**Centre name:** A designated centre for people with disabilities operated by Sunbeam House Services Ltd  
**Centre ID:** ORG-0011216  
**Centre county:** Wicklow  
**Type of centre:** Health Act 2004 Section 38 Arrangement  
**Registered provider:** Sunbeam House Services Ltd  
**Provider Nominee:** John Hannigan  
**Person in charge:** Martina Byrne  
**Lead inspector:** Conor Brady  
**Support inspector(s):** None  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 4  
**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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 08:30
To: 13 February 2014 12:30

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

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Summary of findings from this inspection
The intended provider is Sunbeam House Services (the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr. John Hannigan (Managing Director) nominated to act on behalf of the provider.

This was an announced inspection of the centre. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The inspector met with management, residents and staff members over a one day inspection. Inspector observed practice and reviewed documentation such as personal care plans, health plans, medical records, accident and incident records, meeting minutes, policies and procedures, governance and management documentation, staff training records and staff files. Four residents resided in this designated centre.

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

Some of the areas requiring improvement identified by this inspection included:
- Risk management policies and procedures did not fully guide practice.
- Staff files were not fully compliant with regulatory requirements.
- Staff mandatory training was not fully up to date.

These areas for improvement are discussed in more detail later in 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

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector found residents well being and welfare to be maintained to a good standard with evidence of individualised assessment and personal planning of an appropriate standard.

The inspector found that residents participated in meaningful activities appropriate to their individual interests and preferences. For example, the inspector found evidence of residents attending various activities and social outings, for example, rugby games.

Personal plans contained resident, family and multi-disciplinary input and appeared to appropriately reflect residents’ needs, interests and capacities.

The inspector found evidence of resident participation in the planning process through planning meetings and regular family contact. Personal plans were appropriately reviewed and the inspector found improved outcomes for residents. For example, residents who previously resided in a congregated setting were found to have more choice and community involvement in this designated centre.

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 - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector found that while the provider had taken precautions to promote the health and safety of residents, visitors and staff, this area needed some improvements.

The inspector was satisfied that there was evidence of a provider commitment to risk management and health and safety. The provider had introduced a new corporate risk register. However, this had yet to be fully implemented locally. The inspector read a comprehensive risk management policy which had recently been drafted and found that it clearly identified the roles, responsibilities and reporting arrangements for managing risk, however the policy required further improvements. For example, the risk management policy did not include the specific risks outlined within the Regulations, for example, the risk of self harm.

At designated centre level, the inspector found that there was a safety statement in place. The inspector was informed there was no current risk management policy available and that a policy was currently being developed to comply with the requirements of the Regulations. While the inspector found good practice of risk management this needs to be further developed to meet regulatory requirements. For example, the inspector found that this community house had a very steep hill for a driveway. As the majority of residents are wheelchair users this area needs to be formally risk assessed for each resident and guided by an appropriate policy. However, the inspector observed safe practices and was informed of informal protocols regarding the management of residents on this steep driveway.

The inspector found good practice in the area of risk management with each resident having a personal emergency evacuation plan and a safety assessment plan that were specific to residents’ individual needs. The person in charge conducted monthly health and safety checks in the areas of fire drill evacuation, bus evacuation, emergency lighting, first aid boxes, fire exits and exit signage. Inspector found documentation supporting this checking system was in place and regularly reviewed. The inspector found information contained in the evacuation reports matched the evacuation logs. The inspector noted weekly alarm tests were being completed and an accessible assembly point was in use. The inspector found that evacuation policy lacked specific instructions regarding emergency accommodation should the centre require a full evacuation.

The inspector found a recording and reporting system in place that examined incidents, accidents and near misses.

The inspector was satisfied that there were adequate measures in place regarding fire safety. Staff spoken to were knowledgeable, equipment service records were up to date and fire drills and training had taken place. The inspector found that there were two
break glass emergency keys missing that need to be replaced in the designated centre.

**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:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

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

The provider and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found that all incidents, accidents and near misses were clearly differentiated and recorded appropriately. The inspector found an appropriate policy on protecting vulnerable adults was in place and that this policy guided practice.

The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. The inspector checked resident finances in the designated centre which corresponded with the last recorded account entries.

The inspector found staff were knowledgeable in terms of behaviours that challenge and behavioural support planning was in place and reviewed at 3 - 6 month intervals. Restrictive practices were operational in this centre in the forms of chemical and environmental restraint. The inspector found these practices were appropriately managed and reviewed and are applied in accordance with evidence-based practice.

**Outcome 11. Healthcare Needs**

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

**Theme:**
**Health and Development**

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

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

The inspector found that residents had appropriate access to General Practitioner (GP), Speech and Language Therapist (SALT), Physiotherapist, Psychiatrist, Dentist, Orthodontist and Chiropodist.

The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, one resident with a specific medical condition had specific dietary requirements provided to meet his individual needs. This was documented in the resident’s health plan and appropriately kept under review.

The inspector found another resident had a SALT assessment that guided practice in terms of the consistency levels this resident’s food and drinks needed to be. Staff were knowledgeable in this regard and supported this resident at mealtimes both safely and respectfully.

The inspector found a physiotherapist assessment was completed regarding one resident that was reviewed in October 2013 and due for further review in March 2014. This assessment was guiding practice and the inspector observed staff completing physiotherapy exercises in conjunction with the resident’s picture guided physiotherapy exercise plan.

The inspector noted an appropriate mealtime experience with residents supported to enjoy their meal in a dignified and respectful manner.

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

**Judgement:**
Compliant
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspector found an appropriate system regarding medication management whereby residents were protected by the designated centre’s policies and procedures.

The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management.

For example the inspector noted:
- A medication management policy was in place.
- Medication transcribing protocols were in place.
- Weekly medication checks, counts and recording systems were in place.
- Drug error procedures were in place and a clear reporting system of same was witnessed.
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place weekly.
- A pharmacist led medication audit took place on 30 January 2014 - the inspector found learning from this audit and appropriate actions put in place regarding immediate follow up protocols for drug errors.

Residents’ medication was stored and secured in the staff office in a safe and hygienic manner. Each resident’s medication was stored clearly and separately. The medication keys were held by the senior staff on duty. All residents’ medication administration records reviewed had photographic identification in place. Staff to whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

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

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspector was satisfied that a clear governance and management structure was evident. The person in charge was clearly able to outline to the inspector the systems and processes they had in place and the inspector found these systems were satisfactorily operational throughout the inspection.

The provider is governed by a board of directors consisting of nine members. The managing director 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 18 client services managers (CSM). The CSM team are the providers nominated persons in charge for each of the nominated designated centres.

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

The person in charge works full-time in the role of client service manager and is supported by a team of social care workers. The person in charge reports directly to a senior service manager and stated that daily contact occurs with her line manager. The person in charge stated structured management meetings occurred monthly and informed Inspector that formal supervision arrangements were in place with her own line manager.

The person in charge demonstrated a good knowledge of legislation and was familiar with the requirements of the Regulations. The person in charge demonstrated a good commitment to continuous professional development and has completed a number of relevant and appropriate qualifications up to Masters Degree level. The person in charge has specific expertise in the areas of nursing, palliative care, clinical governance and management.

The person in charge ensures resident’s family members have a role in the designated centre by having an 'open door policy' for residents’ families. Family members were encouraged to attend the community house and visit regularly. Families have involvement in residents’ personal plans. The inspector noted evidence of this from residents’ files e.g. circles of support and witnessed the person in charge receiving numerous phone-calls from families during the inspection process.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems.

The inspector was satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard.

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**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:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall, the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. However, there were some improvements required in the areas of staff documentation and information and staff training.

The inspector reviewed the records relating to staffing and found that they contained most of the information outlined in Schedule 2 of the Regulations. However, some improvements were required to be fully compliant. For example, photographic proof of identify had been sought for all new staff since the introduction of the Regulations, however, this had not been done retrospectively for staff employed before 1 November 2013.

The inspector reviewed the training records which demonstrated that training was made available to staff with an extensive calendar of training for the year. However, the inspector noted some gaps in the mandatory training was noted. For example, training in protection of vulnerable adults was not current for all staff working in the designated centre. The inspector found that the provider had already put measures in place to provide this training with two to three days per month allocated in 2014. In general, mandatory training in the area of fire safety and manual handling was updated in line with the organisations own policies and guidelines. Some improvements were required in the training of de-escalation techniques for staff working with behaviours that challenge, and the inspector found that dates had been outlined during the training calendar to provide this.

Throughout the inspection residents appeared to be very content with the staff members on duty who demonstrated a good rapport and knowledge of the residents present. The inspector viewed the staffing rosters which matched the personnel on shift at inspection time. The inspector found there was appropriate staff numbers and skill mix to meet the assessed needs of residents. For example, the inspector viewed two staff members going on a social outing with three residents during the course of inspection. The inspector found another resident received one to one staffing to complete a planned programme.

The staff interviewed demonstrated good knowledge and understanding of their role and of each resident’s needs. Staff highlighted the importance of the social model of care when meeting residents’ needs and spoke of the importance of providing a professional
caring home environment. The inspector saw evidence of good staff interactions with residents who appeared comfortable and content in the company of staff.

The person in charge showed the inspector a staff training schedule which showed staff had received training in the areas of manual handling, protecting vulnerable adults and fire safety and all staff spoken to presented as knowledgeable in these areas. In addition to this, the person in charge stated that all staff had also recently undergone epilepsy and medication training. The inspector found appropriate supervision arrangements to be in place and staff spoken to told the inspector they felt very supported and highlighted the person in charge as being approachable and accessible to staff.

**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:**

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

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011216</td>
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<tr>
<td>Date of Inspection:</td>
<td>13 February 2014</td>
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<td>Date of response:</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 management policy was not available at inspection and therefore did not fully guide practice in the area of hazard identification and assessment of risk throughout the designated centre.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
SHS have developed a corporate Risk Register and a Risk management policy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
framework. The centre is in the process of devising their own local register of risk.

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<th>Proposed Timescale: 30/04/2014</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency means of escape on two exits (break glass keys) were not in place.

**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 two break glass keys have been put in place. This was done immediately after the inspection.

| Proposed Timescale: 14/02/2014 |

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All required documentation was not present on staff files.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
The HR department are in the process of obtaining photo ID and all relevant documentation for all staff.

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff were not fully up to date with mandatory training.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
All staff have completed or are booked onto the various mandatory training courses throughout 2014. This includes adult protection and safeguarding training.

**Proposed Timescale:** 31/12/2014