



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

Name of designated centre:	Kilcarra
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	24 May 2018
Centre ID:	OSV-0001708
Fieldwork ID:	MON-0021601

About the designated centre

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

Kilcarra designated centre is located in a rural, scenic area outside a small town in Co. Wicklow. The designated centre can provide residential care for up to four male or female residents over the age of 18 years. The centre provides services for residents that are dependent in many areas of their life requiring staff support to maintain and increase independence as much as possible. Staff are present in the centre both day and night to support residents living here. Three staff work in the centre during the day and two sleep over staff are assigned to the centre at night time. 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 staffing for this centre is 8.99, as per the provider's statement of purpose, the whole-time-equivalent for the person in charge is .5.

The following information outlines some additional data on this centre.

Current registration end date:	15/09/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24 May 2018	09:40hrs to 16:50hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met with all four residents on the day of inspection. Residents were unable to verbally communicate their views of the service. However, it was observed by the inspector that residents were comfortable and appeared content in their home. Residents smiled and laughed with staff and the inspector observed pleasant and caring interactions between staff and residents throughout the inspection. Staff spoke to the inspector on behalf of residents in a respectful and caring way. Residents listened and sometimes smiled and looked at staff during these conversations to demonstrate agreement and enjoyment of the conversation and interaction being had.

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 most regulations reviewed, of a service that supported and promoted each resident's care and welfare and social care needs to a good standard.

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.

Good standards of care, support and compliance were found on this inspection. This was due to the consistent oversight of care practices and operational management supervision by the person in charge who based themselves mostly in this designated centre due to the support requirements of residents.

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

The provider had appointed a competent person in charge who met the regulatory requirements of Regulation 14 in relation to training and experience. The person in charge presented as a competent manager who understood their regulatory role and responsibilities to a good standard.

The provider was also implementing an audit system to self identify areas for improvements. Six monthly provider led audits, as required by the regulations, had

been carried out and were comprehensive in scope. The provider had also completed an annual report of the quality of care provided in the centre for the previous year. Ongoing operational management audits were also 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 demonstrated a good understanding of their regulatory roles and responsibilities in relation to notifications required by the regulations. Some improvement was required to ensure notification of pressure wounds if and when they occurred on a quarterly basis.

It was demonstrated the provider had 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 a higher level of support based on their assessed needs. This level of support was required to ensure residents experienced a full and interesting life, to ensure implementation of health-care recommendations by allied health professionals and the consistent day-to-day management of some personal risks for residents.

The provider had ensured that staff had the appropriate 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.

Staff were observed to interact and support residents in a caring, jovial and respectful way during the inspection and residents appeared content and comfortable in their home.

Staff were appropriately supervised through the implementation, by the person in charge, of the provider's policies and procedures. The person in charge had completed a supervision meeting with all staff and had identified actions to work on with staff in the course of these supervisory meetings. Staff spoken with told the inspector they found the person in charge to be approachable and supportive.

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 5: Application for registration or renewal of registration

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

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider was required to notify the Chief Inspector of a change to a person participating in management of the centre which was different from the person identified in the original application to renew registration submitted.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of this centre that met the requirements of Regulation 14.

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.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff were appropriately trained to meet regulatory requirements and the assessed needs of residents.

Supervision policies and procedures were in place and there was evidence of them being implemented found on inspection.

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 which had recently 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 in most instances however, pressure wounds had not been notified as required on quarterly reports.

Judgment: Substantially compliant

Quality and safety

Overall, the provider had ensured the service provided to residents was safe, met their health-care needs and provided them opportunities to engage in activities in line with their assessed needs.

Effective person centred planning had ensured residents were achieving their personal goals. Personal plans for residents had been reviewed regularly and an up-to-date annual review had been carried out. Where 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.

As part of residents' assessment of needs the person in charge had determined that residents required sensory assessments by occupational therapy. All residents had received a sensory integration assessment and recommendations provided by these assessments were in place at the time of the inspection. It was noted recommendations made had improved the quality of life for residents in providing them with evidence based sensory activities to engage in which residents appeared to really enjoy. This was evidence of a good quality assessment of residents needs and personal planning to meet their needs across a wide range of areas.

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. Residents received timely review by their General Practitioner (GP) and allied health professionals where required.

Effective assessment of some health-care risks required improvement. Some residents required ongoing support and management of their pressure areas to manage their skin integrity and prevent skin breakdown. To improve effective oversight of this healthcare risk, the person in charge was required to implement a pressure wound grading and assessment system which would evaluate the effectiveness of care planning in place and to ensure pressure wounds were notified to the Chief Inspector if and when they occurred. While residents' weights were recorded, these weights were not analysed using an evidence based assessment process, to ensure residents' nutritional health was at it's optimum. Some residents required close monitoring of their weight to ensure it was maintained for their best possible health and the promotion of their skin integrity.

The person in charge and provider had ensured effective mobility support arrangements were in place. Residents were supported to mobilise independently as much as possible. Staff were observed supporting residents to use mobility equipment and enjoy a walk outside during the inspection. Other residents were supported to mobilise without their mobility aids at times during the day as per their choice. The inspector observed residents receive praise and encouragement from

staff while doing so and appeared to enjoy the independence this gave them.

Where residents presented with behaviour that challenges, behaviour support planning was 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. Residents were also supported to achieve their best possible mental health and had received regular reviews by psychiatry where required which included consistent and regular review of medication prescribed to ensure it met their assessed needs.

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, the rationale for their use and a review date.

Safeguarding arrangements ensured that the provider was implementing procedures in line with the National Safeguarding Vulnerable Adults. A designated person was assigned to the centre and policies and procedures were in place for the timely response and investigation of safeguarding concerns should they occur.

The provider had ensured safe medication management systems were in place. The inspector observed that medications were securely stored in the centre. Residents had access to their own pharmacist. Medications received were logged when received and checked against medication administration charts. Staff demonstrated a good understanding of safe medication management practices and the overall systems in place.

The provider had also ensured an effective risk management policy was in place. The organisational risk management policy for Sunbeam House Services had recently been revised and was found to meet the requirements of Regulation 26.

Risk management arrangements ensured overall that residents were safe from identified risks. A risk register was in place which captured most risks and hazards in the centre. The person in charge updated the risk register during the course of the inspection to incorporate their management of a potential infection control risk. It was found there were adequate control measures in place to manage this potential infection control risk.

The provider had put adequate fire safety precautions and measures in place, including, regular fire drills, regular fire checks of fire fighting equipment and fire doors throughout. Fire exits were maintained unobstructed. It was also demonstrated the provider had plans in place to improve fire and smoke containment measures in the centre. A tender of works to replace existing doors with fire doors was in place with works due to be completed by 25 June 2018. Therefore, while a fire safety non compliance was found on this inspection, it was demonstrated the provider was in the process of comprehensively addressing it in a short period of time. Therefore, a substantial compliance was found for Regulation 28.

Regulation 18: Food and nutrition

Residents received meals prepared and served as per their nutritional planning recommendations. Residents were offered support and assistance in at mealtimes in line with their assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

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

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.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector observed adequate operational risk management systems for the prevention of infection for residents living in the designated centre. A potential infection control risk was identified on the risk register and control measures were in place for its management.

Judgment: Compliant

Regulation 28: Fire precautions

Fire containment measures in relation to fire doors were not adequate in this centre. However, it was demonstrated that the provider was acting to address this within a short period of time. Therefore, a substantial compliance was assigned for Regulation 28.

Fire drills were carried out on a monthly basis. Prior to the inspection, the person in charge had revised a personal evacuation plan for a resident and had tested the

revised plan to ascertain if it reduced the overall evacuation time for the centre. This revision was found to be effective and demonstrated appropriate action by the person in charge to improve fire safety systems within the centre on an ongoing basis.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management systems in this centre were robust and well managed. Medication management auditing was carried out in this centre both operationally and also by external persons and were effectively ensuring good medication management standards were met and corrective actions were taken should they arise.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received an up-to-date assessment of need and where needs were identified a support plan was in place which set out clear and easy to follow guidelines for staff. Residents' personal plans also incorporated allied health professional reviews.

Person centred planning demonstrated residents had goals identified for the coming year and goals that had achieved their goals for the previous year.

Judgment: Compliant

Regulation 6: Health care

Predominantly residents' healthcare was managed to a good standard in this centre.

However, the monitoring and assessment of pressure wounds and nutritional risk required improvement to enhance their effectiveness.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where required behaviour support planning was in place which followed positive behaviour support guidelines and principles. These plans had been reviewed recently by an allied health professional and there was also evidence that mental health supports were in place and available to residents as they required them.

A restraint register was in place. Where restrictive practices were required they were in place to manage personal risks for residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured National Safeguarding Vulnerable Adults policies and procedures in place. All staff had received up-to-date training in safeguarding with refresher training booked as required.

Peer-to-peer safeguarding incidents had reduced in frequency following a resident's review by a mental health allied health professional and implementation of positive behaviour support planning.

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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Substantially compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilcarra OSV-0001708

Inspection ID: MON-0021601

Date of inspection: 24/05/2018

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
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: 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. Notifications forms were completed and submitted to the Registration department on 25.06.2018 to notify of recent changes at this centre. 	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in Charge will ensure all incidents are notified to the Chief inspector in the correct format within the specific timeframe. 	
Regulation 28: Fire precautions	Substantially Compliant

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

The registered provider will replace existing internal fire doors with upgraded fire doors to improve fire and smoke containment,.

]

Regulation 6: Health care

Substantially Compliant

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

Referrals have been made to allied health professionals to further support the monitoring, assessment, and prevention of pressure areas. for one client.

The person in charge will ensure there are adequate care plans in place to ensure the monitoring and grading of pressure areas.

]

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 on 25 th June 2018.
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	06.07.2018

	detecting, containing and extinguishing fires.			
Regulation 31(3)(f)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any other adverse incident the chief inspector may prescribe.	Substantially Compliant	Yellow	In effective from 24.05.2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31.08.2018