



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

Name of designated centre:	Clara
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	10 May 2018
Centre ID:	OSV-0001690
Fieldwork ID:	MON-0021597

About the designated centre

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

This is a respite service in County Wicklow providing short and long-term respite breaks to 27 individual adults with disabilities. The centre is a four bedroom two story house and can support up to four individual residents, both male and female at any given time. While availing of respite breaks in the house residents have their own individual bedrooms, which are tastefully decorated and kept in a good state of repair. Residents are supported to frequent local community based amenities of their choosing such as shopping centres, hotels, pubs, cinema, bowling and cafes while on their breaks in the centre. The centre is staffed with a person in charge and a team of social care workers. Respite breaks are arranged so as to ensure there is an appropriate mix of residents at all times and that residents will get along with each other. Residents are consulted with so as to ensure that their stay in the centre meets their assessed needs and reflects their individual preference and choice.

Since this inspection took place the provider representative submitted an NF35 to HIQA informing that they had made a decision to close this centre for the purposes of extensive renovations. Once completed, they intend to reconfigure the centre and seek to register it as part of an existing designated service with the organisation.

The following information outlines some additional data on this centre.

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	4

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
10 May 2018	10:50hrs to 19:00hrs	Raymond Lynch	Lead
10 May 2018	10:50hrs to 19:00hrs	Conan O'Hara	Support

Views of people who use the service

The inspectors met with four of the residents that use the service and spoke with two of them for some time over the course of the inspection. Residents reported that they very much enjoyed their time in the centre, felt very well supported and got on very well with the staff. They also said that they were supported to engage in social activities of their preference and choosing and looked forward to their on-going regular respite breaks in the house.

Residents were happy to show the inspectors around the centre and informed the inspectors that if they had any concerns or issues they would speak to a member of staff and/or management at any time. It was observed that the residents were very much at home in the centre and got on very well the staff members on duty.

The residents told the inspectors that they like to '*chill out*' and relax while on their respite breaks, watch TV, chat with staff or go for a pint in the local pub. They also reported that they loved coming into the house for respite breaks and got on very well with all staff members.

Capacity and capability

This centre was well-resourced, supportive and responsive in meeting the individual and assessed needs of the residents, in turn demonstrating good levels of compliance across a number of regulations assessed.

In general the centre was organised and run to facilitate safe and enjoyable breaks for residents while on respite. However, some issues were identified with the arrangements for role of person in charge which is a key management position in the centre. She was responsible for three centres and had a large remit. This in turn meant that she was not (at times) in a position to carry out all the duties of a person in charge in a timely manner.

There was, at the time of inspection, a clearly defined management structure with distinct lines of authority and accountability. The provider was gathering information and using it to monitor and improve the service. There were several audits in place reviewing health and safety, medication and an annual provider review which included consultation with residents and six monthly unannounced audits. This meant that there was adequate oversight of the centre in ensuring it was safe and adequately meeting the needs of the residents.

The centre was managed by a suitably and experienced person in charge and the

inspectors found that she was knowledgeable of the residents and their needs. However, the person in charge also managed two other centres and had inadequate protected management time and support to effectively ensure effective governance, operational management and administration of this designated centre. For example, the process of staff supervision was not up-to-date and some key actions arising from audits had yet to be implemented. It was also observed that the deputy team leader of the centre was vacant and had not been replaced.

Staffing arrangements were not always adequate. On the day of inspection, the inspectors observed warm and respectful interactions between staff and residents. The inspectors reviewed a sample of the planned and actual rosters and found that the current staffing arrangements did not always support the residents' needs. For example, on occasion social outings had to be deferred as there were inadequate staffing resources available to facilitate them.

The inspectors reviewed staff training records and found that staff had up-to-date mandatory training. Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Some held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, children's first, fire training, food hygiene, manual handling and basic lifesaving skills. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The provider had systems in place to respond to incidents which occurred in the centre. A sample of adverse incidents were viewed and it was found that they were being appropriately managed and followed up however, they were not being notified as required by the regulations to HIQA. Once this was brought to the attention of the person in charge she assured the inspectors she would address this issue with immediate effect.

There were systems in place to ensure the residents voice was heard in the centre. Residents held regular meetings to decide on menus and what activities to participate during their respite breaks. There was also a complaints policy in place dated January 2018 and the complaints procedure were on display in a prominent place in the centre.

A minor issue was identified with the recording of some complaints however, residents spoken with informed the inspectors that they would approach staff with any issues or concerns they may have. The inspectors reviewed the complaints log and found that complaints were well managed and responded to in a timely manner.

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated May 2018.

Regulation 14: Persons in charge

The person in charge was knowledgeable of the residents and their needs. She was also responsive to the inspection process and was aware of her remit to the Regulations. However, the arrangements for the post of person in charge, including the remit of the post, did not always ensure effective governance, operational management and administration of this designated centre.

Judgment: Not compliant

Regulation 15: Staffing

There was a planned and actual roster maintained in the centre. However, at times there was not always adequate staffing arrangements in place to facilitate the residents' social care needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had up-to-date mandatory training. The centre had a plan in place for the year where refresher training was scheduled as appropriate to ensure all staff were up to date in mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability and systems in place in the centre. The centre was managed by a suitably qualified and experienced person in charge. There were several audits in place reviewing health and safety, medication and an annual provider review which included consultation with residents and six monthly unannounced audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place which outlined the services which residents

could expect to receive and outlined the fees which they would be required to pay.

Each resident had a contract for services provided in place, which was signed by them and/or a family representative and they clearly set out costs to be charged for services provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose dated May 2018 contained the information as required by Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all incidents were notified to HIQA as required by the Regulations. When this was brought to the person in charges' attention to informed the inspectors they would address the issue with immediate effect.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place dated January 2018. The inspectors reviewed the complaints log and found that complaints were well managed and responded to in a timely manner. However, the satisfaction of the complainant with the outcome of the complaint was not recorded for all complaints.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that the quality and safety of care provided to the residents was to a good standard and in general, their health, emotional and social care needs were being adequately provided for. However, some minor issues were identified

with how risk was being managed and how some social care goals were being actioned. Issues were also identified with the arrangements in place for containment of fire and with the suitability and layout of the premises.

From viewing a sample of files, inspectors saw that residents were being supported to engage in social activities of their choosing and preference. This was a short term respite house and each week residents would decide, with the support of staff what social activities they wished to engage in. For example, on the day of this inspection some residents were relaxing in the house watching TV, while others were being supported to go to the local pub for a pint. However, it was observed that one resident who was on a long term respite break did not have explicit actions identified with regard to the achievement of some of their social care goals.

Residents were supported to enjoy best possible health with the input of their families and day service placements. That said, each resident had a care plan in place and access to GP services and/or a range of other allied health care professionals formed part of the service provided. Residents were also provided with an annual review of their overall health and well-being whilst availing of respite in the centre. It was observed that one resident did not have a care plan in place for hypertension however, staff were aware of the residents condition and the person in charge put a plan in place prior to the end of the inspection process.

Residents were also supported to enjoy best possible mental health and where required had access to psychiatry support. It was also observed that staff had training in positive behavioural support techniques and some residents had a positive behavioural support plan in place. This was to ensure staff had the skills to support residents in a calm and caring manner during times of heightened behaviours.

Arrangements were in place to protect residents from any form of abuse. Staff also had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspectors were assured that they knew what constitutes abuse, the required reporting procedures and would not hesitate to act if they had any concern whatsoever with regard to the residents in their care.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date risk register and each resident had individual risk assessments on their files so as to guide safe care practices. However, some individual risk assessments required review and updating to adequately reflect the measures in place to keep residents safe.

For example, one resident could spend short periods of time on their own in the centre. While it appeared it was safe for the resident to do so (and no adverse incidents had been reported), there was a risk the resident may let a stranger into the house during these times. There was no mitigating factors reported in the risk assessments on how to avoid such a situation happening.

The provider had systems and measures in place to manage the risk of fire. There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspectors that staff undertook

daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were being carried out on a regular basis and each resident had an up-to-date personal emergency evacuation plan in place.

However, it was observed that there were no fire doors in place in the centre which meant in turn that the arrangements in place to contain a fire were not adequate.

There were policies and procedures in place for the safe receiving, storing, administration and disposal of medicines which met the requirements of the Regulations. All residents had undertaken a self administration of medication assessment and where required, staff provided support to some residents with their medication. p.r.n. medicines had strict protocols in place for their usage however, it was observed that there had been no recent administration of p.r.n. medication. There were also robust auditing systems in place to ensure that all medicines coming in and out of the centre could be accurately accounted for at all times.

While the house was observed to be warm and welcoming and residents reported that they were very happy with their individual rooms, the layout of the premises required review. This was because the communal sitting room/dining room area to include access to the kitchen also acted as a staff office and sleep over room from 11.30 pm each evening. This meant that residents could not access the kitchen, dining room or sitting room from 11.30 pm onwards as staff had no alternative but to use this areas as their bedroom.

Overall, residents reported to inspectors that there were very happy with the service they received in this centre, they felt adequately supported and safe and that their health and social care needs were being adequately provided for. However, some issues were identified on this inspection to include areas on non compliance in risk management, fire precautions and premises.

Regulation 17: Premises

While residents were happy with their individual bedrooms, the layout of the premises required review. Residents did not have access to their sitting room/dining room or kitchen from 11.30 pm each evening. This was because these rooms were being used as staff bedrooms from 11.30 pm to 7 am every night.

Judgment: Not compliant

Regulation 26: Risk management procedures

While there was an up-to-date risk register in place and each resident had individual

risk assessments on their file, the system of recording how some risks were being managed and mitigated required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire alarm and fire fighting equipment in place throughout the centre, which was being serviced as required by the regulations. However, there were inadequate arrangements in place for the containment of fire as the centre had no fire doors in place.

All staff had fire safety training completed and all residents had a personal emergency evacuation plan in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The systems in place to receive, store, administer and return medication in the centre were robust, safe and in line with best practice. All staff had up-to-date training in the safe administration of medication so as to ensure they had the skills required to ensure residents were safely supported with the medication requirements and in line with policy and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This was a respite house and residents were being supported to access local community based activities and amenities of their choosing. However, one resident on a long term respite stay did not have adequate actions identified with regard to the achievement of their social care goals.

Judgment: Substantially compliant

Regulation 6: Health care

Families and day services provided support to the residents to ensure that their healthcare needs were adequately provided for. Residents had an annual review of their health and well being, had regular and required access to GP services and a range of other allied healthcare professionals to include dentists, opticians and chiropodists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had an up-to-date positive behavioural support plans in place and had support from a psychiatrist as needed. Staff had training in positive behavioural support so as they had the skills necessary to support residents with behaviours of concerns in a low arousal and calm manner.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe in the centre and would approach any staff member at any times if they had any concerns. Staff had training in safeguarding of vulnerable adults which equipped them with the skills and knowledge necessary to promote the residents safety in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clara OSV-0001690

Inspection ID: MON-0021597

Date of inspection: 10/05/2018

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The organization have now recruited a Deputy Manager, working 20 hours per week to support the person in charge.</p> <p>The support of the Deputy will enable the PIC to ensure effective governance and operational management of the center.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>In consultation with senior management there have been risk assessments put in place to ensure the safety of residents thus ensuring that there is adequate staffing to ensure the residents' social care needs.</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>Person in charge has revisited the regulations to refresh themselves with what is required. Also with the addition of the deputy this allow the person in charge time to ensure any future notifications will be dealt with as required.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The recording process of complaints has been updated. The new version of the complaints form, on line, now has a section in which to record the satisfaction of the complainant, this will prompt the satisfaction outcome of future complaints to be recorded</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The organization has located some new premises. We are currently in the process of moving the service to this new location. Staff will now have two separate areas for sleeping, leaving the sitting room and kitchen free at night for the residents to use.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk register is currently being reviewed. They organization have put in place new training around risk management. All staff will receive this training to upskill their awareness of risk management</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>New fire doors have now been fitted in the location</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Arrangements have been put in place to support the resident to achieve their goals and to record achievements</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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	1 st August 2018
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	Complete 11/05/2018

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.	Not Compliant	Orange	31 st July 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31 st August 2018
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	Complete 13/07/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Substantially Compliant	Yellow	Complete 20/05/2018

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	Complete 20/05/2018
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.	Substantially Compliant	Yellow	31 st August 2018