



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

Name of designated centre:	Valleyview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	09 May 2018
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0021424

About the designated centre

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

Valleyview is located in a small town in Co. Wicklow and can provide residential care for up to 13 male or female residents over the age of 18 years. The centre provides support services for older age residents with healthcare needs associated with age, palliative care needs and end-of-life supports. The centre is a one-storey dwelling which comprises of two conjoined residential units. Each resident has their own single bedroom and some have ensuite facilities. The centre provides two living rooms, two kitchens and two dining areas. The centre also provides two shared bathrooms each with an assisted bath. The centre is close to the nearby small town. Staff are present in the centre both day and night to support residents living here. The centre is managed by a full-time person in charge and 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, as per the provider's statement of purpose, is 32.8. The provider has also ensured that a high ratio of nursing staff works in this centre to support residents complex medical and nursing needs.

The following information outlines some additional data on this centre.

Current registration end date:	25/08/2018
Number of residents on the date of inspection:	13

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
09 May 2018	10:30hrs to 18:40hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met with all residents present in the centre on the day of inspection and spoke for brief periods of time with eight residents. Some residents told the inspector they were happy or gave the inspector a thumbs up indicating they were happy when asked if they liked living in the centre. In other instances residents did not wish to engage in specific conversations with the inspector and the inspector respected their choice.

The inspector also sat with some residents during their lunch time and chatted with them about various topics for examples, their hobbies and interests. Feedback questionnaires completed by some residents indicated they liked living in the centre and enjoyed activities available to them. They also indicated that they liked having a choice of when they got up or went to bed and found the staff to be helpful.

Two family members chose to visit and phone the centre to give the inspector their feedback about the service and supports their residents received. Feedback given was very positive and appreciative of the care and support their residents received. They told the inspector that there was a nice atmosphere in the centre, they could visit any time and they could approach the person in charge or any staff if they had an issue or a query.

The inspector observed residents' daily routines and interactions with staff. These were observed to be supportive and caring. Residents appeared relaxed and happy in their home and were facilitated to go for a nap or engage in their daily activities as and when they chose to.

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

The provider was looking at ways to continually improve the service and had revised their application to renew registration of this centre and had decided to reduce the capacity of the centre from 16 to 13 residents. This allowed the provider to better meet the needs of the residents overall in the centre by providing residents with more communal space options and space to store equipment such as wheelchairs

and standing frames, for example.

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 Valleyview 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 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.

The person in charge had maintained their continuous professional development and had completed post graduate studies in palliative care and care of residents with disabilities and complex medical needs.

There were good arrangements for overseeing how residents experienced the service. 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 the person in charge in early January 2018. The provider had provisions in place to ensure a further annual report would be carried out by a representative of the provider in line with their governance and management improvement plan submitted to the Health Information and Quality Authority January 2018 in order to provide objectivity and impartiality in reporting assurances to the provider.

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. The provider had identified residents living in the centre required nursing care for complex medical needs and had ensured a high compliment of nursing staff in the centre.

All staff had 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 was in place 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. The person in charge had completed a supervision meeting with most staff and the remaining staff had supervision meeting dates scheduled.

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. The statement of purpose did not reflect the change in bed capacity of the centre and did not set out information with regards to the provision of palliative care and end-of-life supports which could be offered to residents in this centre. The statement of purpose was revised shortly after the inspection and submitted to the Chief Inspector and therefore a non-compliance in Regulation 3 was not found on this occasion.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full application to renew registration for this centre. Originally the provider had applied to renew registration for this centre for a capacity of 16 however, subsequent to making the application the provider revised the maximum capacity numbers of the centre to 13.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre. She was appointed in a full-time capacity for this designated centre only.

The person in charge presented as a fit and competent person to carry on the role of person in charge of the centre. They met the requirements of regulation 14 and its sub-regulations. A good level of compliance was found on this inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there were sufficient numbers of staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. Residents living in the centre required specific nursing care supports and the provider had ensured an adequate complement of nursing staff worked each day in the centre to support the needs of residents.

A planned and actual staff rota was in place which was developed by the person in charge and deputy manager which was reviewed and revised regularly. The rota identified staffing on duty for day and night time.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff had received a supervision meeting with the person in charge since January 2018 with scheduled dates for the remaining staff to complete supervision before the end of May 2018.

Staff had access to a programme of training and development. Refresher training was available and staff were booked for refresher training in advance. Staff had also received training in which were specific to the needs of some residents living in the centre, for example, the management of sub-cutaneous fluids, catheter care and specific first aid response to residents at risk of choking.

Judgment: Compliant

Regulation 21: Records

Records required by the inspector and set out in Schedule 4 of the Regulations were available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured improved provider led governance arrangements for this centre. There was good auditing and oversight of the quality and safety of care.

It included operational management auditing of key quality indicators within the centre on a weekly basis as well as other audits carried out by stakeholders that visited the centre, for example residents' pharmacist visited the centre to carry out audits as well as health and safety representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

A Statement of Purpose was available within the centre. After a revision of the document it was found to be in compliance with Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that had occurred in the centre. It was demonstrated that all required incidents had been notified to the Chief Inspector by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all policies and procedures were reviewed during this inspection.

The provider had recently revised and updated the risk management policy for Sunbeam House Services. It was found to meet the regulatory requirements and provide a comprehensive overview of the management and response to risk both organisationally and operationally within designated centres.

Judgment: Compliant

Quality and safety

Overall the provider had ensured they were providing a good quality service, which was designed to meet the needs of the aging population of residents who used the service.

There were good systems in place to assess, identify and plan for residents' personal and health care needs. Personal plans were in place to guide staff and 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 responded to. There was evidence that residents had received health care assessments since the previous inspection and associated recommendations and care planning were in place to ensure each resident's specific health-care need were supported. Palliative and end-of-life health-care supports were also facilitated in this centre. The person in charge had postgraduate training in relation to these specific areas of health-care provision which ensured residents could achieve their best possible health in older age and end-of life in their own home, the designated centre.

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. Bed rails were in use in the centre and had been identified in the restraint register for the centre. During the course of the inspection the person in charge updated the risk assessments for the use of bed rails to a specific bed rail assessment which focused on mitigating the risk of their use, detailed specific checks required and documentation of control measures for their use.

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 residents' pharmacist and also by a medication management trainer from within Sunbeam House Services. Actions arising from these audits had been addressed by the person in charge. The inspector identified that the door to the clinical/medication room was not locked at all times. This risk issue was addressed by the provider and person in charge and a lock was fitted to the door shortly following the inspection with evidence of this submitted to the inspector following the inspection.

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.

The organisational risk management policy for Sunbeam House Services had been reviewed recently and revised to reflect a more comprehensive policy for the organisation and there was evidence of it being implemented in this centre.

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 risks related to smoking, storing of oxygen in the centre and prevention of slips/trips and falls in the centre. The risk register was updated to incorporate these risk assessments during the inspection and therefore a non compliance was not required.

The premises of the centre presented as homely and comfortable.

Regulation 17: Premises

Overall the premises presented as a clean and homely environment. Some aspects of dementia design were not in place at the time of inspection. However, at the feedback meeting it was discussed that this was an initiative that the provider was willing to explore in order to enhance the premises as part of future planning in order to cater for the aging population within Sunbeam House Services.

Facilities available to residents included an adequate number of toilet and bathing facilities which provided assistance equipment and manual handling supports.

Maintenance records were maintained and in the main all maintenance requests were followed up on and managed in a timely way.

Judgment: Compliant

Regulation 18: Food and nutrition

Where required residents had received assessment and recommendations from allied health professionals in relation to their nutritional support needs. Systems were in place to assess and monitor residents at nutritional risk and food and fluid intake diaries and records were maintained. Residents received home cooked meals which were modified to meet the consistency requirements recommended in their personal plans by allied health professionals, for example speech and language therapists. Nutritional supplements were also administered as prescribed to residents where nutritional risk had been identified and documented in residents' medication administration charts.

Residents also participated in cooking and baking in the centre with the assistance of staff. Snacks and drinks were available to residents at any time should they choose or request them.

Judgment: Compliant

Regulation 26: Risk management procedures

An up-to-date health and safety statement was in place dated April 2018. An up-to-date risk register was also maintained in the centre. Centre based risks had been identified, analysed and control measures documented for mitigation and management of those risks identified. Where required residents also had personal risk assessments which were maintained in their personal plans.

The person in charge incorporated some further risks and hazards into the risk register during the course of the inspection to ensure it included other risk management measures that were currently in place for example, management of the risks of slips, risk management for residents that smoked and the safe management of oxygen storage in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Not all aspects of this regulation were reviewed on inspection.

The inspector reviewed if an action from the previous inspection had been addressed in relation to the management of sharps. It was found on this inspection that they had. Sharps boxes were stored in a locked press in a designated clinical room. Each box was labelled and systems were in place for their safe disposal when full.

Alcohol hand gels were available in the centre and an adequate number of hand washing sinks were available for staff to promote good hand hygiene practices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured a serviced functioning fire alarm system was in place which had been serviced on a quarterly basis. Smoke seals were present on each door frame in the premises and doors were fitted to the fire alarm system which ensured they closed on the activation of the fire alarm which enhanced fire and smoke containment in the centre.

Fire extinguishers were in place and had received an annual service. Systems were in place for the safe storage of oxygen in the centre also. Emergency lighting was present throughout the centre and had also received an up-to-date service. Fire compliant key holders were located at exit doors to the premises that required keys to open them. Each resident had a personal evacuation plan in place. Where residents were identified as requiring additional supports this was documented in their personal evacuation plans. Drills had taken place regularly in the previous months.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management systems in the centre were of a good standard. The inspector identified that the door to the clinical room which also stored medication was not kept locked at all times and could pose a risk to residents. This was brought to the attention of the provider and the inspector received a follow up assurance that a lock had been fitted to the door shortly after the inspection which would ensure the door to the room would remain closed when not in use by staff.

External audits of residents' pharmacist had taken place as had further audits by a medicines management training within Sunbeam House Services. These audits were thorough and comprehensive and actions arising had been addressed by the person

in charge. Where residents required crushed or liquid medications these were clearly prescribed on their medication administration charts. As required medications also had a maximum dose in 24 hours documented clearly.

Systems were in place for documenting medication error incidents should they occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an up-to-date annual assessment of needs which had been completed by the person in charge with the involvement of residents if and where possible. There was evidence of assessment and recommendations by allied health professionals involved in the care and support of residents also maintained in residents' personal plans.

Personal plans were maintained in an organised way and information provided clear guidance to staff with regards to the assessed support needs for each resident. Where a support need was identified an associated support plan was in place which provided evidence based practice guidelines, where required, to guide staff. Daily recording charts were utilised to assess the effectiveness of support planning in place and plans were reviewed following allied health professional assessments as required.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre presented with older age health-care needs. Each resident had access to their own General Practitioner (GP) and could visit their GP in their clinic or if they were too unwell, their GP visited them in their home, the designated centre. Residents health-care needs were also supported by the compliment of nursing staff in the centre. Residents requiring palliative care and end-of-life supports were provided this care in the designated centre as much as possible. The person in charge oversaw these practices and utilised her post-graduate studies in these areas to ensure residents could be supported as much as possible in their home. Most residents had received an annual health check. Where residents refused to have medical assessments or investigations this was documented in their personal plans with associated notes by their physician indicating the resident's refusal and right to make this choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

In some instances residents required positive behaviour support planning. Where this was required the inspector saw evidence that plans were in place to support residents. These plans followed a positive behaviour support framework and emphasised the use of de-escalation and prevention strategies to support residents. Behaviour support plans had been reviewed by residents' psychiatrists and psychologists for their input and recommendations.

A restraint register was in place. Where residents wheelchairs were broken and waiting to be repaired this had the potential to impact on residents not being able to participate in their day programme and could restrict their access to community activities. This was discussed during the inspection and added to the overall restraint register for the centre. Bed rail specific risk assessments were in place.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans were in place to guide staff on the specific safeguarding measures in place for residents. These were maintained in residents' personal plans to guide and inform staff.

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. The deputy manager for the centre was also due to complete designated officer training which would further enhance the safeguarding reporting systems in the centre.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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