

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	ORG-0007931
Centre county:	Wicklow
Email address:	simon.withers@sunbeam.ie
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Person in charge:	Simon Withers
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:	To:
13 February 2014 12:30	13 February 2014 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection of a Sunbeam House Services designated centre, was the first inspection of this centre by the Health Information and Quality Authority. As part of the inspection, the inspector visited the centre's two units and met with residents and 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 9 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, six residents live in the designated centre, divided between two units. The residents attend a day service or are out at work during the day.

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.

The inspector found both the person in charge and the staff to be extremely knowledgeable in the individual needs and supports of the residents, and demonstrated a passion and dedication to supporting and enabling residents to live as independently as possible. Interactions between residents and staff were warm and respectful, and residents appeared content and at ease in their home.

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 areas were identified as requiring improvement, these were in relation to the management of fire safety, mandatory training for staff and documentation in relation to staff files. These matters are discussed further in the report and 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 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 that the social care needs of residents in the designated centre were well met. Each resident had opportunities to engage in meaningful activities appropriate to his/her own preferences, and as outlined in each resident's individual personal plans. There was clear evidence of flexible supports which ensured residents' social needs were met. The inspector was satisfied that the social care needs of residents were reviewed regularly.

The inspector found that residents exercised control over their own lives and their home, and were supported to be as independent as possible. The inspector reviewed individual personal plans and found evidence of goal setting for individuals and progress on achievements being recorded. Assessments were in place to determine how much support residents required to be as independent as possible. For example, each resident had a money management assessment completed which outlined the supports they required to manage their own finances.

The inspector spoke with residents and found that relationships and friendships were supported and encouraged. Residents appeared to be actively involved in their community, with some residents engaged in supported employment. Residents spoken with said that they were supported to have friends, and there was a spare room in the designated centre for their friends to stay over. Residents spoke to the inspector about their holiday plans, and how staff were supporting them to visit friends and family abroad.

The inspector found that residents who had restrictions in relation to independent social outings was supported to be as socially active as possible, and the staff showed flexibility in order to meet the varying social needs of residents.

Staff spoken to were able to clearly demonstrate an understanding of the social care needs of the residents, and the supports they required.

Overall the inspector was satisfied that the social care needs of residents was well met, their relationships supported and residents were encouraged to be as independent as possible.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that overall the health and safety of residents, staff and visitors was protected and promoted in the designated centre. Some minor improvements were required however in relation to documentation, and regarding fire safety in one unit of the designated centre.

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 regulation such as the risk of self-harm.

The inspector found that the person in charge had undergone recent risk management training and was knowledgeable with regard to the identification and management of risk in the centre. The inspector noted that the person in charge and staff expressed a good attitude in relation to residents' right to take a risk, and their role in managing these risks safely. The inspector reviewed a folder of risk assessments, and found them to be adequately completed and reviewed, however some improvements were required in order to include all risks associated with the designated centre onto the local risk register.

There was a centre-specific safety statement in place which had been recently updated. The emergency plan required further development to include arrangements to be taken in the event of an evacuation of the designated centre for a period of time. For example, use of alternative accommodation following damage to the property.

There was a system in place to monitor and record accidents, incidents and near misses and the person in charge over saw this system and reviewed and signed off on all these records within 24 hours. There were clear lines of escalation following incidents or accidents that were rated as high.

Moving and handling assessments had been carried out for residents and were updated as appropriate, and staff training records indicated that staff were up-to-date with the mandatory training in manual handling.

The inspector found that there were good systems in place in relation to fire safety in the designated centre. The inspector saw evidence of fire drills being carried out regularly, and the required checks of the alarm and lighting systems were up-to-date. Some of the residents had also attended training in the use of fire fighting equipment.

One of the units in the designated centre was a rented property, and therefore did not have the same emergency lighting systems as other parts of the designated centre. The inspector noted that measures had been taken by the provider to ensure the safety of the resident in so far as reasonably practicable. For example, the provider had the building assessed prior to admission by a fire safety professional, and had provided the required fire fighting equipment and alarms. The inspector reviewed records that these were serviced regularly. The person in charge had consulted with the resident in relation to evacuation in the case of a fire and the inspector saw a personal fire evacuation plan on display in the building. However, the inspector was not fully satisfied that the area of fire safety in this particular unit had been adequately addressed.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector found that sufficient measures were in place to protect residents from being harmed or suffering abuse in the designated centre, with only minor improvements required in the area of staff training which will be further discussed under outcome 18 Workforce.

Residents spoken with during the course of the inspection were clear on who they would go to if they had any concerns or felt that they were being treated unfairly. Residents expressed that they felt happy and safe in the designated centre. Staff who spoke with the inspector were knowledgeable and confident in the reporting process in relation to any allegations or suspicions of abuse.

The inspector found evidence that residents were provided with emotional, behavioural and therapeutic supports that promoted a positive approach to behaviour that challenges. The inspector was satisfied that there was a clear policy in place which guided practice. Staff spoken to were fully aware of residents' triggers, and the supports necessary to ensure residents could de-escalate in a way that was individual and person-centred. The inspector observed staff interacting with residents in a way that was both dignified and respectful at all times.

There were chemical restraints in place for some residents who required the use of psychotropic medication in relation to behaviours that challenged, and the inspector was satisfied that these were well managed in line with best practice guidelines. The inspector noted a reduction in the frequency and dosage of "as required" (PRN) medication for some residents, and saw evidence of alternative measures being extensively explored. Restrictions that could not be eliminated were reduced as much as possible and referred to the internal rights review committee for regular review.

The inspector reviewed training records in relation to protection of vulnerable adults found not all staff to be up-to-date in this regard. The inspector found that the provider had already put measures in place to provide this training with 2-3 days per month allocated in 2014 for this. Some improvements were also required in updating training of de-escalation techniques for staff working with behaviours that challenge, and inspectors found that dates had been outlined during the training calendar to provide this also.

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:

The inspector was satisfied that residents in the designated centre were supported on an individual basis to achieve and enjoy the best possible health. The inspector reviewed residents' files and found evidence that the healthcare needs of residents were well met. Annual health checks were carried out by the general practitioner (GP), and there was evidence of good access to other healthcare professionals as required. For example, there was evidence in a resident's file that they had been assessed by a physiotherapist, and given daily exercises to carry out. The resident was able to speak with the inspector about the supports in place from staff to ensure these were done daily and as independently as possible.

Inspectors found that residents were encouraged to maintain a healthy lifestyle, and supported in this where necessary. Residents had regular access to chiropody and a massage therapist.

The inspector was present during meal times, and found this to be a very positive experience for residents. Residents were encouraged and supported to eat healthily and took the lead role in the purchasing of groceries and preparing of meals in the designated centre. The inspector observed positive interactions between staff and residents. There was no set menu planned out in the designated centre, but the inspector was satisfied that residents exercised control over their choices at mealtimes.

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 was satisfied that residents were protected by the centre's policies, procedures and management of medication.

The inspector read the medication management policy and found it to be sufficient to guide safe practice. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centre's policies and professional guidelines. There were clear protocols in place in relation to the use of "as required"

(PRN) medication, which outlined the maximum dosage in 24 hours, and had clear criteria for administration. The inspector found that staff spoken to were knowledgeable about residents' individual medication needs.

Medication in the designated centre was stored safely and adequately and in line with the centre's own policies and professional guidelines. There was evidence that the pharmacist visited the designated centre once a week, that stock on site was kept to a minimum, and that sufficient checks were carried out in relation to the ordering and counting of medication.

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:

The inspector was satisfied that there was a clear governance and management structure within Sunbeam House Services. During discussion the provider and senior management team demonstrated a commitment to providing a good quality service with clear reporting systems in place. The person in charge of the designated centre reported directly to senior management level, and was clear on the governance structure within the larger organisation.

Simon Withers is the person in charge of the designated centre, and is also responsible for one other designated centre and a day service within Sunbeam House Services. The inspector found that the designated centre was well managed by a suitable qualified, skilled and experienced person. The inspector was satisfied that the person in charge had extensive knowledge of the residents, had worked with them for a long time and was actively involved in their care and support.

The person in charge demonstrated effective management of staffing across his centres to ensure the changing needs of residents were met on an ongoing basis. The person in charge was supported by a team of client services workers who were clear on the lines of reporting and accountability. The inspector found that the person in charge and the staff spoken to demonstrated dedication with regard to enabling and supporting

residents to be as independent as possible.

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:

The inspector found that there were appropriate staff numbers and skill mix to meet the needs of residents in the designated centre. Some improvements were required however in relation to staff training.

The designated centre was staffed by a team of permanent client services workers, some of whom had known the residents for a long period of time. Any relief staff who worked regularly in the designated centre were rostered regularly which supported continuity of care for residents. Staff spoken to demonstrated their knowledge around each resident's individual needs and supports, and there was clear evidence of respectful and dignified interactions between staff and residents.

The inspector reviewed the staff rosters 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 lives.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. The inspector reviewed the records relating to staffing and found that they contained most of the information outline 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. 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.

Inspectors reviewed the training records which demonstrated that training was made available to staff with an extensive calendar of training for the year. However, some gaps in the mandatory training was noted, for example training in protection of

vulnerable adults was not currently up-to-date for all staff working in the designated centre. Inspectors found that the provider had already put measures in place to provide this training with 2-3 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 organisation's own policies and guidelines. Some improvements were required in the training of de-escalation techniques for staff working with behaviours that challenge, and inspectors found that dates had been outlined during the training calendar to provide this. The non-compliance with regulation and associated actions are reflected under Outcome 8 of this report.

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	ORG-0007931
Date of Inspection:	13 February 2014
Date of response:	10 March 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 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:

Ensure that the risk management policy includes the specific risks as outlined in the regulations, or gives reference to these under other named policies.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

SHS has now implemented a risk management policy and a corporate risk register. Local client risk assessments and local register currently being worked on.

Proposed Timescale: 31/03/2014

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

Theme: Effective Services

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

Ensure that the risk management policy includes the specific risks as outlined in the regulations, or gives reference to these under other named policies.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

SHS has now implemented a risk management policy and a corporate risk register. Local client risk assessments and local register currently being worked on.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

Ensure that the risk management policy includes the specific risks as outlined in the regulations, or gives reference to these under other named policies.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

SHS has now implemented a risk management policy and a corporate risk register. Local client risk assessments and local register currently being worked on.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

Ensure that the risk management policy includes the specific risks as outlined in the regulations, or gives reference to these under other named policies.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

SHS has now implemented a risk management policy and a corporate risk register. Local client risk assessments and local register currently being worked on.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

The emergency plan was not detailed enough.

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:

SHS has now implemented a risk management policy and a corporate risk register. Local client risk assessments and local register currently being worked on. This will include location specific response to emergencies.

Proposed Timescale: 31/03/2014

Theme: Effective Services

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

In one unit there is no formal emergency lighting system in place. The inspector needs assurances that alternative emergency lighting arrangements are in place.

Action Required:

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

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

The use of flash lamp lighting will be put in for use as emergency lighting.

Proposed Timescale: 31/03/2014

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:

Training in de-escalation techniques was not updated in line with the organisations own guidelines.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

<p>Please state the actions you have taken or are planning to take: An audit is currently being conducted by the HR department on the staff information and documentation that is required and as specified in Schedule 2. Any deficits identified in this will be immediately addressed.</p>
<p>Proposed Timescale: 19/09/2014</p>
<p>Theme: Safe Services</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Only three staff in the designated centre had up-to-date training in the protection of vulnerable adults.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: All staff are now booked in for protection and safeguarding training.</p>
<p>Proposed Timescale: 24/07/2014</p>

<p>Outcome 17: Workforce</p>
<p>Theme: Responsive Workforce</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Photographic proof of identity was not present for all staff.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take: All staff to provide photographic proof of ID to the Human Resource department.</p>
<p>Proposed Timescale: 30/04/2014</p>