempted to reduce the level of restrictive practices in the centre. However, there were still some work required to ensure the least restrictive option was always considered and trialled in an effort to reduce restrictions in the centre. Some resident's bedroom doors were locked from the outside, residents could not open these doors without staff assistance. Where PRN (as required) medications were prescribed as part of a management response for behaviours that challenge, the criteria for its administration was not clearly set out in the resident's behaviour support plan or an associated protocol.

The provider had ensured actions from the previous HIOA inspection in relation to medication management had been addressed. The inspector found appropriate medication management systems were in place and auditing of medication practices in this centre were managed to a good standard.

Residents were supported to achieve their best possible health but support planning for the management of some healthcare risks did not provide enough information or guidance for staff. Head injury support planning was not in place to guide staff in how to safely respond to and manage this type of health risk. Epilepsy care planning did not provide clear criteria for when emergency services should be contacted and information on what health-care supports or referrals should be implemented for a resident following a seizure.

Regulation 17: Premises

The provider had not ensured residents had access to adequate sized communal space in their home.

Some areas in the designated centre required re-decorating and painting to ensure the centre was maintained to the best possible standard throughout.

Judgment: Not compliant

Regulation 26: Risk management procedures

An organisational risk management policy was in place which met the regulations. Evidence of the implementation of the policy was found on this inspection.

Some improvement was required to ensure the risk of head injury and associated

<p>risk mitigation and management measures were in place for this personal risk.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>The organisation's infection control policy was not in date and did not provide adequate guidance for staff to manage infection control risks and incidents in designated centres.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>Fire containment measures in relation to fire doors were not adequate in this centre. However, it was demonstrated that the provider was acting to address this with confirmation from their external funding agency that these works would be funded and a time-line for completion dated July 2018.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>Actions from the previous inspection had been addressed.</p> <p>Medicines were safely stored. Medication management auditing was carried out in this centre both operationally and also by external persons to ensure good medication management standards were met and corrective actions were taken should they arise.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Residents had not received an up-to-date comprehensive assessment of needs.</p> <p>Residents presenting with sensory related needs, for example residents with autism, self injurious behaviour personal risks and behaviours that challenge had not</p>

received a sensory assessment as part of their personal planning.

Judgment: Not compliant

Regulation 6: Health care

Head injury and post head injury support planning was not in place. Epilepsy care planning required improvement.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support planning did not provide adequate information and guidance for staff in how to manage self-injurious incidents. There was an absence of support planning for the management of specific triggers to behaviours that challenge.

There were improvements required to reduce the number of restrictive practices used in this centre to ensure they were the least restrictive.

The criteria for use of chemical restraint medication was not clearly set out in residents' behaviour support plans or associated documentation.

Judgment: Not compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding with refresher training booked and were aware of their responsibility to report concerns to the person in charge who was identified as the designated officer. No safeguarding allegations were under review at the time of inspection.

The provider was in the process of revising and updating their safeguarding vulnerable adults policy at the time of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Villa Maria OSV-0001686

Inspection ID: MON-0021596

Date of inspection: 28/05/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Four staff are booked in and will be trained in First Aid by: 30th November 2018 All staff will have completed training in Autism Awareness by: 31st March 2019	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Use of Audio Monitor for one resident is now been recorded on the quarterly reports to the Chief Inspector. Completed 5th July 2018.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Inadequate size communal Space: PIC and SSM met with the families on the 13/03/18. Facilities & Corporate Services SSM also attended and discussed two potential options to increase the communal space (kitchen and dining room area) in the location. Families decided to go with second option which involves internal reconstruction. Staff and Clients also consulted. Currently Preparing Tender Documents for Public Procurement which will be completed by the 31/08/18. This document will then be submitted to HSE as part of request for funding. Once funding is approved the procurement and work procedure will take approx. six months. Fully completed by 30th September 2019	

Redecorating & Painting: Painting and redecorating has now commenced and will be fully completed **by 30 September 2018.**

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk Assessments is now in place for the one Resident who is at risk of head Injury due to Self -injuries behaviour. **Completed 5th July 2018.**

Risk register now updated and includes risk of Head injury. **Completed 5th July 2018.**

Care Plan now in place to guide staff around the management of head injury. **Completed 5th July 2018.**

Neurological Assessment Flow Sheet now in place for resident. **Completed 5th July 2018.**

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Guidelines for Washing Contaminated Clothing is in the Infection Control Policy. These guidelines have now been circulated to all CSM. **Completed 5th July 2018**

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

All New Fire Doors have now been Fitted. **Completed 5th July 2018**

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All Assessments of Needs Form are completed. **Completed 10/07/18**

Sensory Assessment will be completed **by the 30th September 2018.**

|

Regulation 6: Health care	Substantially Compliant
----------------------------------	--------------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:

Head Injury
 Care Plan now in place to guide staff around the management of head injury. **Completed 5th July 2018.**

Neurological assessment flow sheet now in place for resident. **Completed 5th July 2018.**

Epilepsy Care Plan

Epilepsy Care Plan for two residents are now in place which provides clear criteria when emergency services should be contacted. **Completed 10th July 2018**

|

Regulation 7: Positive behavioural support	Not Compliant
---	----------------------

Outline how you are going to come into compliance with Regulation 7: Positive Behavioural support:

Positive Behaviour Support Plan: This plan now includes guidelines around resident who engages in Banging their head. **Completed 9th July 2018.**

Positive Behaviour Support Plan: This plan now includes guidance around the Resident Pre-Menstrual Cycle **Completed 9th July 2018**

Positive Behaviour Support Plan: This plan now includes guidance around the Resident PRN Protocol **Completed 05th July 2018**

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	Completed by 31 st March 2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	Completed by: 30 th September 2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	Completed by: 30 th September 2018.

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	Completed 5th July 2018
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	Completed 5th July 2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	Completed 5th July 2018
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each	Substantially Compliant	Yellow	Completed 5th July 2018

	calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	Completed by: 30 th September 2018.
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	Completed 9th July 2018
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	Completed: 10th July 2018

	appropriate health care for each resident, having regard to that resident's personal plan.			
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 behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	Completed: 9th July 2018
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.	Not Compliant	Orange	Completed: 5th July 2018
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	Completed: 9th July 2018

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.	Not Compliant	Orange	Completed: 5th July 2018
------------------------	---	---------------	--------	--