



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

Name of designated centre:	Hall Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	31 May 2018
Centre ID:	OSV-0001709
Fieldwork ID:	MON-0021602

About the designated centre

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

Hall Lodge can provide support for up to five residents, both male and female, with an intellectual disability, aged from 18 to 90 years. The centre can provide respite for up to two residents per night along with a capacity to provide three residents with full time residential care. This includes temporary residential support for one resident, with moderate intellectual disabilities, within a self contained apartment. The remaining residential and respite residents have a high level of dependency with severe and profound learning disabilities and medical issues. The current staffing compliment is made up of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	20/09/2018
Number of residents on the date of inspection:	5

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
31 May 2018	10:00hrs to 19:30hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met four residents who were present in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, one resident spoke to the inspector while other residents were observed in their environments and in their interactions with staff.

One resident indicated to the inspector that they liked living in the centre and that they were very happy with their living environment and the life they enjoyed. All residents present appeared comfortable with staff members present and were observed engaging with them in a positive manner throughout the inspection.

Some residents also completed questionnaires, with the assistance of staff members, describing their views of the centre they lived in. All questionnaires contained positive views regarding the centre which indicated a high level of satisfaction with many aspects of life in the centre such as activities, bedrooms, visitors, meals and the staff who supported them.

The family members of three residents were also spoken to during this inspection who commented positively on some aspects of the service provided. However, family members also raised some areas of concern such as the premises provided.

Capacity and capability

Throughout this inspection the inspector observed and saw evidence that residents were treated with respect and were provided with appropriate support in meeting their needs. This was reflected by a good compliance level across most of the regulations inspected against. It was noted though that, while for the most part, good arrangements were made for staffing the centre, some staff required refresher training in some areas. Contracts of care, which are a key document describing the care to be provided to residents, also required some review by the provider.

The designated centre was last inspected in December 2017 and since then the provider had carried out an annual review and a six monthly unannounced visit as required by the regulations. Such requirements are important in order to review the quality and safety of care and support that is provided to residents. Evidence was seen that some issues highlighted by these had been acted upon as reflected by the compliance levels found during this inspection. Some areas of non-compliance found during this inspection were also found by the provider's own management systems,

such as issues relating to the premises provided.

A clear organisational structure was in place within the designated centre where roles and responsibilities were clearly set out. A person in charge was in place who engaged positively with the inspector throughout and demonstrated a good understanding of residents and their needs. It was noted though that while the person in charge had been in this role for this centre since February 2018, their appointment had not been formally notified to HIQA at the time of this inspection. Some documents required for registration purposes had also not been submitted or did not include the required details as set out in relevant HIQA guidance .

The provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted and this also supported continuity of care. The inspector also observed staff members engaging with service users in a positive, respectful manner and providing appropriate support if required. Staff members spoken to during this inspection were able to accurately describe the specific needs of the service users and the supports required to provide for these. Having reviewed residents' personal plans, speaking to staff members and observed staff rosters, the inspector was satisfied that there were appropriate numbers of staff provided to meet residents' needs. Residents present during inspection appeared comfortable in the presence of staff members on duty.

Assessment of needs had been carried out for residents living in the centre to identify the skills required from staff to meet residents' needs. As a result a staff mix of nurses, social care workers and care assistants had been put in place to provide for the assessed needs of residents. The provider was aware though that this was an area that would require regular review to ensure that the needs of residents could be met on an ongoing basis. To ensure the needs of residents were met at the time of this inspection, the existing staff team were provided with a wide range training in areas such as manual handling, first aid, the administration of rescue medicine and food hygiene. It was noted though that some staff were overdue refresher training in some areas..

The provider had a statement of purpose in place for the centre which described the service provided. It was noted that it had been reviewed as part of the provider's most recent annual review and unannounced visit to assess if the service provided and details contained in the document were within the scope of the statement of purpose. The inspector was satisfied that the statement of purpose reflected the day-to-day operation of the centre and accurately described the model of care and support provided

All residents were provided with a contract for the provision of services, which is key document in outlining the care to be provided to residents. While such contracts were presented in an accessible format it was noted that, in a sample of contracts reviewed, these had not been signed by residents or their representatives. Such contracts have to be agreed to by residents or their representatives, where appropriate, to ensure that they are fully aware of the terms of residence in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider had not submitted key information to support their application for renewal of registration. For example a planning compliance form submitted did not provide sufficient assurance to the Office of the Chief Inspector.

Judgment: Not compliant

Registration Regulation 7: Changes to information supplied for registration purposes

While a person in charge was in place at the time of this inspection, they had not been formally notified to HIQA in a timely manner. As a result the inspector was not assured that the provider had appropriate systems in place to notify the Office of the Chief Inspector of key required information.

Judgment: Not compliant

Regulation 15: Staffing

Planned and actual rosters were maintained in the centre which indicated that a continuity of staff was provided for. The needs of residents had been assessed and the provider had put in place a staff mix of nurses, social care workers and care staff to meet these needs. Staff present on inspection were found to provide appropriate support to residents and demonstrated a good understanding of residents and their needs. Staff files were held centrally by the provider and so were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training in areas such as food hygiene, safeguarding and manual handling. Training records reviewed indicated that, at the time of the inspection, some staff required refresher training in areas such as first aid, medicines management, the administration of emergency medicine and de-escalation and intervention. Arrangements were in place for staff to receive

supervision.
Judgment: Substantially compliant
Regulation 19: Directory of residents
A directory of residents was in place which contained all of the required information.
Judgment: Compliant
Regulation 23: Governance and management
A clear governance structure was in place. Audits were being carried out regularly to assess, evaluate and improve the service provided in areas such as medicines, house keeping and documentation. An annual review had been carried out with included input from residents and/or their families where appropriate. Since the previous inspection an unannounced visit had taken place to review the quality and safety of the service provided. An action plan had been put in place to respond to any issues identified and evidence was seen that issues identified had been or were in the process of being addressed.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
A sample of contracts for the provision of services were reviewed and it was seen these contracts had not been signed by residents or their representatives.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place which contained all of the required information and accurately described the nature of the service provided.
Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policies and procedures in place in relation to complaints. A copy of the complaints procedure was on display and a complaints officer was identified. Records of complaints were maintained in the centre which documented the steps taken to respond to complaints and any measures taken in response.

Judgment: Compliant

Quality and safety

The inspector was satisfied that residents were appropriately supported and treated in a respectful manner while present in the centre. Some improvement was required in relation to the premises provided and medicines management.

The previous inspection in December 2017 had raised concerns relating to parts of the premises provided, particularly with regard to the overall maintenance of bedrooms used for respite as well as the need for further decorative and structural improvements. During this inspection it was found that the overall maintenance and decoration of the premises had improved. It was seen that respite bedrooms had been redecorated and efforts had been made to give the centre a more homely feel which also provided adequate facilities for rest and recreation.

It was observed though that some structural works, highlighted in the previous inspection, remained outstanding at the time of this inspection. It was also clear that the main bathroom was not of a sufficient standard to meet the needs of all residents using the centre and required further adaptations and hoisting equipment to ensure that these needs could be met on an ongoing basis.

The needs of each resident were set out in individual personal plans which outlined the supports to be provided to residents to care for them. It was noted, in a sample of personal plans read, that these had been reviewed since the previous inspection, were informed by an assessment of residents' abilities, skills and needs and had been developed with the input of residents and their families. Copies of residents' personal plans were also available in an accessible format. During the inspection staff were observed to provide appropriate support to residents present and demonstrated a good understanding of residents and their needs.

The inspector was satisfied that efforts were being made to ensure that the needs of all residents were met while living in the centre. Following an assessment by the provider, it was found that the needs of one resident would be better met in an alternative living environment. While the provider was meeting the day to day needs of this resident and an alternative living environment had been identified, there was

no clear plan for when this would happen. This required review by the provider to ensure timely arrangements were put in place.

Throughout the inspection, residents were seen to be treated in a respectful manner by staff members who demonstrated a good understanding of how to respond to any safeguarding concerns if they arose. Throughout the inspection residents were observed to be comfortable in the presence of staff members who provided appropriate support where required. Training records reviewed indicated that all staff had received relevant safeguarding training. Such findings indicated that appropriate procedures were in place to ensure that each resident living in the centre was protected from all forms of abuse.

Efforts were being made in the designated centre to promote the health and safety of residents within the designated centre which included the provision of relevant training, such as manual handling, relevant policies and recently reviewed risk registers. Staff and management demonstrated a good understanding of the risks present in the centre. It was noted though some of the documentation around risk required review to ensure that all risks related to residents were adequately assessed and for clear guidance to be provided.

While reviewing residents' personal plans, information relating to medicines management was seen by the inspector. Areas of good practice were noted. For example, since the previous inspection, residents had been assessed with a view to encouraging them to take responsibility for their own medicines in accordance with their wishes and preferences.

Improvement was required in some areas. For example, residents had PRN (as required) medicine plans in place which provided guidance on how and when such medicine was to be given. While these had been recently reviewed it was observed that the maximum dose of PRN medicines was not consistently stated or differed from other records. Accuracy in medicines records is needed to ensure that such medicine is given as prescribed.

Medicines errors were being recorded and the person in charge discussed how learning was fed back to improve residents' safety and prevent reoccurrence. It was noted though that there had been two similar medicine errors since April 2018 where staff members had not responded in line with the provider's own policies in this area and best practice. While the residents involved in these incidents did not suffer any adverse outcome, given the similarity in these errors, this indicated that the systems in place for learning from such errors needed improvement.

Regulation 17: Premises

The designated centre was presently in a clean manner on the day of inspection and redecoration works had been carried out in the respite bedrooms. Efforts had also been made to give the centre a homely feel. However, some structural works, as highlighted during the previous HIQA inspection in December 2017, remained

outstanding. The main bathroom was not of a sufficient standard to meet the needs of all residents using the centre and required further adaptations and hoisting equipment to ensure that these needs could be met on an ongoing basis.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was in place which contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk registers were in place relating to the centre as a whole and for risks relating to individual residents. While risk assessments had been recently reviewed it was noted that some risk assessments contained different guidance for how to respond to some risks than some other documentation while an incident relating to road safety had not been risk assessed following the incident.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Assessments had been carried out to determine if residents could self administer medicine. While reviewing medicine records it was noted that the maximum dose of PRN medicines was not consistently stated or differed from other records. Two similar medicine errors were noted to have occurred in April and May 2018 where staff had not responded in line with the provider's own policies in this area.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their needs. These plans had recently been reviewed and were informed by relevant assessments. Plans were developed with the input of residents and families where possible. Plans were also

available in an accessible format. One resident had been identified as requiring a different living environment. A satisfactory plan was not in place to address this.

Judgment: Substantially compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had behaviour support plans in place. While these plans contained some clear guidance it was noted that one such plan was focused on responding to negative behaviour rather than promoting positive behaviour. Staff had been provided with training in de-escalation and intervention. The use of restrictive practice had decreased since the previous inspection and what restrictive practice was in use, at the time of this inspection, was being kept under review.

Judgment: Substantially compliant

Regulation 8: Protection

Throughout the inspection residents were observed to be comfortable in the presence of staff members who provided appropriate support where required. Details of how to report a safeguarding concern were on display in the designated centre. Staff members present during the inspection demonstrated a good understanding of how to respond to any safeguarding concerns. Training records reviewed indicated that all staff had received relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated in a respectful manner throughout the

inspection process.

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	Not compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hall Lodge OSV-0001709

Inspection ID: MON-0021602

Date of inspection: 31/05/2018

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 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Planning compliance form submitted to regulatory authority.	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: NF30 was emailed and posted to Regulatory Authority on 09/06/18	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

Staff that require refresher training have been rescheduled 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of care have been provided to families for signing	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Structural work for en-suite bathrooms is underway. This work will meet the needs of the residents. Additional arrangements are in place to facilitate personal care for one resident until the main bathroom has been re-structured and re-fitted. This work involves substantial Structural changes to the Bathroom area . SHS have had an assessment carried out by Occupational Therapist . The scope of this work is currently being reviewed . The target date for completion of work is 31/08/2019. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk assessments are being reviewed in line with HSE matrix. Care plans, Positive Behavioral Support Plans updated to reflect same. 	
Regulation 29: Medicines and pharmaceutical services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Rosters have been reviewed from July 1st with senior staff available to manage medications. This will support medication management practice. Medication policy discussed at staff meeting on 20/06/2018 and procedure in relation to drug errors outlined. Medication Management training and re-assessment has been implemented for relevant staff. Prescription kardexes have been updated. A medication mentoring programme by senior staff is in place to support practice.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Apartment that resident is transitioning to from the designated center will be available from 10th September 2018. Completion of transition process for this resident into their permanent apartment can then commence. This will enable a second resident to transition into the vacated apartment within the designated center.</p> <p>The transition process for both residents has commenced and easy to read formats developed.</p> <p>Resident is engaging is learning new independent living skills and these are now included in their Personal Plan and Personal Outcome goals.</p> <p>Review by Consultant Psychiatrist and by Clinical Psychologist is in place. Training for staff is being facilitated in relation to behavioural support.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A Clinical Psychologist is training key staff regarding Positive Behavioural Support and process includes the development of a specific resident focused behavioral plan.</p>	

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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 5(3)(a)(iii)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person who is the registered provider, or intended registered provider, including all directors, where	Not Compliant	Orange	15/06/2016

	the registered provider, or intended registered provider, is a company.			
Registration Regulation 5(3)(c)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by evidence that the designated centre complies with the Planning and Development Acts 2000-2013 and any building bye-laws that may be in force.	Not Compliant	Orange	15/06/2018
Registration Regulation 7(1)(a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre.	Not Compliant	Orange	09/06/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2018

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/07/2017
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/08/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2017
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which	Substantially Compliant	Yellow	30/06/2018

	that resident shall reside in the designated centre.			
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.	Substantially Compliant	Yellow	31/07/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/06/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in	Substantially Compliant	Yellow	31/10/2018

	accordance with paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/07/2018