

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001708
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 August 2014 10:00	06 August 2014 17:00
07 August 2014 07:30	07 August 2014 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This centre is run by Sunbeam House Services (the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr John Hannigan (Managing Director) nominated to act on behalf of the provider.

The purpose of this inspection was to inform a decision for the registration following an application to register this designated centre.

The inspector met with management, residents, and staff members over a two day inspection. The inspector observed practice and reviewed documentation such as personal care plans, health plans, accident and incident records, audits, equipment

service records, medication management documentation, meeting minutes, policies and procedures, staff supervision documentation, governance and management documentation, staff training records and staff files. Three residents resided in this designated centre and one resident was availing of respite at the time of inspection. The designated centre consisted of a medium sized bungalow on a large elevated site in a rural location.

The inspector found that there was evidence of good practice in this designated centre and a good standard of care delivery to residents. The inspector noted there were also some improvements required in order to be compliant with the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Some of the areas requiring improvement identified by this inspection included:

- Premises
- Transport Resources
- Fire Safety
- Contracts for Service Provision
- Records and Documentation

These areas for improvement are discussed in more detail later in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found good evidence of residents rights, dignity and consultation needs being met in the designated centre. The person in charge and staff presented as very person centred in their approach to quality care delivery to residents. However, the inspector found that further improvements were required in the areas of maintaining resident's privacy and also to the organisational review procedures for resident complaints.

The inspector noted that the majority of residents communicated non verbally and staff knowledge and ability to communicate with residents was good. For example, the inspector found that the use of assistive technology, sign language, gesturing, modelling and staff knowledge of resident's body language and demeanour was very good. Residents presented as happy with staff and the inspector noted that staff were patient and caring with residents at all times. Staff made it very clear with residents about what they were doing in a dignified and respectful manner. The inspector found that each resident was enabled to exercise choice and control over their life in accordance with their preferences. For example, the inspector noted residents choosing social activities, food, drinks and music continuously over the course of the inspection. Residents had accessible personal plans that contained meaningful and substantive goals and objectives. Staff were very respectful in offering choice that was in line with residents preferences and capacity. For example, one resident who particularly enjoyed magazines, had continuous access to same. All residents presented as happy and content throughout the inspection process.

The inspector was not satisfied that resident's privacy and dignity was maintained regarding the layout/location of the shower facilities within the designated centre. The shower was located outside a residents room that was compartmentalised within the

shower/toilet area. In essence this meant that this residents room was located within the shower/toilet area. For example, when the resident came out of their room they were in the actual shower area whereby only a shower curtain would separate them from the shower. This was not respectful of this residents privacy or the residents who would be using the shower, as individual privacy could easily be comprised by the layout and design of this facility. In addition, there was an open access point into the house which went straight past the shower area. Staff stated that they ensure other residents are not in the area at the time when showering and assisting with personal care. However, as many residents required two staff members to assist with personal care, other residents could easily gain access to the shower area. The design and layout arrangements observed by the inspector do not upkeep resident's privacy and dignity needs.

The inspector was satisfied that complaints made by residents were given due attention to and followed up. The inspector reviewed the complaints log in the designated centre and found that all complaints were made through staff members advocating for residents and logging complaints on resident's behalf. The inspector found that there was a minor improvement required at organisational level regarding the review of complaints. The inspector found that a complaints policy and procedure was in place. The inspector spoke with staff regarding complaints and reviewed residents and families completed questionnaires. The complaints policy was undated and the inspector found that there was a clear channel and procedure for making a complaint and this procedure was displayed within the designated centre. There was a four stage complaints resolution format with all complaints first to be addressed locally. Following this, complaints went to a nominated complaints person in writing via the electronic system in place. The inspector noted that there was not a nominated review system of complaint responses, as is a requirement of the Regulations. However the inspector noted there were no unresolved complaints at the time of inspection. Residents complaints were predominantly advocated by staff as all permanent residents communicated non verbally.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found that all resident's communication needs were supported and

facilitated. The inspector was satisfied that resident's communication needs were provided for in a respectful and person centred manner.

The inspector noted the use of assistive technology, pictorial format personal plans, use of sign language and good reading of body language/non verbal cues as a central feature of the communicative approach within the designated centre. All staff were very aware of individual residents communication needs. As the majority of residents communicated non verbally the inspector found that staff knowledge of residents needs was a strong theme throughout the inspection. The inspector observed residents had appropriate access to communication media such as television, media, and computer technology e.g. ipads and assistive applications. Staff highlighted the importance of being aware of resident needs, wishes and preferences and also advocating same on the resident's behalf.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector was satisfied that residents were supported to develop and maintain personal relationships and links to the wider community. The inspector saw evidence of the encouragement of family involvement in resident's lives and personal plans. The inspector noted good efforts on the part of staff to facilitate resident's integration. For example, residents went to musical shows, boxing matches and social outings such as shopping and lunches out. Residents presented as very happy and the inspector saw evidence of good advocacy on the part of staff to ensure residents had opportunities to new experiences. Residents family questionnaires reviewed were complimentary to the services provided to residents in the designated centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and

includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found good practice in relation to the admission of residents into the designated centre. All residents presented as happy with their living arrangements and the inspector noted good efforts on the part of staff to ensure residents had a good quality of life. The inspector was informed residents did not have agreed written contracts of services (inclusive of fees that are charged) in place which does not meet the requirements of the Regulations. The provider stated a plan is in progress to address this area.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. The inspector noted that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. For example, residents partook in social outings and some residents were part of local community groups, such as, a local drumming band. The inspector found arrangements to meet each resident's assessed needs were set out in an individualised personal plan, which reflected needs, interests and capacities. The inspector noted comprehensive personal plans that included involvement from relevant professionals where required. For example, speech and language therapy

(SALT), occupational therapy (OT) and psychiatry involvement were noted on resident's plans who required same. The inspector reviewed a number of personal plans and noted they were completed with the maximum participation of each resident and presented in accessible formats. For example, the inspector reviewed pictorial electronic format personal plans in addition to plans completed on colour charts in visual format for residents.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector was not fully satisfied with all aspects regarding the location, design and layout of the designated centre. The inspector found a number of areas regarding the suitability of the premises that required improvements to meet the requirements of the Regulations.

The premise consisted of a medium sized old bungalow on an elevated site. The inspector saw that staff had clearly assisted residents to decorate their rooms to their own individual tastes in some regards. There was a large sitting room where residents appeared to spend most of their recreation time within the designated centre. There were large gardens to the front and rear with an apple tree orchard at the back of the house. The inspector saw one resident enjoying the garden, however, improvements were required to ensure that they were accessible for the majority of residents who were wheelchair users.

The lane-way leading up to the property was in a state of disrepair with deep pot holes and very bad surface damage. The inspector was informed that the provider has made contact with local authorities and neighbouring houses about this issue. The lane-way posed a barrier for accessibility in and out of the designated centre, given the majority of residents were wheelchair users.

The inspector noted while each resident had their own bedroom (in addition to two staff sleep over rooms), there were a number of issues regarding the premise:

- The kitchen/kitchen table was not of a sufficient size for all residents to eat at.
- Lack of storage space which resulted in hoists and equipment being stored in

resident's rooms preventing access and a fridge freezer stored in a staff bedroom.

- There was plaster missing from parts of walls, a lack of painting, door frames/skirting boards damaged from wheelchairs/hoists.
- The resident's shower and toileting area was designed whereby one residents room was located within this area which was unsuitable and did not uphold resident's privacy. This issue has been discussed in detail under Outcome 1.
- There were broken tiles, no toilet seat on the toilet and this area was in a poor state of repair from a cleanliness perspective.
- The hallway was under 3ft at its narrowest point which made it difficult to move hoists and wheelchairs.
- Exterior pathway was covered in moss and needed to be cleaned as it would pose a slipping hazard when wet.
- Laundry facilities were located externally and were not of a clean standard.

In addition to the above, there were a number of premise issues highlighted in a fire safety consulting report that will be discussed further in Outcome 7: Health and Safety and Risk Management.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had taken precautions to promote the health and safety of residents, visitors and staff. The inspector was satisfied that health, safety and risk management practice was to a reasonable standard. A new risk management policy was in place but was not yet signed off as implemented by the organisation. In addition, the inspector found some concern regarding fire safety within the designated centre.

The inspector found that there was a safety statement in place however, not all staff members had signed that they had read and understood same. The inspector found good practice in the area of risk management with each resident having a safety assessment plan that was specific to resident's individual needs. The person in charge and staff demonstrated good awareness of general risks and the inspector noted some systems in place regarding the management of risk. The inspector found that risk management protocols were in place and safeguarded residents. For example, the inspector found a local risk register had been implemented and the person in charge was very aware of her responsibilities in this regard. The inspector was informed that

choking was the most significant risk identified in the designated centre. The inspector noted residents were risk assessed regarding this risk and reviewed accordingly. The inspector noted assessment and specific staff training was provided regarding this issue. The person in charge presented as very aware of this hazard for residents and demonstrated the need for the continuous management and review of this risk. The inspector found evidence of both internal and external auditing. For example, safety audits, pharmacist audits and fire safety audits.

The inspector found that the person in charge had systems in place regarding health, safety and risk management. For example, the person in charge highlighted various health and safety checking systems that occur in the designated centre on a daily, weekly and monthly basis regarding fire drills, first aid boxes, emergency lighting and alarm systems. In addition, the inspector noted supporting documentary evidence highlighting equipment maintenance, evacuation plans for residents and protocols and procedures pertaining to health and safety and fire safety. While the inspector noted some good practice and knowledge of measures in place regarding fire safety there were also some concerns in this area. The inspector queried some aspects of the fire alarm system in the house that staff were not familiar with. For example, the sensors and indicators outside residents rooms. The inspector also queried the age of the fire alarm system as it appeared quite old. The person in charge set off the alarm which sounded accordingly however the inspector was informed that lighting indicators did not appear to function. The inspector found evidence highlighting a visual inspection of the premises conducted on 03/07/2014. This inspection was undertaken by fire safety consultants and categorised a number of areas requiring review and/or improvement from a building regulation and fire safety certification perspective.

These areas included:

- Fire detection and alarm system.
- Emergency lighting system.
- Fire Doors.
- Door linings.
- Exit door locks.
- Boiler house servicing and fire proofing.

The inspector discussed the above at preliminary feedback and the provider stated a plan would be put in place regarding all aspects of premises fire safety following his opportunity to review all relevant documentation.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had measures in place to protect residents from harm and the risk of abuse.

The person in charge and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found that all incidents, accidents and near misses were clearly differentiated and recorded appropriately. The inspector found policies on protecting vulnerable adults were in place. The inspector noted that one policy was in draft format. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff had been provided with training in the protection of vulnerable adults. The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. The inspector checked resident finances in the designated centre which corresponded with the last recorded account entries. The inspector found that all residents and their families were consulted with regarding their finances and each resident had their own bank account/credit union account.

The inspector found staff were knowledgeable in terms of behaviours that challenge and behavioural support planning was in place and reviewed. Any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place. The inspector found these practices were appropriately managed and reviewed and were applied in accordance with evidence-based practice.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of her regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events on display in the designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector was satisfied that residents had good experiences and that staff ensured residents were engaged in activities suitable to their preferences, wishes and capacities.

All permanent residents attended a local day services however a proposal to operate a day service from the designated centre was being sought by staff and local management. The inspector noted that some staff highlighted that a 'wrap around' (24 hour) programme would better meet residents needs stating that they felt current arrangements did not stimulate residents to the optimum level. The inspector noted that staff were passionate in their advocacy for residents and were continually exploring ways for residents to be more involved in community life. For example, residents were encouraged to use a variety of community facilities such as an open exercise area within the local town. The inspector saw evidence in resident personal plan that staff were continually setting new goals and objectives with residents to improve their general welfare and development.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, the inspector was satisfied that all residents were supported on an individual basis to achieve best possible health.

The inspector found that residents had appropriate access to General Practitioner (GP), Psychiatry, Psychology, Physiotherapist, Dentist, Dietician and Chiropracist. The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were reviewed and monitored and any required medical or clinical intervention was sought/provided. Health plans were well documented in the residents' files and appropriately kept under review. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector found that staff were continually working to meet residents physical and mental health needs and saw creative examples of staff seeking alternative methods to do so. For example, residents who were very fond of animals were referred for animal related therapies which staff felt residents would enjoy and find calming.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Choice was facilitated through knowledge of residents likes and dislikes and the rotation of menus. The inspector noted that many residents were deemed a risk of choking due to swallowing difficulties and saw evidence of specific assessment led guidance, supervision guidelines and dietary information regarding residents. In addition, all staff had been trained in responsive first aid techniques regarding potential choking scenarios.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found a good system in place regarding medication management whereby residents were protected by the designated centres policies and procedures. The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management.

For example the inspector noted:

- A medication management policy (draft) was in place.
- Medication systems for the prescribing and administration of medication were in place.
- Medication checks, counts and recording systems were in place.
- Drug error procedures were in place and a clear reporting system of same was in place.
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place.
- Guidance for staff regarding medication types.
- Guidance for residents in pictorial format regarding medication types.
- Guidance for staff regarding all medication (Including PRN) protocols.
- Pharmacy audits were taking place.

Residents' medication was stored and secured in the staff office in a safe and hygienic manner. Each resident's medication was stored clearly and separately. The medication keys were held securely. All residents' medication administration records reviewed by the inspector had photographic identification and supporting resident information. All staff spoken to by the inspector demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents. The inspector noted one issue regarding the provision of transport. This will be discussed further in Outcome 16: Use of Resources. The provider and person in charge understood that the statement of purpose is a working document and can change subject to changes in resident needs or the designated centre's service provision.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Throughout the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.

The person in charge works full-time in the role of client service manager and is supported by a team of community support workers. The person in charge reports directly to a senior service manager. The person in charge also manages another designated centre and informed the inspector that she spends between 2-3 days per week in the designated centre. The person in charge stated structured management meetings occurred with her line manager. The inspector was satisfied that good lines of communication existed between the person in charge and the senior service manager. The person in charge demonstrated a very good knowledge of legislation and was familiar with the requirements of the Regulations.

The person in charge ensured residents' family members have a role in the designated centre by maintaining ongoing communication with residents' families. The inspector was informed that family members were encouraged to participate in residents' lives and

residents visited family on a regular basis. Family questionnaires returned to the Authority were positive and complimentary to the staff and management of the designated centre. The person in charge presented as competent and capable throughout the inspection process.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems. The inspector was satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard. The inspector reviewed staff supervision records and noted the person in charge had good systems in place regarding the supervision and performance appraisal of staff

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that the senior service manager assumed responsibility for the designated centre in the case of the person in charge's absence. In addition, a senior staff member was allocated on each shift to assume local responsibility. The person in charge was aware of the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector noted that the designated centre was resourced to a satisfactory standard in terms of staffing, heating, lighting and food. The inspector noted that in the majority the designated centre was resourced sufficiently to meet the needs of residents. However, the inspector was not fully satisfied that the designated centre was resourced to ensure the needs of residents were met in full. The inspector noted specific issues with the lack of transport services provided by the designated centre.</p> <p>The inspector found that residents were frequently paying large amounts of money on taxis. For example, the inspector noted residents who paid up to €120 for taxi fares to visit their families. The inspector was informed by the person in charge that the designated centre transport was only driven by a small percentage of staff. In addition, staff members highlighted on-going difficulties with transport and informed the inspector that the transport vehicle available did not always work. On the date of inspection the inspector noted that this vehicle was not operational when the person in charge attempted to use the vehicle to go out with residents. Given the rural location and accessibility issues highlighted earlier in this report, access to transport is the only way residents can leave the designated centre. Residents' personal plans clearly highlighted their needs for community integration and the fact the designated centre statement of purpose highlights transport as part of the service provided, this issue was not satisfactory from a resident's perspective.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings:</p>

Overall, the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector found a good continuity of care within the designated centre. The inspector found that residents support needs were met to a good standard.

The inspector reviewed the records relating to staffing and found that they contained all of the information outlined in Schedule 2 of the Regulations. The inspector reviewed the training records which demonstrated that training was made available to staff with an extensive calendar of training provided. The inspector found mandatory training in the areas of fire safety, protecting vulnerable adults and manual handling was updated in line with the organisations own policies and guidelines. All staff received training in a variety of relevant areas such as first response first aid (including specific response to choking), medication management, managing behaviours that challenge, epilepsy management, in addition to other relevant training. The inspector found that the provider and person in charge demonstrated a commitment to ensuring all staff training was up to date and had systems in place to ensure this occurred. The person in charge maintained a planned and actual roster which was seen by the inspector.

The staff interviewed demonstrated good knowledge and understanding of their roles and of each residents needs, wishes and preferences. The inspector saw evidence of good staff interactions with residents who appeared very comfortable and content in the company of staff. The inspector found appropriate supervision arrangements to be in place and staff spoken to informed the inspector they felt supported by the person in charge.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall the inspectors found that the provider and person in charge maintained most of

the required records, documentation and written policies listed in the Regulations, however, further improvement was required in relation to this outcome. For example, the implementation of all Schedule 5 policies.

The inspector found that resident records and information were maintained to a good standard in a manner that ensured completeness, accuracy and ease of retrieval. The inspector found that there was a directory of residents in the designated centre. The inspector found that regarding information provided to residents there was a residents guide within the designated centre however, as residents did not read, this was not fully accessible to residents. Staff stated that they ensured that residents were supported regarding their service at all times and the inspector saw evidence of this as described in previous outcomes. For example, Outcome 2: Communication.

The inspector found that the provider had the majority of Schedule 5 policies and procedures in draft format but these were not yet signed into practice. While existing policy and some draft policies were also present in the designated centre the Regulations clearly require the implementation of all Schedule 5 policies. The inspector found these policies were not implemented at inspection time. The inspector spoke about this with both the person in charge and the provider nominee and both stated this matter was in the process of being addressed from an organisational perspective.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001708
Date of Inspection:	06 August 2014
Date of response:	19 September 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents privacy and dignity was not fully maintained regarding showering and personal care arrangements and facilities in place.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

The provider will undergo a process of refurbishment to improve the bathroom facilities.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was not a nominated person available to residents to ensure complaints were appropriately responded to and who maintained a record of same.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:

The new complaints policy is now in place which clearly outlines who the nominated Local complaints officer is and also the Lead complaints officer.

Proposed Timescale: 31/10/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no agreed contracts in place with residents regarding provision of services.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

Service level provision documents will be sent to the individuals we support and/or their families on approval by HIQA and the process to complete same will be undertaken and completed within 3 months of approval with full implementation by 31st March 2015

Proposed Timescale: 31/03/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The premises was not in a good state of repair throughout the designated centre.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The provider will undergo a process to carry out works to improve areas as per the inspectors report

- Garden – the pathway in the back garden will be resurfaced
- Laneway – this is a private laneway owned by a number of residents; the provider does not have sole authority to carry out works; however the provider has commenced a process of obtaining costs in consultation with the other private owners. A purposed plan will be available for Hiqa by 31st Dec 2014
- Kitchen Table – the current table can cater for 4 residents, however one resident choses not to sit at the table.
- Plaster off the walls – walls/door frames will be repaired or replaced and painted as required.
- Broken tiles in bathroom – these will be replaced as this room will be part of the refurbishment plans outlined in outcome 1.
- Moss on paths – this will be removed (1st October 2014)
- Laundry area – this has been cleaned and will be routinely cleaned.
- Storage space- plans have commenced to move one resident into the larger bedroom this will provide more storage space for equipment. The freezer will be moved to the shed.
- Narrow hallway – the provider is unable to carry out any structural changes to the width of the hall way without impacting negatively on the size of the bedrooms .where the hallway is 3ft wide in places does not impact on the practical day to day activities of the location

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All parts of the designated centre were not clean and suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and

suitably decorated.

Please state the actions you have taken or are planning to take:

The provider will undertake plans to repair/replace and paint as required.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All elements of Schedule 6 were not in place in the designated centre.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:

The provider will undergo a process to improve areas for bathroom facilities and storage in order to meet all requirements of Schedule 6.

Proposed Timescale: 31/12/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not fully effective fire safety management systems in place.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:

The safety statement has now been signed by all staff working at the location. A person of professional competency will be engaged to carry out and audit and review of the locations fire alarm system. Issues identified in the inspection by the fire safety consultants are being managed by the overall fire compliance issues which have been forwarded to HIQA.

Door locks will be changed to thumb turns.

Proposed Timescale: 31/10/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not sufficient transport resources available to residents.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

The provider will under go a process to address the transport needs of the residents at the location.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All Schedule 5 policies were not implemented.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

All schedule 5 policies are now completed.

Proposed Timescale: 01/11/2014