



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

Name of designated centre:	Ros Mhuire
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	22 May 2018
Centre ID:	OSV-0001706
Fieldwork ID:	MON-0021433

About the designated centre

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

Ros Mhuire is located in a small town in Co. Wicklow and can provide residential care for up to three male or female residents over the age of 18 years. The centre provides services for residents that are independent in many areas of their life but require supports in some areas to increase and maintain their independence. Staff are present in the centre both day and night to support residents living here. Staff lone work in this centre, the provider has risk assessed this arrangement and has systems in place to review this arrangement on an ongoing basis. The centre is managed by a full-time person in charge who also has responsibility for another designated centre some distance away. A senior services manager is also assigned to the centre and provides supervisory support to the person in charge. The whole-time-equivalent number of staff, as per the provider's statement of purpose, is 3.36. No deputy manager is assigned to this centre. Admission criteria for this centre indicates the mobility of new admissions must be considered due to parts of this centre not being fully accessible to those with mobility support requirements.

The following information outlines some additional data on this centre.

Current registration end date:	26/08/2018
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
22 May 2018	10:15hrs to 18:15hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

Residents living in the centre had completed questionnaires prior to the inspection. They documented that they liked living in the centre, they liked the staff that supported them and they enjoyed having busy and interesting lives. Residents spoken with during the inspection told the inspector that staff were nice and they had fun times with them. A resident identified to transition to the centre also met with the inspector. They told the inspector that they were very excited to move to the centre and had a transition plan which they kept a copy of. The plan outlined their specific choices and wishes for how their bedroom would look, for example. The inspector observed pleasant, jovial and supportive interactions between staff and residents living in the centre during the course of the inspection.

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. Good levels of compliance with the regulations and standards were found on this inspection. This inspection found evidence 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 apply to increase the capacity from three to four residents. The inspector reviewed the arrangements in place to support this as part of the inspection.

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. This meant that systems were in place to identify and respond to residents' needs and ensure that they received a good service.

Appropriate oversight arrangements were in place. The person in charge provided the day-to-day operational management and oversight of the centre.

The provider had ensured that staff were accountable in their roles. Meetings between the senior services manager and person in charge had occurred in Ros Mhuire 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 provider was using an audit system to self identify areas for improvements. Ongoing operational management audits were in place and there was evidence that staff were encouraged to take responsibility and be accountable through improved governance arrangements in the centre.

The person in charge presented as a competent manager who understood their regulatory role and responsibilities to a good standard. This included knowledge of notifications to the Chief Inspector required by the regulations. The inspector reviewed incident recording systems in the centre and noted required notifications had been submitted to the Chief Inspector within the time-lines stipulated in the Regulations. Residents knew the person in charge well and the person in charge demonstrated a good understanding of the support requirements for each resident.

Six-Monthly provider led audits had been carried out by the provider 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 for the provider. This report had identified some areas for improvement and had provided an action plan which the person in charge, with the support of the senior services manager, had worked on prior to the inspection.

The provider had also ensured there were an adequate number of consistent staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. The provider had identified residents living in the centre required generally a lower level of support based on their assessed needs. Staff lone worked in this centre and it was found from reviewing residents' assessments of needs, incident recordings and conversations with the residents that this arrangement was suitable in this case. However, the provider had not demonstrated that they assessed this situation in light of the planned transition of a resident to the centre. The provider was required to ensure staffing arrangements for the centre were adequate to meet the assessed needs of a resident identified to transition to the centre and to resource the centre to meet those assessed needs.

The provider had ensured that staff had the right skills and training. 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. 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 was planned.

Staff supervision meetings were ongoing, the inspector reviewed a sample of staff supervision meetings that had occurred since January 2018. The person in charge had completed a supervision meeting with some of the staff working in the centre

and the remaining staff had supervision meeting dates scheduled to occur for the remainder of the year.

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.

A change to a key management position had not been notified to HIQA. It was not demonstrated, therefore, that the provider's system for notifying key prescribed information was satisfactory.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had failed to notify HIQA of a change to a key management position.

Judgment: Substantially 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 and one other designated centre.

The person in charge presented as 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.

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

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there were sufficient numbers of staff with appropriate qualifications, experience to meet the assessed needs of residents living in the centre at the time of inspection.

The provider was required to review staffing arrangements for the centre to ensure they were adequate to meet the assessed needs of a resident identified to transition

to the centre and make staffing resource adjustments if necessary.

Schedule 2 files were not reviewed on this inspection.

Judgment: Substantially 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 the year.

Staff had access to a programme of training and development. Refresher training was available and staff were booked for refresher training in advance. All staff had up-to-date mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured improved provider led governance arrangements for this centre.

Provisions were in place for a six monthly provider led audit to take place and also the provider had identified persons to carry out the annual review of the centre. This had been completed.

Auditing of the quality and safety of care was of a good quality and comprehensive. 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, health and safety representatives and external audit consultants.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of Schedule 1 of the Regulations.

During the centre's registration three year cycle the statement of purpose had been revised as required and submitted to the Chief Inspector following each revision as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents recorded for residents in this centre over the previous year.

Incidents that required notification had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed if an action from the previous inspection had been addressed. The provider had revised the complaints procedure for the centre and nominated persons to manage complaints in the centre had been identified and were clearly outlined in the easy read procedure and also in the statement of purpose for the centre.

Judgment: Compliant

Quality and safety

Overall, the provider had ensured they were providing a good quality service for residents living in this designated centre.

The premises was found to be a homely, pleasant environment in which residents were afforded privacy both inside and externally in a private garden space. The provider had carried out an audit of identifying works required to maintain the premises. Many of these improvements had been carried out. However, there were outstanding works that were still required. The provider had identified the premises required a comprehensive schedule of works to the roof to prevent leaks. Some interim repair works had been carried out, however, some works were still

outstanding.

Good arrangements were in place to identify residents needs and to guide staff on how to provide care. 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 notes of residents' appointment reviews were recorded electronically.

Residents' health care needs were assessed and responded to. There was evidence that residents had received an annual health care assessment by their General Practitioner (GP) and blood tests to evaluate their health and effectiveness of treatments prescribed for them. associated recommendations and care planning were in place to ensure each resident's specific health-care need were supported. Residents in this centre followed healthy, active lifestyles and engaged were supported to achieve their best possible mental and physical health.

It was noted 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 good support in this regard also. A gap was noted in one area which required review. Some psychology reviews to monitor and support residents had not occurred in a timely way and improvement was required in relation to this.

Residents' rights were respected. This centre overall presented as a relatively restraint free environment where residents had lots of freedom and choice in all areas of their life. Where some restrictions were required they were in place with a clear rationale for their use and used in the least restrictive way.

Appropriate safeguarding arrangements and reporting procedures were in place. It was demonstrated the provider was implementing the National Safeguarding Vulnerable Adults policy and procedures. A designated officer was assigned to the centre.

Satisfactory risk management arrangements wer in place. 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 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 all risks being managed in the centre, for example, in relation to the safe management of cigarette smoking, safeguarding management and lone working. The provider took action to address the risk register at the time of inspection and the inspector saw that it was updated to incorporate these gaps.

The inspector identified positive infection control management systems in place for residents requiring such measures to prevent ear infections.

Regulation 17: Premises

It was also identified that the provider had addressed a number of outstanding premises improvement issues prior to the inspection. However, there were still some outstanding premises improvement initiatives required.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

An up-to-date health and safety statement was in place. An up-to-date risk register was also maintained in the centre. Overall, risks and hazards were managed to an appropriate standard in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

It was noted a resident had not had an ear infection in the previous year due to an effective infection control care plan which had been implemented in the previous year.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety and containment systems in this centre were found to be compliant. A fire alarm was in place and had received a quarterly service as required. Fire safety equipment was also present in the centre and had also received necessary servicing with service reports maintained in a fire safety register in the centre. Fire drills occurred each month and demonstrated residents understood what to do in the event of the fire alarm sounding. Fire safety risks associated with cigarette smoking was risk assessed and managed appropriately in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received an up-to-date annual assessment of need. There was evidence of allied health professional recommendations incorporated into residents' personal plans where required to guide care planning development and evidence based supports for residents.

Person centred planning was of a good quality and residents had achieved a number of personal goals in the previous year. They spoke with the inspector and told them about their goals for the coming year which were also reflected in their personal plans. Each personal goal plan had an associated action plan in place, a time-line for achievement and a person responsible to support the resident identified.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health. Each resident had received an annual health check with their General Practitioner (GP). Where a health need was identified an associated support plan was in place to guide staff in how to support the resident.

Residents living in this centre engaged in physical exercise on a regular basis and followed healthy eating programmes. Some residents had achieved success in reaching more optimal weight targets and were supported by staff to attend slimming clubs and following healthy eating plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider was required to ensure residents had access to timely input from relevant allied health professionals.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding with refresher training booked and were aware of their responsibility to report concerns to the person in charge who was identified as the designated officer.

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

Where specific intimate care supports were required, care planning was in place to direct and guide staff and maintain residents' independence, dignity and sexual health.

At the time of inspection, safeguarding preventative measures, managed through specific behaviour support planning, were demonstrated to be effective.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ros Mhuire OSV-0001706

Inspection ID: MON-0021433

Date of inspection: 22/05/2018

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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>Going forward the registered provider will notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre within 28 days.</p> <p>Notifications forms were completed and submitted to the Registration department on 25.06.2018 to notify of recent changes at this centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The registered provider will ensure that the number, qualifications, and skill mix of staff is appropriate to the number and assessed needs of the residents.</p> <p>Budgets are currently beginning reviewed to ensure there is adequate staffing, governance and management at this centre when the number of clients increases from three to four</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is a maintenance request system in use where all requests are submitted and logged in order of priority. Maintenance issues are also monitored and reported on during Annual Audits, 6-month provider Audits and Health and Safety Audits. In the event of an emergency these are acted on immediately.</p> <p>Works to upgrade the roof are to be completed this year.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A review took place with a client and Psychologist to review his Positive Behavior Support plan on 15.06.2018.</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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Substantially Compliant	Yellow	Completed 25.06.2018
Regulation 15(1)	The registered provider shall ensure that the number,	Substantially Compliant	Yellow	31.08.2018

	<p>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.</p>			
<p>Regulation 17(1)(b)</p>	<p>The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>31.10.2018</p>
<p>Regulation 07(3)</p>	<p>The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>Completed 15.06.2018</p>