

**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:	OSV-0001687
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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:
16 July 2014 10:30	16 July 2014 18:00
17 July 2014 09:30	17 July 2014 14:00

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.

This centre provided residential, respite and day care services. While areas for improvement were identified, overall the inspector found that residents received a good person centred quality service which was provided by a committed team of staff. 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.

However the inspector found that some staff had not attended fire training and this was organised prior to the end of the inspection. In addition staff had not attended training in relation to safeguarding residents and the prevention, detection and response to abuse.

Improvements to the premises were also required. Although the policies required by the Regulations were in place, some were not fully implemented whilst others were not centre specific. Deputising arrangements for the person in charge required review. 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. It did not make reference to the nominated person with a monitoring role to ensure that the required procedures and paperwork were completed. In addition it was not clearly displayed in a prominent position although a copy was available in an information folder for relatives and residents. The inspector reviewed the complaint's log and noted that no complaint had been made in the past year. A new electronic version of the complaints log had recently been introduced.

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.

The inspector observed numerous interactions between residents and staff that 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 and entered into the daily records.

The organisation had a policy on residents' personal property. Residents were supported to choose and purchase their own clothes when out shopping. 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 balance and found it to be correct.

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 identified in the personal planning documentation and supports were identified where needed.

Residents also had access to assistive technology and aids and staff spoken with discussed plans in place to further develop this area. Plans included training on specific communication strategies and the use of electronic apps.

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 spoke to some relatives during the inspection and reviewed the questionnaires submitted by relatives. The inspector was satisfied that families and friends were encouraged to get involved in the lives of the residents and one relative described the care as a partnership.

The inspector saw that for residents who were receiving day services and respite services only, various means of communication were used to ensure that any changes in the residents' condition were known to staff and relatives. For example the inspector saw that one family used a written diary which the resident brought with them on each admission or day service attendance. Any changes were noted in this diary. Relatives also confirmed that were invited to attend family meetings should that be necessary.

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.

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

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 provided to residents consistently and sufficiently reflected their assessed needs and wishes.

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. Daily records were also maintained of the how the residents spent their day. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

There was evidence that residents were supported in transition between services. A staff member or relative always accompanied residents who had to attend hospital or appointments. 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 including shopping horse riding, swimming and visiting the local pub.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

Work was required to the premises in order to ensure that it would meet resident's individual and collective needs in a comfortable and homely way. Several improvements were identified and these included:

Access to the centre was up 9 concrete steps and there was a gate at the top of these leading to a small patio area. The inspector saw that this presented a difficulty for some residents. The inspector saw one resident requiring substantial support from his parent in order to safely negotiate the steps. There was a lift in the adjoining day care centre but this was not freely accessible.

In general all areas of the centre required repainting and decorating and would benefit from appropriate soft furnishings. Although there was a curtain rail in each bedroom, there were no curtains. Blinds did provide for privacy but did not make the centre homely. Some of the furniture in the bedrooms was in a state of disrepair with handles missing off drawers etc.

The laundry was in a small room off the sitting room. The inspector walked in on the evening of inspection and found that the area was too hot. There was no outside ventilation and the extractor fan did not appear to be working sufficiently. Whilst acknowledging that the weather was warm at the time of inspection, the inspector was also concerned that the centre was too hot with no means of cooling it down. Staff confirmed that this caused difficulties. No reason could be identified although inadequate ventilation was a problem.

This centre provided residential, respite and day services and so various numbers of clients were there at any one time. Communal space was limited to a sitting cum dining room with the kitchen to the side. The inspector noted that during the day this seemed inadequate for the residents' needs. This was very obvious in one resident's behaviour. He seemed to stay in his chair and not engage with the other resident's during the day. However when the centre was quieter in the evening, the inspector saw the resident walking around independently and happily engaged with another resident and staff.

The inspector noted that some toilets and bathrooms did not have a locking mechanism to safeguard the privacy of the residents.

Other than the small patio area at the top of the steps described earlier, there was no safe outside area for exclusive use by the residents. The building underneath did have a small courtyard area for use by those day care clients and staff said they sometimes shared this space.

The inspector noted that several of these issues were raised in the questionnaires received from relatives and also from relatives spoken with.

These were discussed at the feedback meeting and because of the possible negative impact on residents, the inspector recommended that they be addressed within a reasonable timeframe.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector was not satisfied that adequate arrangements were in place regarding fire training.

The inspector reviewed the training records and saw that some staff had not attended training since 2010. This was discussed with the person in charge and addressed immediately. By day two of inspection, fire training had been organised and as an interim measure, all staff rostered for duty received an update. Staff spoken with were knowledgeable regarding fire safety evacuation procedures and the use of fire equipment.

Otherwise the inspector was satisfied that adequate fire precautions were in place. Fire drills including night time evacuations were carried out on a very regular basis. The inspector saw that that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Daily checks were undertaken of fire exits and the fire alarm.

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 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:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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 no staff had undertaken training in relation to safeguarding residents and the prevention, detection and response to abuse. This was discussed with the person in charge and training was organised for the following month.

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. 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 including activities in the day services. Some of the residents were attending a BBQ on the day of inspection.

Residents were supported by staff to pursue a variety of interests, including music and horse riding. 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. The inspector also saw that early efforts were underway to include a particular resident in an employment scheme.

Judgment:

Compliant

Outcome 11. Healthcare Needs*Residents are supported on an individual basis to achieve and enjoy the best possible health.***Theme:**

Health and Development

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

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

Findings:

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 and to a range of allied health professionals. Residents' files also contained records of reviews by medical specialists. The inspector discussed with some of the management team the possibility of improving the service provided by increasing access to services such as dietetics and speech and language therapists (SALT).

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 these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged.

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 inspector asked staff to explain one section which seemed inappropriate and staff were not aware what this meant. This action 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 staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally complete. Staff discussed on going development work including designing new documentation.

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 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:

The inspector was not satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

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.

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 - Moderate

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. Both from speaking to some relatives and reviewing questionnaires received, the inspector was made aware that standards were not always maintained during these times because of a lack of managerial presence. 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.

Several improvements were identified during this inspection 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:

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 the staff rosters which relected the staff on duty on the days of inspection. Staffing levels seemed adequate on the days of inspection although some questionnaires received stated that there was not always enough staff to meet the needs of residents.

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 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 there were systems in place to maintain complete and accurate records.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. 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.

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.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001687
Date of Inspection:	16 July 2014
Date of response:	

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 was not clearly displayed in a prominent position.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Now back in place on display in reception area in building

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

Proposed Timescale: 18/07/2014

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 all of 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

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: 15/08/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Access to the centre was up 9 concrete steps and there was a gate at the top of these leading to a small patio area. This was unsuitable for residents who required assistance with mobility.

Action Required:

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

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

Planning permission has been applied for to allow for change of access from steps to a ramp to allow easy access for residents who require assistance with mobility. Awaiting for planning permission to be granted by 16/11/2014 Works will then be subject to securing funding and the contractor.

Proposed Timescale: 16/11/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All areas of the centre required repainting and decorating and would benefit from appropriate soft furnishings. Although there was a curtain rail in each bedroom, there were no curtains.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Redecoration and refurbishment of the centre currently taking place

Proposed Timescale: 29/08/2014**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the furniture in the bedrooms was in a state of disrepair with handles missing off drawers etc.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Redecoration and refurbishment of the centre currently taking place

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

Several areas in the centre including the laundry and communal areas were too hot with no means of cooling them down.

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:

Ventilation issues being addressed as in what work needs to and can be done. Works will then be subject to securing funding and the contractors.

Proposed Timescale: 15/11/2014

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:

Some staff had not attended recent fire training.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Two outstanding staff have been booked on SHS fire training for next available course 22nd October 2014

Location procedure in place for staff being shown alarms, evacuation points, fire extinguishers. Done on yearly basis (staff sign to say they have been shown)

Proposed Timescale: 25/10/2014

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:

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 staff have been booked in to attend training held in October and November 2014

Proposed Timescale: 28/11/2014

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 and prepared a report on the safety and quality of care.

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

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:

Deputising arrangements will be reviewed at this location

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