

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0004458
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Limited
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	5

## **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, 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 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: 02 December 2014 09:30 To: 02 December 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 inspection was to inform a registration decision of a new centre provided by Sunbeam House Services Limited. The proposed designated centre was a rented property and had been sought with the aim to provide residential services to 5 residents with severe and profound intellectual disabilities. As this was a new designated centre, the inspector did not speak with any residents or relatives, and the staff team had not yet commenced work in this location. The inspector and regulatory officer met with the person in charge, and discussed the future plans for the centre and the residents who would live there. While there had been a lot of planning and consultation around the transition and potential move for residents into this new location, the inspector found that the centre required certain building amendments to ensure it would meet the needs of residents. These amendments

had been advised by an occupational therapist, and a health and safety officer, but at the time of the inspection had not been addressed. These are discussed in the body of the report.

This report outlines findings under all 18 outcomes, and includes an action plan at the end of the report. The inspector found substantial compliance with the Regulations and Standards and determined that the centre would provide a comfortable home in a community setting for the proposed residents. The main areas highlighted for improvement in this report relate to:

- amendments to the premises to ensure the centre would meet residents' assessed needs
- the installation of a adequate fire detection/ alarm system and emergency lighting
- suitable secure storage for medication
- minor improvements to records and documentation

At the time of report writing, the provider had not obtained a fire compliance certification for this property, which is required within the Registration Regulations.

**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, 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.**

**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 person in charge told the inspector how they planned to have ongoing communication and consultation with residents and their families or representatives.

A second smaller sitting room has been provided to allow residents to receive visitors in private if they so wish. The person in charge told the inspector that relatives will be able to visit at any time and that residents would be encouraged to go out to visit and attend family occasions. Bedrooms offered ample built in wardrobe space for residents belongings, and residents would be provided with a key to their bedroom if they so wished.

All residents will have single bedrooms to ensure privacy and dignity is maintained. The inspector saw that each residents' bedroom had an access point for television. No televisions, radios or noticeboards were in place at time of inspection. A residents guide is available to all residents as submitted with the application to Register. The inspector saw evidence of intimate care plans in place for prospective residents to promote their dignity with personal care. As all bedrooms were on the ground floor, the inspector was informed that roller blinds had been invoiced for each resident's bedroom to promote their privacy. The person in charge plans for these to be put in place prior to residents moving in. Each prospective resident will be supported by a key staff, called a keyworker who assists them to advocate and plan for their future.

The person in charge explained to inspector that residents' rights be be promoted and protected in the designated centre. The inspector saw evidence of a resident being supported to access an external advocate to assist her in the transition plan. The inspector also saw documentary evidence from the person in charge contacting the local

councillor to request the footpath across from the centre to be lowered to assist wheelchair users.

There was a complaints policy in place in the designated centre, and a template visual display of the complaints officer, and lead complaints officer for residents.

**Judgment:**

Compliant

**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:**

The person in charge told the inspector that residents would be supported and assisted to communicate at all times. There were no prospective residents for this centre who had specific communication needs. There was a policy in place on communicating to guide staff, as required by Schedule 5 of the Regulations. The inspector reviewed a sample of personal plans for prospective residents, and found a section called "how I communicate" to assist staff to deliver person centred care. The inspector also viewed a document that is completed by keyworkers on behalf of residents with limited verbal abilities to gather information. The inspector saw evidence of an invoice for a new tablet device to assist one prospective resident with her communication.

There were television access points in each residents' bedrooms. At the time of inspection, there were no televisions or radios installed. The centre was supplied with wireless internet access.

**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:**

The person in charge told the inspector that families will be actively encouraged to be involved in residents' lives in this centre. The inspector saw evidence of correspondence with families around all aspects of the transition of residents to this new location. Families had been invited to visit the designated centre on an open day, to gather feedback. Prospective residents would be supported and encouraged to continue to visit their families as they requested.

As prospective residents will be moving from a campus based setting, into this community based centre, the person in charge is eager to ensure active community involvement for all residents. Residents will not avail of a formal day service setting once they move, instead will be offered a tailored activation programme delivered from their home. The focus on this will be to increase community involvement, and to move away from a day programme delivered in a campus setting in larger groups. The inspector saw evidence of correspondence to the local councillor to improve the footpath across from the centre, to ensure residents' could access the local area with ease.

**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 was satisfied that there was a proposed system in place to ensure each resident will have an agreed written contract on admission. This contract will include details of all services that will be provided to the resident and the fees that will be

charged. The inspector was shown a template of these agreements on the day of inspection.

The inspector found that there was a policy on the admissions, discharge and transfer of residents for the Organisation as required by Schedule 5 of the Regulations. The criteria for admission to this centre was described in the statement of purpose. This will be further discussed under outcome 13.

**Judgment:**

Compliant

**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:**

The inspector found that there was a system in place to assess and plan out the social care needs of residents. The inspector reviewed a prospective resident's documentation, and found a system in place to determine short term and long term goals. Along with this goal setting exercise, the person in charge spoke to the inspector about the routines and practices of the centre being focused on getting out into the community and promoting residents to be as socially active as possible. The designated centre would better facilitate visits from families and friends, and promote residents to be active citizens to the best of their abilities and desires.

The inspector reviewed minutes of meetings, needs assessments and plans and determined that the transition from the current campus based location, to this designated centre had been well thought out and planned in a safe and timed manner. Familiar staff members would be moving to the new centre along with residents to ensure continuity of care. Families had been consulted about the transition, and their feedback sought. Prospective residents and their families had been offered the opportunity to visit the centre as part of this transitional period.

**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:**

The centre was a split level bungalow consisting of 5 resident bedrooms, a staff sleep over room, a front sitting room, a second smaller sitting room, and a large kitchen cum dining room. There was a separate utility room off the kitchen with suitable laundry facilities, and a large patio area at the back of the premises. The inspector found that there was an oil heating system in place in the centre, and adequate lighting. Specialist equipment had been priced, and the person in charge said this would be purchased prior to residents' moving in. For example, special shower chairs.

The external paint work was in much need of repair. The person in charge explained that they had been reluctant to address this while the house was empty. The health and safety officer had outlined that the gates to the premises needed to be moved so that a car could pull in safely, and there was a plan for electric gates to be installed. This work had not yet been carried out.

At the time of inspection, the inspector found that the centre did not meet the assessed needs of the prospective residents, or fully promote their safety in its current format. A health and safety assessment, and an occupational therapy assessment had been carried out in May and June 2014, which outlined works required to the building and grounds to ensure the property met the needs of residents. The provider had not commenced these works at the time of inspection.

The inspector could not be assured that the designated centre would meet the needs of proposed residents until the following was achieved:

- all works as outlined in the health and safety report
- all the works as outlined in the occupational therapy report

To ensure the premises were in a good state of repair, and decorated suitably the following were required:

- blinds to be ordered and installed

- the external premises suitable painted and garden attended to.

**Judgment:**

Non Compliant - Major

**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 reviewed documentation in relation to risk for proposed residents, and found each resident had a full needs assessment carried out, which included any current and potential risks in the new location. A health and safety assessment had been completed in May 2014, which outlined some potential risks in relation to the access to the road, the steps to the door way and the patio area. At the time of inspection, although control measures for these risks had been identified, they had not yet been installed or put in place. For example, risk of slipping on the tiles in the bathroom, or the risk to residents and staff due to the current location of the gates close to the road.

The inspector found that there was fire extinguishers in place in the hall of the designated centre. There were fire detection alarms in each room of the centre. The person in charge had template forms for the daily, weekly and monthly checks to be carried out on all aspects of fire protection in the centre. At the time of inspection, the provider had not obtained a fire compliance certificate for this property. Prospective residents had personal evacuation plans in their current location, some of which outlined exit through double doors off their bedrooms. This was not on offer in this designated centre, and so their personal evacuation plans would need to be changed. While the person in charge and staff had put thought into the bedroom allocations, the inspector was not assured that a specific evacuation plan had been drafted for this location, and formal arrangements for each resident's escape route in the event of a fire. The person in charge and health and safety officer told the inspector that they had read literature and done some research on certain equipment that would be useful in supporting this, for example body boards, and drag sheets. However, the inspector was not satisfied that there was written formal evacuation plans in place at the time of inspection, or that additional equipment had been purchased.

The inspector found that there were clear policies in place to manage risk in the designated centre. However, until the works as outlined in the health and safety report and the occupational therapy report are carried out and formal evacuation plans were written up the inspector cannot be assured that all identified risks are being appropriately managed in the centre.

The certification of fire compliance for this centre had not yet been received by the Authority.

**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):**

**Findings:**

Overall the inspector found that there were plans in place to ensure that residents will be protected from being harmed or suffering abuse.

The person in charge was aware of her responsibilities in the event of an allegation or suspicion of abuse. The inspector was informed of the measures that would be put in place to protect residents from being harmed or abused. For example, the management of transparent accounts for residents who required support with their finances. The inspector found that there was a comprehensive policy on the detection, prevention and response to abuse to guide staff. The inspector found a clear proposed system of reporting and recording all instances of abuse and the online reporting system alerted staff to the necessary steps to take.

The inspector found that there was a training calendar and schedule planned for each year to ensure all staff would undergo protecting vulnerable adults training, if they had not already done so. All staff who would be working in this new centre, were already employed by the organisation, and therefore had access to the training and education on offer. Through reviewing staff records at an organisational level, the inspector was satisfied that the provider had robust systems in place to ensure staff were vetted and recruited in line with best 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 found that the person in charge was aware of the legal requirement to notify the Chief Inspector regarding notifiable incidents and accidents. There was a system in place to record all adverse events on the electronic data base. There were written policies in place to guide staff on the reporting of adverse events.

**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):****Findings:**

The inspector was informed that residents will have the opportunity to explore new experiences in line with their wishes and preferences. Once residents move to the new designated centre, they will be offered a tailored day activation programme delivered from their home. Residents will no longer be availing of the formal day services setting on campus. The person in charge is confident that this will further enhance their social participation.

**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 residents' health care needs will be assessed, planned and promoted in the designated centre. The designated centre will be staffed with a combination of nursing and care staff.

The person in charge explained that the transfer of residents from an existing centre into this new centre, would ensure the same standard of health care would be delivered to residents. Residents will maintain their current General Practitioner (GP) and access to allied health care professionals. A full range of other services that are currently available to residents, will continue to be available on referral including psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic services.

The inspector reviewed a prospective resident's file, and found there to be a good standard of documentation in relation to the assessment and planning for health needs. There was evidence of clinical risk assessments, referrals and appointments with a range of allied health care professionals. Advice from professional services were documented and guided the care delivered. The inspector reviewed certain clinical policies including areas such as nutrition, and the use of restraint and was satisfied that they were centre specific and would inform practice in the new centre.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that there was a written policy in place in relation to medication management to guide staff. All proposed residents in this location would require full support with medication management. The inspector saw template assessments to determine this level of support.

There were no medication records available for inspectors review. The person in charge told the inspector that there will be a system of transcribing in place, where the prescription sheets are typed by the person in charge, and double checked by a second staff member.

At the time of inspection, suitable storage facilities for medication had not been installed, therefore the inspector could not determine if these would be suitable. The person in charge told the inspector that medication would be locked in a cabinet within a press in the staff room.

**Judgment:**

Non Compliant - Minor

**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 that there was a written statement of purpose in place, to show what services and facilities would be provided to residents. On review of this document, the inspector found that the description of the room sizes were not in line with the floor plans submitted. The person in charge ensured that this would be amended.

**Judgment:**

Non Compliant - Minor

**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):****Findings:**

The person in charge is titled as a Client services Manager. The inspector found that there was a clearly defined management structure in place in the designated centre and the organisation as a whole. The person in charge reported directly to a senior services manager, who reports to the provider nominee.

On review of the documentation submitted with application, the inspector found that the person in charge is a registered nurse and meets the requirements as set out in the Regulations. The person in charge is responsible for two other designated centres along with this new centre. The inspector is satisfied that this is a suitable arrangement due to the close geographical locations of the three centre, and the effective systems that the person in charge has in place, as evidenced in other inspections.

The person in charge informed the inspector that a formal review on a six monthly basis to capture the quality and safety of this designated centre would be completed as required.

**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 found that there were suitable arrangements in place for the absence of the person in charge in this centre. The person in charge was aware of their requirement to notify the Chief Inspector of any absence of 28 days or greater. For short term absences such as annual leave, the nurse on duty was the appointed person in charge, along with additional support from the senior services manager.

The person in charge informed the inspector that a post of deputy client services manager had been advertised internally and interviews held. The deputy staff would spend one day a week with the person in charge and actively engage in the management of the centre. This arrangement would further ensure all absences were appropriately managed.

**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.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector was satisfied that the designated centre would be resourced appropriately to ensure the effective delivery of care and support in accordance with the statement of purpose. The planned staffing roster would adequately ensure residents' individual and collective needs were met. There was wheelchair accessible transport available to the centre when needed for day activation. Rent collected from residents each week would contribute to the food, and some of the household bills of the designated centre. The person in charge also had an annual budget to ensure all other household expenditures were covered. For example, oil heating, vehicle petrol and maintenance.

The designated centre had been furnished with suitable dining tables and chairs of a specific height to meet the residents needs. The two living rooms were furnished with leather sofas and armchairs. Prospective residents would be bringing their own beds, curtains and personal belongings with them to ensure their bedrooms met their needs, and were decorated to their taste.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*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.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The person in charge showed the inspector the proposed roster, which outlined that there would be four staff on duty for five residents during each day. This consisted of one nurse, and three support staff. At night time, there would be a nurse on waking night duty, and an additional support staff on sleep over. The inspector was satisfied that the planned numbers and skill mix of staff would be suitable to meet the needs of residents.

As the staff team for this location had not yet been decided, the inspector could not determine if there were any training needs that were not being met. The inspector reviewed a list of staff working in the other areas that the person in charge was responsible for, and found that in general all mandatory training had been delivered. The inspector found that there was a training schedule in place which outlined all training and education available to staff throughout the year. The person in charge told the inspector that if any staff were identified as requiring training or refresher training, they would be booked.

The inspector was satisfied that the provider had robust recruitment systems in place for the organisation that ensured the requirements of Schedule 2 were obtained in respect of all staff employed. The inspector did not review the files of specific staff on this inspection, as the staff team had not been decided upon. The staffing files of staff in the other location that the person in charge managed were found to be in place when inspected for Registration.

**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 inspector was satisfied that the proposed systems regarding the maintenance of records and documentation to be kept at the designated centre are/will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspector reviewed documentation belonging to a prospective resident, and found the format and template of plans to be sufficient.

A residents guide was written up and will be provided to all residents. On review of the residents guide submitted with the application to Register, the inspector found some improvements were required to describe the specific services and facilities on offer in this centre.

The person in charge was aware of her responsibilities regarding Residents Records (Schedule 3) with an electronic system in place for maintaining certain residents' information, such as accidents and incidents. And paper based records to be maintained for other records such as personal plans.

The person in charge were aware of her responsibilities regarding Policies and Procedures (as outlined in Schedule 5) and the inspector reviewed same and found policies and procedures to be in compliance with the Regulations.

**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:***

Louise Renwick  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0004458
<b>Date of Inspection:</b>	02 December 2014
<b>Date of response:</b>	14 May 2015

### 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, 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.

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 06: Safe and suitable premises

**Theme:** Effective Services

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

Equipment necessary for residents had not yet been purchased and installed.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly

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

as possible so as to minimise disruption and inconvenience to residents.

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

Blinds will be purchased and put on all the windows. The measurements have already been taken.

Specialised equipment, such as the shower chairs have already been quoted for, and they can be delivered within 3 weeks from time of order.

This Equipment has been purchased by the provider

**Proposed Timescale:** 14/05/2015

**Theme:** Effective Services

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

Amendments to the building were required to ensure ease of access and egress for residents, as outlined in the OT report of June 2014.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

With regard to the work outlined in the OT & H&S reports for the Vale road property.

- Move gate in 30 Feet- Planned and Scheduled for Completion by May 31st
- Ramp to back of house- Completed
- Ramp to front of house- Completed
- Wooden trellis fence- Completed
- Patio area made secure- Partially done ,will be completed by May 31st
- New Gates installed- Partially done ,will be completed by May 31st
- Spraying of tiled floors in bathroom.- Scheduled for End Of May

**Proposed Timescale:** 31/05/2015

**Theme:** Effective Services

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

The external premises and grounds were in need of attention. i.e painting of the external walls, new gates to be installed, garden attended to, patio area made secure.

**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:**

This external painting has commenced and will be completed by 31st May 2015

**Proposed Timescale:** 31/05/2015

**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 was no emergency lighting in place at the time of inspection.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A program of Work for fire alarm and emergency lighting installation has been completed.

**Proposed Timescale:** 14/05/2015

**Theme:** Effective Services

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

At the time of inspection, there were no formal arrangements for the evacuation of residents and staff in the event of fire.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

There is a fire and evacuation plan in place, similar to all other SHS properties. All clients will have an up-dated personal emergency plan in place on admission. A designated fire assembly point has been identified.

**Proposed Timescale:** 14/05/2015

**Theme:** Effective Services

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

On the day of inspection the batteries in the fire alarms were in need of attention. All

fire alarms and equipment is in need of an evidenced service / check to assure inspectors that the fire management systems were sound.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

These checks will all be place once the house is occupied. These checks will be similar to the ones used in all other SHS locations.

All fire alarm batteries have all been replaced-

**Proposed Timescale:** 14/05/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

At the time of inspection, suitable storage for medication had not been installed.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medication will be in place upon opening of this location, in line with current SHS policy.

The current pharmacy has agreed to install a suitable, locked medication press. A drug cabinet has been purchased and will be installed by the end of May 2015

**Proposed Timescale:** 01/07/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The residents guide did not outline the specific services and facilities on offer in the designated centre. i.e full time residential care, 24 hour staffing, or describe the centre.

**Action Required:**

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

The residents guide will be amended to more accurately describe the specific services and facilities on offer in this location.

The SPF and Residents guide have been updated

**Proposed Timescale:** 14/05/2015