

# Lenus: Research Repository



**A designated centre for people with disabilities  
operated by Sunbeam House Services Ltd, Wicklow**

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**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 Ltd
<b>Centre ID:</b>	OSV-0001686
<b>Centre county:</b>	Wicklow
<b>Email address:</b>	john.hannigan@sunbeam.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Ltd
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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:
29 July 2014 10:30	29 July 2014 18:00
30 July 2014 09:30	30 July 2014 15:00

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**

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in charge. An inspector had previously met with other members of the management team at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

The inspector found that staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met. There was a clear system of governance in place. The service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre.

The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff who were passionate about the service. The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. The risk management policy was recently updated to meet the requirements of the Regulations.

However, a number of areas for improvement were identified in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector found that some staff had not attended training in relation to safeguarding residents and the prevention, detection and response to abuse. Although the policies required by the Regulations were in place, some were not fully implemented whilst others were not centre specific. In addition the resident's guide did not meet the requirements of the Regulations.

Some improvements to the premises were also required. Deputising arrangements for the person in charge required review and there was no documented evidence that residents or their representative were involved in the review of their care plans. These areas are discussed further in the report and included in the action plan at the end.

**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 that the rights, privacy and dignity of residents was promoted and residents' choice encouraged and respected although some improvement was required to the complaint's policy

The centre had a complaints policy and procedure but it did not meet all of the requirements of the Regulations. For example, it did not make reference to the nominated person with a monitoring role to ensure that the required procedures and paperwork were completed. The complaints procedure was on display in the front hall. The inspector reviewed the complaint's log and noted that one complaint had been received in the past year. A new electronic version of the complaints log had recently been introduced. Relatives spoken with were familiar with the complaints procedure but stated they never had the need to complain.

Residents were consulted with and participated in decisions about their care and about the running of the centre in so far as their conditions allowed. This tended to be on a one to one basis rather than in a group meeting to better meet the residents' current needs. Residents and relatives also had access to an advocacy service and contact information was available in the front hall area.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. All financial transactions were checked and counter signed by staff and written receipts retained for all purchases made on the residents' behalf. The inspector checked one random balance and found it to be correct.

The inspector observed numerous interactions between residents and staff and saw that they were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. One issue with lockable doors was identified but this is discussed under Outcome 6. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans.

**Judgment:**

Non Compliant - Minor

**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 inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were documented in the personal plans and interventions and supports were identified where needed. Residents had access to various media sources such as the television and the radio. The inspector saw one resident using headphones to listen to his favourite music. Residents had access to speech and language therapy services to assess and enhance their communications where required.

Residents were using iPads to assist with their communication needs. Specific apps were in use where residents could point to particular choices of meals etc. if speech presented difficulties. Various strategies were in use to help improve communication. For example 'a word a month' was the challenge for one resident and his iPad was used to assist with this.

**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 inspector was satisfied that residents were supported to develop and maintain personal relationships and links with the wider community and that families were encouraged to get involved in the lives of residents.

As part of the registration process, relatives had been invited to meet with the inspector during the inspection and to complete questionnaires. Relatives confirmed that they could visit the house without any restriction. Residents' families said that they always felt welcomed when visiting and that their opinions were sought and valued by staff. One relative described how staff had become the resident's second family and how both families were working together for the benefit of the resident.

The inspector saw that a written diary was completed each day for a resident including by the family on visits home. The relatives said how this benefited them. They know

what the resident had been doing each day and could ask questions about it. Relatives also confirmed that were invited to attend family meetings should that be necessary.

The inspector saw that several of the residents were involved in various community groups. This included a community based service for people with disabilities. In addition to activities such as drumming, pottery, music and cooking, it provided a social point to bring various groups together.

**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 with the admission process but contracts of care were not in place.

Contracts of care were not in place as yet. There was no written agreement outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged as required by the Regulations.

The inspector saw that there was a robust system in place regarding admission to the centre. All requests were submitted to a referral committee and a preadmission assessment was undertaken. This was then discussed at the referral committee to ensure that the services required by the resident were available at the centre. There were policies and procedures in place to guide the admissions process.

**Judgment:**

Non Compliant - Moderate

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**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 was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes. However, improvement was required to ensure that residents or relatives were involved in the development and review of their care plan.

Separate documents were maintained. One was the personal plan and then there was a care plan which reflected assessed health needs. Regular reviews of both documents were carried out. However there was no documented evidence that residents or relatives were involved in the development or review of the care plan document. General discussion took place regarding the need for so many separate documents and the inspector advised staff of the requirements of the Regulations.

The inspector reviewed a sample of care files and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Each resident was assigned a key worker. Relatives confirmed that the key worker maintained regular contact with them. One relative stated that one of the core strengths of the service was the keyworker system. Daily records were also maintained of the how the residents spent their day.

There was evidence that residents were supported in transition between services. A staff member always accompanied residents who had to attend hospital or appointments. One relative outlined how staff had provided on going support for her and the resident when he was admitted to hospital. Staff told the inspector of plans to further develop documentation to accompany residents on admission to the general services. This will include relevant information about the resident, their communication needs, medications etc.

There was an extensive range of activities available to the residents both in the centre and out in the community. The inspector saw where residents were given the choice of which activity to attend. Popular choices included swimming, walking, shopping and

going for drives. Transport was available at the centre.

**Judgment:**

Non Compliant - Minor

**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:**

Some work was required to the premises in order to ensure that it met resident's individual and collective needs in a comfortable and homely way. This included:

Communal space was limited to a sitting room and a kitchen cum dining room. The inspector noted that the kitchen cum dining room was the most used with residents sitting there for long periods with staff, chatting, doing activities or listening to music. To reduce the risk to residents, the kitchen area was partially closed off when cooking was taking place. The inspector noted that during the day this space seemed inadequate for the residents' needs. The inspector noted that lack of communal space was raised in some of the questionnaires received from relatives and also from relatives spoken with.

The inspector noted that some toilets and bathrooms did not have a locking mechanism to safeguard the privacy of the residents. The stairs and upstairs room had worn floor covering which needed to be replaced. These issues were discussed at the feedback meeting and the inspector was made aware that there was a system in place for planned internal decorating which was underway within the organisation.

Otherwise the inspector found that the centre was warm and homely. Some residents showed the inspector their bedrooms. Each resident had a single room which was appropriately decorated and contained personal items such as family photographs, posters and pictures. Residents had access to assistive equipment where required.

The laundry room was situated to the rear of the building and was well equipped.

There was a safe garden area to the rear of the building. The inspector saw that staff and residents used this area extensively. There was appropriate garden furniture available.

**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 was satisfied that practices were in place to promote the safety and health of residents, staff and visitors.

There was a health and safety statement in place and annual audits were completed. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy had been updated and met the requirements of the Regulations. In addition, individual resident risk assessments were completed on areas such as risk of injury and road safety.

The inspector found that adequate fire precautions were in place. There were regular fire drills and the inspector saw that some of these took place during the night. All staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Daily checks on fire exits and the fire alarm panel were carried out. Weekly fire alarm tests were also carried out along with monthly checks of the fire extinguishers, doors and exits.

The emergency plan had recently been updated and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended training in the moving and handling.

**Judgment:**

Compliant

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**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 was not satisfied that sufficient measures were in place to protect residents from being harmed or suffering abuse.

The inspector reviewed the staff training records and saw that most staff had not undertaken training in relation to safeguarding residents and the prevention, detection and response to abuse. The inspector saw that training was organised for the coming months and staff confirmed that they were scheduled to attend.

There was a policy in place but this was not specific enough to guide practice. For example it did not specify the procedure to follow should there be an allegation against a staff member. Staff spoken with and the person in charge were clear as regards the procedures they would follow should there be an allegation of abuse. Action relating to the policy will be included under outcome 18.

There were no restrictive procedures in use and there were no recorded incidents of challenging behaviour.

**Judgment:**

Non Compliant - Moderate

**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:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Guidance was on display in the office area. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**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:**

The inspector found that the general welfare and development needs of residents were promoted.

The residents had been afforded the opportunity to attend various activities such as music groups. Residents were supported by staff to pursue a variety of interests, including swimming and golf. The inspector also saw that residents did not always wish to attend and their choice was respected. Their participation was discussed at each meeting with their key worker. Care plans and daily records documented the type and range of activities that they were involved in.

**Judgment:**

Compliant

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**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:**

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service, to psychiatric services, to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services

Residents were consulted about the menu and the choice of food available and residents also participated in the grocery shopping. Residents' food preferences and likes and dislikes were recorded and alternatives were available if a particular resident did not like the meal which was prepared. The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost or gained weight. Photographs had been taken of various meal choices and some of these had been uploaded onto the ipads that the residents used. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social life.

**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 was satisfied that each resident was protected by the designated centre's procedures for medication management although improvement was required to the medication management policy.

There were two documents in circulation relating to medication management. The inspector was concerned that they were not centre specific nor detailed enough to provide guidance. The person in charge and staff spoken with confirmed that this was being updated. Action relating to the policy will be included under outcome 18.

Otherwise the inspector saw evidence of safe medication practices. All medications were administered by a registered nurse. Each resident's medication was stored in a locked press. No resident was self medicating at the time of inspection. The inspector saw that upon receipt from the pharmacy an audit was undertaken to ensure that the correct medications were received for each resident. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally complete.

Medications were stored appropriately. Written evidence was available which showed that prescriptions were regularly reviewed by the GP. The supplying pharmacist was available for advice and support.

There were no medications which required strict control measures (MDAs) at the time of inspection. However, appropriate arrangements were in place in the event that they were necessary.

**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 was satisfied that the statement of purpose met the requirements of the Regulations. It had been recently updated. It accurately described the service that was provided in the centre and was kept under review by the person in charge and was available to residents.

**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:**

There was no evidence that the provider carried out an unannounced visit at least once every six months and prepared a report on the safety and quality of care as required by the Regulations. In addition, staff spoken with were not aware if the annual review of the quality and safety of care and support, also required by the Regulations, was going to be carried out.

The inspector did see that an organisation wide internal audit was completed in October 2013 and this centre was included. The inspector saw that improvements had occurred following the audit. For example intimate care plans were introduced. The inspector also saw that a yearly health and safety audit was carried out and a follow up was conducted to ensure that the required actions were completed.

Otherwise the inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. He had responsibility for one other centre and a day service in the locality. He was knowledgeable about the requirements of the Regulations and Standards, and had a good overview of the health and support needs and personal plans of all the residents.

**Judgment:**

Non Compliant - Minor

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**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 not satisfied with the deputising arrangements when the person in charge was on annual leave.

The system in place was that his line manager took over as regards administrative duties such as telephone queries or staffing issues. The line manager confirmed to the inspector that she did not visit the centres during these absences. The inspector felt that because of the complexity of the residents' needs, cover should be provided at these times. The action relating to this will be included under outcome 17.

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

**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 found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The person in charge used staffing resources efficiently and flexibly to meet the support needs of residents and the roster is discussed in more detail under Outcome 17.

There is no evidence to suggest that the required improvements identified during this inspection will not take place and the Authority will review the action plan and proposed timescales to evidence access to sufficient resources.

**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 inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. An inspector had recently attended the organisations head office and reviewed a sample of staff files and found them to be in substantial compliance.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

A training plan was in place for the organisation. Records of staff training were maintained. Apart from the deficits previously mentioned, there was evidence that staff had attended a range of other training in areas such as epilepsy, first aid and behaviour that challenges. Staff spoken with confirmed that there was a range of training available to them.

Staff supervision meetings had recently been introduced and supervision contracts were in place for all staff. On going objectives were agreed. In addition yearly appraisals were carried out.

There were no volunteers in the service at this time.

Action required relating to deputising arrangements for the person in charge discussed under outcome15 is included under this outcome.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector found that some improvement was required to ensure that robust systems were in place to maintain complete and accurate records.

The inspector read the residents' guide and found that it did not meet the requirements of the Regulations.

Written operational policies were in place to inform practice. However as stated under outcomes 8 and 12 although the required policies were in place, some were at various stages of development and some such as the medication policy were not centre specific and some such as the management of abuse, did not contain sufficient detail.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place.

**Judgment:**

Non Compliant - Moderate

## **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:***

Sheila Doyle  
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 Ltd
<b>Centre ID:</b>	OSV-0001686
<b>Date of Inspection:</b>	29 July 2014
<b>Date of response:</b>	21 August 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.

#### 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:**

The complaint's policy did not meet the requirements of the Regulations.

**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:**

All schedule 5 policies will be in place.

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

**Proposed Timescale:** 30/09/2014

#### **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:**

Contracts of care were not in place.

**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:**

Contracts of care - the provider is in negotiation with the authority at present.

**Proposed Timescale:** To be confirmed.

#### **Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There was no documented evidence that residents or their representatives were involved in the development or review of the care plans.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Care Plans will now be reviewed with families at same time as personal plans are reviewed on 6 or 12 monthly basis. In Place Now 19/8/14.

**Proposed Timescale:** 19/08/2014

#### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Communal space seemed limited.

Some toilets and bathrooms did not have a locking mechanism.

The stairs and upstairs room had worn floor covering.

**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:**

Redecoration and refurbishment of the centre to take place plans currently being made to how this can be done in a location that is occupied 24 hours a day.

**Proposed Timescale:** Start date to be confirmed.

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Most staff had not undertaken training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All outstanding staff are booked in for training throughout the rest of the year in line with Sunbeam House Services Training calendar. To be Completed by 1/12/2014.

**Proposed Timescale:** 01/12/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

There was no evidence that the provider carried out an unannounced visit at least once every six months and prepared a report on the safety and quality of care as required by the Regulations.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Person in charge will be carrying out unannounced visit every 3 months and provide a report on safety and quality of care. First visit to take place by October 31st 2014.

**Proposed Timescale:** 31/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The deputising arrangements for the person in charge were insufficient.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Arrangement To be reviewed by October 31st 2014.

**Proposed Timescale:** 31/10/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Policies were at various stages of development. Some such as the medication policy were not centre specific. The detection, prevention and response to abuse policy was not specific enough to inform practice.

**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 will be in place.

**Proposed Timescale:** 30/09/2014

**Theme:** Use of Information

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

The resident's guide did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

Resident's Guide to meet requirements.

**Proposed Timescale:** 31/10/2014