**Health Information and Quality Authority Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011121</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Email address:</td>
<td></td>
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<tr>
<td>Registered provider:</td>
<td>Sunbeam House Services Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Julette Kearney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gary Kiernan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 February 2014 13:30
To: 13 February 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services is governed by a board of directors consisting of nine members, with John Hannigan as CEO. Mr Hannigan is also the person nominated on behalf of the provider and will be referred to as provider throughout the report. Mr Hannigan is supported in his role by the senior management team which is made up of seven managers with a variety of roles and responsibilities. There are eighteen client services managers (CSM) across the organisation who directly report to the senior management team. Members of the CSM team are the identified persons in charge for the designated centres within Sunbeam House Services.

In total, nine residents live in the centre, the majority of whom attend a day service or are out at work during the day.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.
Some improvements were required with regard to the management of fire safety and safe medication management practices. Access to allied health professionals was not satisfactory for some residents. Mandatory training for staff in the protection of vulnerable adults was also identified as an area which required improvement.

The inspector found 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. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents. These matters are discussed further in the report and in the Action Plan at the end of the report.
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

Judgement:
Compliant

Findings:
The inspector found evidence that residents were supported to live independent and fulfilling lives and a good system of personal planning was in place to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described to inspectors how they liked to spend their day and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities, which ranged from work-based activities in shops and garden centres to leisure activities such as swimming, bowling, going to the cinema and attending concerts.

The arrangements to meet each resident’s assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents’ lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. While personal plans were regularly reviewed to ensure goals were met, the inspector identified some information which had not been kept up-to-date and which had not been amended to reflect the changing needs of the resident. The person in charge undertook to address this at the time of inspection.

Residents’ files contained information relating to areas such as healthcare, intimate care needs and family contacts and relationships. Some residents had care plans which had been modified according to their communication needs. The inspector discussed the personal care plans with some of the residents and found that they were engaged in the development of the plans and their preferences and goals were reflected in the documentation.
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Findings:
The inspector found that while steps had been taken to promote the health and safety of the residents, staff and visitors, a number of improvements were required with regard to fire safety and the emergency plan.

There was a centre-specific safety statement in place which had been updated in October 2013. The inspector found that the risk management policy had been recently updated and met with the requirements of the Regulations, and staff members in the centre were knowledgeable regarding their duty to report any issues of risk to management. The inspector found that the person in charge had undergone recent risk management training and she was knowledgeable with regard to the identification and management of risk in the centre. The person in charge discussed the risk register and showed the inspector a risk assessment which she had recently completed in relation to a resident who was being supported to travel independently.

There was an online system in place to monitor and record accidents, incidents and near misses and the person in charge oversaw this system and reviewed and signed off on all these records.

While many effective fire procedures and checks were in place, the inspector identified an area of risk in relation to fire safety which had not been appropriately managed. As described above, the centre was made up of two adjacent houses. The inspector was concerned that evacuation procedures were not satisfactory in the case of one of these houses which was not routinely staffed at night. The fire detection systems for the two houses were not linked and therefore staff were not alerted in the event of a fire in the unstaffed house where a resident required assistance.

The inspector enquired with regard to residents who smoked and was informed that residents were required to smoke outside in accordance with the agreed wishes of other residents. However, the inspector was concerned that the risks associated with a resident smoking had not been assessed and managed through the risk management process.

There were good systems in place to carry out fire drills and these were attended by staff and residents on a monthly basis. Good records were maintained in relation to each resident’s response to the fire drill. The inspector found that residents were very aware of the fire evacuation procedures and were able to describe the procedures involved. The inspector found that staff on duty at the time of inspection had attended mandatory
training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. Each resident had a detailed personal evacuation plan.

While some information in relation to emergency evacuation procedures was contained in the safety statement, a comprehensive emergency plan had not been drawn up to address foreseeable emergencies such as loss of power and mains water supply. Alternative accommodation and transport in event of an emergency had also not been identified in the plan.

Moving and handling assessments had been carried out for residents and were updated as appropriate. Moving and handling training had also been provided for the staff members.

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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

#### Judgement:
Non Compliant - Minor

#### Findings:
The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. However, some improvement was required with regard to the provision of mandatory training.

The policy on the protection of vulnerable adults was satisfactory and guided practice. The inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. However, a number of the staff had not attended mandatory training in accordance with the requirements of the Regulations. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated.
The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and inspectors saw that good detail was maintained with regard to the residents’ daily routines, interactions and mood. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. Residents had detailed positive behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents’ needs changed. The records showed that residents had good access to counselling and psychiatry services if required.

There were good systems in place for the management of restrictive procedures in the event that any were necessary and there was a policy in place to guide staff. The person in charge stated that it was the intention to eliminate restraint or use the least restrictive alternative. A restraint register was maintained and all interventions which could constitute a restraint were referred to a restraint review committee which was responsible for carrying out a restraint assessment and monitoring its use on an ongoing basis.

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspector found that residents’ healthcare needs were met but some improvement was required in accessing allied health professionals.

There was a system in place to carry out an annual review by the general practitioner (GP) and residents were regularly reviewed thereafter. There was a clear record of residents’ healthcare needs and instructions for managing these needs were set out in care plans which were up to date. Residents had access to a range of allied health professionals such as physiotherapist, psychiatrist, chiropodist, optician and dental services. The inspector observed that some residents had been assessed as requiring a referral to the speech and language therapist (SALT) as part of the personal planning process. However, this referral had not taken place at the time of inspection. The inspector found that this could potentially result in negative outcomes for residents and the person in charge undertook to address this. The inspector saw that residents were provided with education and training to take responsibility for their own healthcare needs where possible.
Measures were in place to adequately meet residents’ food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal and a range of alternatives were available if a particular resident did not like the meal which was prepared. Inspectors found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around residents' social and work life.

Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspector found that policies and processes were in place for the safe management of medications. However, some improvement was required with regard to training, review of prescriptions at regular intervals and the documentation for ‘as required’ (PRN) medications.

There was a comprehensive medication management policy in place which provided guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally completed and maintained in accordance with the centre’s policies and professional guidelines. However, the system in place did not demonstrate that medications were being administered from prescriptions which had been reviewed at regular intervals. In relation to PRN medications the maximum dose in 24 hours was not clearly stated and staff members responsible for administering medication did not demonstrate understanding in relation to this.

While the staff members responsible for administering medication had attended training in medication management, the person in charge had not. The inspector was concerned that this training had not taken place as this impacted on the ability of the person in charge to monitor and review safe medication management practices. The person in charge said she monitored practice in this area by observing staff and medication records. The person in charge had access to other senior staff, who were trained in this area, as required. There was a system in place to carry out audits in areas such as medication management. However, a recent audit of safe medication practice had not been conducted.
There was a satisfactory system in place for the reporting and management of medication errors. There was an online system in place for this purpose and the inspector found that staff were knowledgeable with regard to its use. The inspector reviewed a sample of previous medication errors and found that they had been appropriately responded to and any discrepancies promptly addressed.

Medications were stored appropriately. There were no medications that required strict control measures (MDAs) at the time of this inspection, though the inspector found that appropriate systems and procedures were in place should these medicines be required.

**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

**Judgement:**
Compliant

**Findings:**
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. Staff confirmed that she was present in the centre on a daily basis and it was clear that she was well known to the residents. She had a very good knowledge of the health and support needs of the residents. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation. She had developed her own checklist system to monitor compliance with the Regulations and Standards.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service and the staff reported that they felt supported in their roles.
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

Judgement:
Compliant

Findings:
The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid, medication management and risk assessment. There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the Regulations and the Standards were available to residents and staff. There were no volunteers attending the centre at the time of inspection, though the person in charge was aware of the documentation requirements for volunteers and a volunteer coordinator was available in the organisation.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Gary Kiernan
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\(^1\)

<table>
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<tr>
<td>Date of Inspection:</td>
<td>13 February 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 March 2014</td>
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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 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:
The risk of smoking was not adequately addressed as part of the risk management system. The emergency plan did not provide sufficient guidance in the event of an emergency.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
A risk assessment has been drawn up by the person in charge and will be brought forward to a case meeting in March to discuss with the individual client and all staff supporting to ensure validity of risk assessment.

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The location has a safety statement in place that was updated in August 2013 and further minor updates in February 2014. Details of the location emergency disaster plan are held in the safety statement. Strategies are in place with regard to fire, transport incident, local flooding, severe weather and missing persons. There are specific instructions regarding emergency accommodation, taxi numbers for transport etc.

**Proposed Timescale:** 31/03/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire evacuation systems were not satisfactory as they did not address the safe evacuation of both of the houses which made up the centre.

**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:
An external company AGL ltd have carried out an assessment of the two buildings. SHS is currently awaiting quotes for same. The proposed system is to link the Alarm between the houses. The Sounder will be placed in two locations within the house, the Kitchen/living area and the staff bedroom.

**Proposed Timescale:** 31/03/2014

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**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:**
A number of staff members had not attended mandatory training in safeguarding and protection.

**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:
The Company has recently implemented this training in accordance with the regulations. There is training scheduled one per month with 30 places on offer for each training, the training is in high demand and staff have been booked on particular trainings from January 2014. One staff member remains untrained; the training for this staff is scheduled for June 2014.

**Proposed Timescale:** 19/06/2014
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no record of referral to speech and language services for residents who required this.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
A referral has been sent to the local primary health care centre in Arklow for all residents requiring speech and language supports.

All key workers have been asked to discuss with the local GP and seek a referral from her also.

**Proposed Timescale:** 31/03/2014

### 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:**
The medication management system required improvement with regard to training for staff, review of residents' prescriptions and the records for PRN medications.

**Action Required:**
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
Review of residents' prescriptions- the Kardex will be amended to include the suggestions of the inspector; the service will enter discussion with the local GP regarding the reviewing the medication every 3 months are stated by the inspector.

Records for PRN medications- the Kardex will be amended to include the suggestions of the inspector; the service will enter discussion with the local GP to ensure that the PRN medication will state the Maximum dosage within a 24hr period.

Staff training- following the above amendments the medications staff trainer will be invited to attend a staff meeting where all staff will be trained on the updates.
The person in charge will receive training in the administration of medication as scheduled in January 2014 training schedule.

**Proposed Timescale:** 31/05/2014