Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Appleview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	26 April 2018
Centre ID:	OSV-0001702
Fieldwork ID:	MON-0021322

About the designated centre

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

Appleview designated centre is located in County Wicklow and provides residential services to three adults with intellectual disabilities. Appleview operates on a 24 hour, seven day a week basis. The property is a detached residence located in a housing estate and provides residents with adequate sized single bedrooms which are decorated in line with their personal tastes and interests. Communal spaces in the property include one living room space and a separate dining area. The property also provides residents with a garden space to the rear of the property that incorporates a small shed for maintaining gardening equipment and another shed which a resident uses as a space to engage in their personal pastimes and hobbies. The person in charge works in a full time capacity and they are also responsible for a separate day service. A deputy manager also forms part of the local management team of this centre and is also assigned responsibility of the day service. The person in charge is supervised by a senior services manager who has remit for a number of designated centres within Sunbeam House Services. A staff team of social care workers work in the centre. The whole time equivalent for social care workers is 4.1. Staff lone work in this centre and the provider has risk management systems in place to support this arrangement.

The following information outlines some additional data on this centre.

Current registration end date:	01/08/2018
Number of residents on the date of inspection:	3

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
26 April 2018	10:00hrs to 18:00hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met and spoke to all residents currently living in this centre. All residents told the inspector they liked living in the centre. They told the inspector the staff were very nice and supportive to them and they felt safe in the centre. They told the inspector that they knew they could go to the staff or managers if they had an issue and they also informed the inspector that they had an advocate and had met the person in the centre previously. Residents said they had choice and freedom and staff helped them when they needed supports. Residents told the inspector that they knew their rights and that they wouldn't be afraid to speak up if they had to. Some residents wished to have more treats and found healthy eating a bit boring at times but said they were able to get take away or snacks during the week. They also said they understood it was important to eat healthy and to keep fit and staff were encouraging them to do so. The inspector also observed residents independently engage in hobbies and personal pastimes during the inspection. Residents appeared very comfortable in their home and appeared to have a good rapport with staff. Staff were observed to engage with residents in a respectful, friendly and pleasant way at all times during the inspection. Residents were also complementary of the managers in the centre and during the inspection were observed sitting having cups of tea and their lunch with them in a relaxed way.

Capacity and capability

The registered provider, the person in charge and persons participating in management of the centre were effectively ensuring each resident received a good quality service. This inspection found evidence, across all regulations reviewed, of a service that supported and promoted each resident's care and welfare and social care needs to a good standard.

The provider had revised their application to renew registration of this centre and had decided to remove a residential unit from the overall designated centre and apply to increase the capacity of Appleview residential unit to be able to accommodate up to four residents.

Sunbeam House had made a number of governance and management improvement initiatives in the months prior to inspection. These changes were found to be effective and impacted in a positive way on the centre.

Appropriate oversight arrangements were in place. Meetings between the senior services manager and person in charge had occurred in Appleview designated centre in the first quarter of 2018. Specific key quality indicators were reviewed at

this meeting. Senior services managers were now required to review a sample of information in the designated centre to check the work of the person in charge, resulting in improved accountability and performance management initiatives taking place at an operational level within Sunbeam House Services designated centres. This inspection found evidence that this had occurred.

The person in charge presented as a competent, pleasant and effective 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 most required notifications had been submitted to the Chief Inspector within the time-lines stipulated in the Regulations. One incident whereby a resident had required emergency hospital treatment had not been notified. This was addressed and the issue notified during the course of the inspection.

The person in charge had maintained their continuous professional development and had recently completed a diploma in leadership and management and was awaiting the results of this course.

Good levels of compliance with the regulations and standards were found on this inspection. 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.

Six-Monthly provider led audits had been carried out in the centre as required by the regulations. These were found to be comprehensive documents with associated action plans devised following each audit. There was evidence that the person in charge and deputy manager for the centre had completed the actions for each audit as they took place. An annual report for the centre had also been carried out by a representative of the provider. This was found to be an informative and transparent document which outlined the positive aspects of the centre and some areas for improvement. The document had also looked for feedback of residents as required in the regulations.

The provider had also ensured there were sufficient numbers of consistent staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. There were no agency workers required in the centre as all staffing positions in the centre were filled with permanent workers.

All staff had now completed necessary mandatory training in management of behaviours that challenge, fire safety and safeguarding vulnerable adults. Staff had also completed training in other areas such as safe administration of medication and administration of emergency medication for the management of seizures. A training needs analysis for the centre had been revised and refresher training was also available and scheduled for staff. Further mandatory training in complaints and risk management would be incorporated into staffs training needs requirements for working in Sunbeam House Services.

Staff supervision meetings were ongoing, the inspector reviewed a sample of staff meetings that had occurred since January 2018. These supervision meetings were

found to be effective and supportive to staff, they discussed staffs keyworking roles in the centre, identified their sills and also identified areas that staff wished to work on to improve their skills and knowledge.

The inspector reviewed the statement of purpose during the course of the inspection. Inspection findings and observations made during the course of the inspection indicated the service was being operated in line with the matters set out in the statement of purpose. Some improvement to this document was required to ensure the centre's fire safety arrangements, arrangements for lone working, for example were included.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to meet the requirements of Regulation 14 and associated sub-regulations. The person in charge and an appropriate management qualification and also the required management experience. They had also continued with their own continuous professional development having recently completed a further management course in 2018.

Good levels of compliance were found on this inspection.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff working in the centre to meet the assessed needs of residents. It had been noted by the provider that some residents required greater supports during the day and arrangements had been put in place to ensure this need was met.

Staff files were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in this centre had received supervision meetings with their manager. Supervision meetings were of a good quality and discussed staffs' key worker roles and responsibilities as part of their supervision. Supervision meetings also identified staffs' abilities and areas where they wished to improve on and it was demonstrated that the person in charge put arrangements in place to support staff if and when required.

A review of training records for staff indicated they had received necessary mandatory training and further training to meet the specific needs of residents. Training refresher dates were identified and the person in charge maintained a staff training record in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and had been updated recently to reflect a new admission to the centre.

Judgment: Compliant

Regulation 21: Records

Documents and records were maintained in written and electronic format and were found to be securely maintained, up-to-date and easily accessible and available during the course of the inspection.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date insurance record was maintained for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective governance systems in place which was ensuring residents received a good standard of service. The provider had ensured six monthly unannounced provider led audits had been completed. It was noted these audits were thorough and actions arising had been addressed by the person in charge and deputy manager for the centre.

An annual report had also been completed for 2017. This report had also sought feedback from residents and families as per the requirements of the regulations. The report had been completed by a representative of the provider.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had revised the contract of care for the provision of services to residents. This document was presented in an easy read format, with written and colour picture illustrations. The contract of care set out in clear terms the fees and provision of service within the centre. Each contract had been signed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which met the requirements of Schedule 1 of the regulations.

Some revision was required to demonstrate in more detail the fire safety provisions in the centre, the risk management arrangements for residents that smoked and arrangements for supporting lone working staff.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed incident recording systems in the centre. While most notifications had been submitted as required however, it was noted that one notification had not been submitted as required which related to an incident where a resident had received emergency medical attention following an accident. This notification was submitted during the course of the inspection, therefore a non-compliance was not found for this regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Chief Inspector of an absence of the person in charge and their return to the centre as required by the regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arangements for periods when the person in charge is absent

The provider had notified the Chief Inspector of an absence of the person in charge and had outlined arrangements in place for the management of the centre in their absence.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was made available to residents and visitors in this centre in an easy read picture and word format. Residents spoken with told the inspector they were aware of the procedure and could make a complaint if they wished.

There were no open complaints at the time of the inspection. The provider had nominated a complaints officer for Sunbeam House Services and a nominated complaints person was identified for the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had revised the risk management policy for Sunbeam House Services.

The safeguarding vulnerable adults policy was also under revision and was due to be finalised shortly after the inspection. All other Schedule 5 policies were available on the electronic share-point system in the centre.

Judgment: Compliant

Quality and safety

Overall the provider had ensured the service provided to residents was safe and residents had opportunities to live full and interesting lives.

Residents were supported to achieve their personal goals. Personal plans for residents had been reviewed regularly and an up-to-date annual review had been carried out. When residents' needs were identified an associated support plan was in place. Personal plans incorporated allied health professional recommendations and daily notes of the implementation of residents plans were maintained electronically.

Residents' health care needs were assessed and responded to. There was evidence that residents had received health care assessments since the previous inspection and associated recommendations and care planning was in place to ensure each resident's specific health-care need was supported. In some instances residents had experienced improved nutritional management and had progressed towards a more optimum weight since their admission to the centre. They were now engaged in more physical pursuits and activities during the day which was contributing to a healthier lifestyle for them promoting their best possible physical and mental health.

Residents were also supported to experience best possible mental health. Residents had access to allied health care professionals such as psychiatry. Some residents had received psychiatry reviews and changes to their medications had occurred. Ongoing review and consistent liaison with psychiatry services were a feature for some residents and provisions were in place to ensure residents were supported where they had an identified need in this regard.

The provider had also improved psychology services within Sunbeam House Services. It was also observed that where required, residents had positive behavioural support plans in place. These plans used a positive behaviours support framework which identified specific triggers which may elicit behaviours that

challenge and identified de-escalation techniques and strategies to manage those situations. It was also evident that staffs' long term working relationship with residents provided them with support in this regard also.

The provider had identified the need to implement some restrictive practices to keep residents safe. A restraint register was in place which identified restrictive practices. Overall, the inspector noted there were limited restrictions in place and of those that were in place a rationale demonstrated they were for specific personal risk management for residents and were the least restrictive.

Residents were supported to be independent. In some instances residents had received training in how to travel independently which had been a successful process for them and had lessened the necessity for staff to accompany them at all times while in the community.

The provider had improved safeguarding allegation reporting mechanisms for Sunbeam House Services. Where issues of concern occurred staff logged them on the electronic incident recording system. This ensured that where a safeguarding allegation was logged it was reviewed in a timely way by a designated officer and ensured a preliminary screening was completed before moving on the next stage of the process.

The systems in place to ensure safe medication management practices were found to be adequate and all staff that administered medication had been trained to do so. Medication audits had taken place at an operational level by the person in charge on a monthly basis.

Since the previous inspection the provider had revised Sunbeam House Service's electronic incident log system which now provided a more robust incident monitoring, analysis and reporting mechanism. Incidents could now be more accurately classified than previously which provided for better learning and future prevention of such incidents. Analysis data was sent to the quality and risk sub-committee which in turn provided a mechanism for reporting to the board on how risk and incidents were managed in designated centres of Sunbeam House Services.

The organisational risk management policy for Sunbeam House Services was also under review. The provider had requested an external consultant to review the policy to ensure it met the regulations and provided a robust and comprehensive framework for risk management. The provider had also initiated mandatory training in risk and incident management for all staff working in Sunbeam House Services to ensure the revised and improved risk management policy was implemented correctly and comprehensively.

An up-to-date risk register was in place 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. Each risk had been analysed and a risk rating assigned to each risk. Some improvement was required to ensure the risk register captured hazards and environmental risks in the centre, for example falls risks.

A number of falls had recently occurred in the centre with one necessitating emergency assessment in hospital. The response to these falls required review. The provider had not implemented a comprehensive falls risk assessment for the resident, incorporating relevant allied health professional input as required, to ensure the risk of falls was mitigated and controlled as much as possible. For example, the step leading from the back door of the designated centre presented as a trip hazard and required review by the provider.

Regulation 17: Premises

The premises presented as a homely and overall well maintained property. There was evidence which indicate house maintenance issues had been brought to the attention of the provider by the person in charge and had been resolved in a timely way.

House cleaning audits were carried out as part of the localised operational management auditing system within the centre and the centre was found to be clean throughout.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate storage facilities for fresh, dry and frozen goods in this centre. All staff had received training in food hygiene. Food hygiene preparation systems were in place. Food prepared and presented to residents during the course of the inspection looked and smelled appetising and was provided to residents at times that suited them.

Some residents were supported to maintain a healthy eating plan and encouraged to make sensible food choices as part of their overall health promotion.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available to residents. It required some improvement to ensure it reflected the service to be provided.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

A resident had recently been admitted to the centre. The resident's transition plan was reviewed as part of the inspection. It was found to be comprehensive and inclusive of the resident in all aspects of the transition process. Overall, the resident's transition to the centre had been managed in a planned and person centred way to ensure the resident's needs and preferences were respected and supported throughout the process.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register required review to ensure it captured not only person specific risks but also hazard identification and environmental risks within the centre.

The provider and person in charge was required to review the falls risk management systems in the centre in response to a number of recent incidents.

Judgment: Not compliant

Regulation 28: Fire precautions

Overall, the provider had ensured adequate fire detection and containment measures in this centre. Emergency lighting was installed and fire equipment servicing records were available in the centre and up-to-date. Daily fire safety checks were also carried out and up-to-date. Residents spoken with told the inspector what they would do in the event of a fire or the fire alarm sounding.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were securely stored in the centre. Each resident had their own pharmacist and medications were supplied to the centre in pre-dose blister packs. Medication administration and recording charts were clearly documented and up-to-

date. Some residents administered their own medication, where this occurred residents had received a self-medication assessment which was carried out at least every three months or more frequently should it be required. The person in charge had implemented supportive systems for residents to ensure they maintained and were supported to self administer their medication as they wished.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual assessment of needs which were up-to-date and had occurred at least once annually. There was evidence of allied health professional assessments incorporated into residents' personal plans were required. Where an assessed need was identified an associated support plan was in place.

Residents had also received a person centred planning meeting with goals identified for the coming year. It was noted that residents had identified a number of different goals for the year which would bring about opportunities for self development and independence as well as opportunities for fun and recreation.

Judgment: Compliant

Regulation 6: Health care

Overall residents living in the centre did not have complex medical needs. Some residents had recently demonstrated signs of aging and had required more health-care investigations required to support them to achieve their best possible health. Where this was required it was demonstrated that the person in charge and staff had engaged in a very supportive way with the resident and had worked with the resident at their pace.

All residents had received an annual health check with their General Practitioner and blood tests as recommended by their physician.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required behaviour support planning was in place to support residents and

guide staff. Behaviour support planning followed a positive behaviour framework and focused on identifying triggers which may elicit behaviours that challenge and recommended de-escalation techniques for staff to implement in order to support residents. Residents were also linked to mental health and psychiatry services if and when required and were supported to attend appointments and reviews as required.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were appropriate safeguarding reporting mechanisms in place for the reporting and responding to allegations of abuse. The person in charge and deputy manager for the centre were nominated designated officers and had received associated training in order to fulfill this role. Residents were encouraged to learn about how to protect themselves and develop independence skills in this area.

At the time of inspection there were no safeguarding allegations under review. Residents spoken with told the inspector they felt safe and could tell any member of staff if they were unhappy. Staff spoken with demonstrated an understanding of safeguarding reporting procedures.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Appleview OSV-0001702

Inspection ID: MON-0021322

Date of inspection: 26/04/2018

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: As requested at our most recent HIQA audit we have inputted the information required to make our Statement of Purpose and Means compliant. Our statement of Means & Purpose is currently with our nominated person awaiting sign-off and was signed of in June 2018.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Our residents Guide has been updated and submitted to reregistration@hiqa.ie to meet the requests of our most recent HIQA Inspection	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register reviewed to include environmental risks and hazard identification risks. Falls risk management reviewed using the FRAT assessment tool. Physio referral also made and resident to see the physio before the end of 18th of 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 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	Resubmitted to HIQA on 31.05.2018
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.	Not Compliant	Orange	18th of July 2018
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	Resubmitted to HIQA on 07.06.2018 following Provider nominee signature