

**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-0003322
Centre county:	Wicklow
Email address:	beeches@sunbeam.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
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 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:
24 June 2014 09:00	24 June 2014 16:30
25 June 2014 09:30	25 June 2014 13:30

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

This centre is run by 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.

The purpose of this inspection was to inform a decision for the registration of this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The inspector met with management, residents, families and staff members over a two day inspection. The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical records, accident and incident records, audits, equipment service records, medication management documentation, meeting minutes, policies and procedures, governance and management documentation, staff training records and staff files. Four residents resided in this designated centre which was a large detached bungalow in the countryside.

The inspector found that there was evidence of good practice in this designated centre. The 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:

- Communication
- Admission and Contract for the Provision of Services
- Safe and suitable premises
- Use of Resources
- Records and Documentation
- Policy Implementation

These areas for improvement are discussed in more detail later in the report.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that residents rights, dignity and consultation was facilitated within the designated centre. As the majority of residents in the designated centre communicate non verbally, staff and family advocacy featured strongly throughout the inspection process. The inspector noted some improvement was required regarding the adoption of assistive communication technology, however this will be discussed under Outcome 2: Communication. The inspector was satisfied that complaints made by residents or on their behalf by advocates were listened to and followed up.

The inspector found that residents were consulted with about how the centre is planned and run. This process is primarily communicated through day to day interactions with staff and through individualised person centred planning with each resident. The inspector saw good evidence of residents needs, wishes, choices and preferences being communicated and consulted with both residents and family advocates at planning meetings and follow up communications around such meetings. The inspector viewed good attention to detail on staffs behalf to ensure residents were consulted with regarding all aspects of the care they received. The inspector saw that residents were involved in various elements of community life which they had chosen. For example, social outings, visiting community services and spending time with family members.

The inspector noted policy led practice regarding the management of residents personal possessions and finances. The person in charge stated all residents have full control over their personal possessions and the inspector noted compliance with the Regulations regarding the management of residents monies.

The inspector found that a complaints policy and procedure was in place. The inspector spoke with staff and residents families regarding complaints and reviewed residents and families completed questionnaires. While the complaints policy was undated and marked as draft, the inspector found evidence that elements of this policy were operational. The inspector followed up on a recent family members complaint regarding the parking/driveway at the designated centre. The inspector met this family member who expressed satisfaction regarding her ability to make a complaint and the communication from the person in charge in this regard. The inspector found that there was a clear channel and procedure for making a complaint and this procedure was displayed within the designated centre.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that efforts were made on the part of staff to communicate on an ongoing basis with residents however, due to the complex needs of residents further improvements were required regarding communication to meet the Regulations.

The inspector noted good interactions on the part of staff with residents who clearly knew residents very well. The majority of residents communicated non verbally and therefore staff advocacy and strong communication skills were a day to day requirement. The inspector noted good examples of how residents needs, wishes and preferences were recorded and documented and observed further examples of how residents needs could be communicated to someone who didn't know them very well. For example, the use of a 'patient passport' whereby if a resident had to transport to hospital their needs, wishes and preferences (in addition to their medical information) would be immediately accessible to medical personnel.

The inspector observed residents whose communication needs were not met to their full potential as the facilitation of appropriate access to assistive technology, aids and appliances had not yet been explored for these residents. The inspector noted that the person in charge had commenced looking into this area and saw a DVD that was going to be shown to all staff to improve knowledge of residents complex communication needs. The inspector noted that this area required further assessment led development to ensure the communication needs of all residents within the designated centre are

met.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that residents were supported to maintain and develop positive relationships with families and the wider community.

The inspector spoke to a number of families and also reviewed written feedback forms completed by family members. The inspector noted positive communication links with residents families who phoned and visited the designated centre regularly. The inspector was satisfied that residents were provided with good opportunities within their local community through regular outings and social excursions that were in line with individual wishes and preferences. Staff members spoke to the inspector of the importance of facilitating residents to be part of the community through utilising local services, shopping locally, going to local barbers, visiting local activities and visiting local hotels/pubs for outings. The inspector saw evidence of this over the course of inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found good practice in relation to the admission of residents into the designated centre. Family members spoken to by the inspector were very happy with the levels of consultation that took place with the provider regarding the admission of residents. Furthermore one residents family member informed the inspector of their satisfaction with the agreement of terms and conditions associated with the designated centre. The inspector viewed draft tenancy agreements for residents but was informed by the person in charge and senior service manager that residents did not have a written agreed contract in place. The inspector was informed the provider was working on addressing this area currently. As residents did not have agreed written contracts of services (inclusive of fees that are charged) in place this does not meet the requirements of the Regulations.

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):

No actions were required from the previous inspection.

Findings:

The inspector found residents well being and welfare was maintained to a good standard with evidence of individualised assessment and personal planning of an appropriately high 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, such as, shopping, visiting pet farms, holidays, horse-racing, restaurants and pubs.

Personal plans contained resident, family and multi-disciplinary input and appeared to appropriately reflect residents needs, interests and capacities. The inspector saw evidence of GP, Speech and Language Therapy (SALT), Occupational Therapy, Physiotherapy, Optician, Dental and other relevant services available to residents. The inspector noted appropriate and comprehensive assessment on residents personal plans.

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 examples of improved outcomes for residents. For example, the inspector reviewed a number of residents previous personal plans and noted both activity and outcome focussed objectives had been achieved for residents in line with individual wishes and preferences.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of the designated centre required some improvements to meet the requirements of the Regulations.

The inspector found the designated centre to be a large country bungalow on an elevated site. The inspector noted adequate private and communal accommodation was available to all residents. Rooms were adequate in size with adequate storage available to residents for personal possessions. The inspector found appropriate ventilation, heating and lighting with bathrooms, showers and toilets of a sufficient number and standard to meet the needs of residents. The inspector found appropriate equipment and facilities regarding cooking, kitchen and laundry. The inspector saw that there were appropriate arrangements in place regarding waste disposal. Throughout the inspection residents and families presented as very happy with the designated centre.

The inspector found that the main issue of concern regarding the premises was that of accessibility. The driveway to the designated centre was two-tiered and very steep. There was not a front door wheelchair ramp in place and the front gardens while considerable were not wheelchair accessible. The exterior of the property was largely inaccessible for residents and while risk assessed and control measures were in place, the steep front driveway to the designated centre was not suitable or safe for wheelchair users. The inspector noted this was an issue as the majority of residents are wheelchair users in the designated centre. Both residents and families highlighted their difficulties associated with the safety and suitability of the steep driveway and accessibility to the front gardens in their feedback to the inspector.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the provider had taken many precautions to promote the health and safety of residents, visitors and staff. The inspector was satisfied that health, safety and risk management practice was to a good standard. The inspector found that some improvements were required in the area of risk management policy and the implementation of same (This will be covered under Outcome 18: Records and Documentation).

The inspector found that there was a safety statement in place. 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 and staff 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. The inspector reviewed this process with a staff member who was fully aware of all responsibilities. The inspector found documentation supporting checking systems in place that were regularly reviewed and updated

The inspector was satisfied that there was evidence of a good provider commitment to risk management and health and safety. The inspector found an undated draft risk management policy, an operational policy and some associated policy guidelines/documentation that were also in place. The inspector found that while this policy was in place, it was not fully guiding practice and staff members presented to the inspector as unsure as to which policy was operational. The inspector found that some risk management protocols while positive were not guided by the organisations policy. For example, the rating tool used to risk rate potential hazards within the designated centre. The inspector found a local risk register had been implemented since the last inspection and the person in charge was very aware of her responsibilities in this regard.

The inspector noted good practice and 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 information contained in the evacuation reports matched the evacuation logs and the inspector followed up this documentation in the providers head office. The inspector noted weekly alarm tests were being completed and an accessible assembly point was observed. The inspector

was informed by the person in charge that further night time/deep sleep evacuations were also about to be utilised in the interest of resident safety. The inspector noted the evacuation policy had been updated since the last inspection to provide more detailed procedures for staff to follow in the event of emergencies requiring full evacuation.

The inspector found a recording and reporting system in place that examined incidents, accident and near misses. The person in charge demonstrated clear understanding and system to ensure learning from these incidents.

Judgment:

Compliant

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):

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 person in charge 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 two policies on protecting vulnerable adults were in place. The inspector noted that one policy was in draft format. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff had been provided with training in the protection of vulnerable adults.

Inspectors 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 that all residents and their families were consulted with regarding their finances and each resident had their own bank account.

The inspector found staff were knowledgeable in terms of behaviours that challenge and behavioural support planning was in place and reviewed. Any restrictive practices that were operational in this centre were risk assessed and the inspector viewed evidence of consultation with families regarding same. The inspector found these practices were appropriately managed and reviewed and are applied in accordance with evidence-based practice.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events on display in the designated centre. The inspector reviewed all notifications received by the designated centre and found this area to be in compliance with the Regulations.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents general welfare and development needs were met to a good standard.

The inspector noted that all residents had ample opportunities for new experiences and social participation. None of the residents were involved in formal training or employment at the time of inspection however the inspector saw evidence that each resident had good support to participate in activities in accordance with their interests, capacities and developmental needs. For example, the inspector noted residents had recently enjoyed holidays and were continuously facilitated to participate in various activities that they enjoyed. Residents presented as very happy throughout the inspection process and staff members demonstrated very good knowledge about residents individual needs, wishes and preferences.

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):

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, Dentist, Optician, Massage Therapist, Occupational Therapist 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, a resident with complex physical needs had an assessment led physiotherapy programme provided to meet his individual needs. This was documented in the residents' health plan and appropriately kept under review. The inspector found another resident had a SALT assessment that guided practice in terms of the residents dietary requirements. The inspector found evidence whereby another resident had involvement with occupational therapy services regarding his wheelchair.

The inspector found staff were knowledgeable regarding individual residents health needs. Regarding food and nutrition, the inspector found staff supported residents at mealtimes both safely and respectfully. The inspector found an appropriate mealtime experience with residents supported to enjoy their meals in a dignified and respectful manner within the designated centre. Choice was facilitated through consultation with residents and the recording and rotation of menus. The person in charge had recently implemented a specific food monitoring tool to ensure residents preferences were being recorded and updated.

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):

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 centres 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 (draft) was in place.
- Medication systems for the prescribing and administration of medication 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.
- The person in charge engaged in auditing and regular communication with a pharmacist and found learning audits and appropriate actions put in place.
- The inspector noted a medication error (accidental spilling of medication) while on inspection and this error was managed appropriately and professionally in line with policy and procedure. The inspector noted appropriate documentation was completed and signed off by appropriate persons.

Residents' medication was stored and secured in the staff office in a safe and hygienic manner. Each residents medication was stored clearly and separately. The medication

keys were held by the person in charge/senior staff on duty. All residents' medication administration records reviewed by the inspector had photographic identification in place. All staff spoken to by the inspector demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

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):
No actions were required from the previous inspection.

Findings:
The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents. The provider and person in charge understood that the statement of purpose is a working document and can change subject to changes in resident needs or the designated centre's service provision.

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):

No actions were required from the previous inspection.

Findings:

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

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 inspectors that formal supervision arrangements were in place with her own line manager. The inspector was satisfied that good lines of communication existed between the person in charge and senior service manager who visited the designated centre at regular intervals.

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. The inspector noted that families have involvement in residents personal plans. The inspector met with residents families who highlighted the openness of communication within the designated centre. A residents mother informed the inspector that she could contact the centre at any time.

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.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that the senior service manager assumed full responsibility for the designated centre and found this person to be competent and knowledgeable regarding the management of the designated centre as well as the requirements of the Regulations. The person in charge was aware of the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that the designated centre was effectively resourced for the effective delivery of care and support in accordance with the statement of purpose.

The inspector found the centre to be suitably staffed and resourced from a personnel perspective. The designated centre had transport in place for residents with access to two buses. The inspector found that residents had appropriate access to suitable and well maintained equipment in line with their individual needs, for example, wheelchairs, standers, assistive bathroom facilities, hoists, slings and soft mats.

The inspector noted the house was heated by oil fired central heating and also had two functioning fire-places. There was adequate fuel stored in the designated centre to ensure residents were warm and comfortable. The inspector found the gardens and exterior of the designated centre were maintained.

The inspector noted that the internet connection was not very strong or user friendly within the designated centre. This caused problems in relation to the inspector accessing the electronic system that is currently adopted/being implemented by the provider. The provider stated this matter would be explored further by their IT services to ensure staff had appropriate access to this electronic system.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector found a good continuity of care within the designated centre with a 3:4 staff support ratio operational. The inspector found that residents support needs were met to a good standard.

The inspector reviewed the records relating to staffing and found that they contained all of the information outlined in Schedule 2 of the Regulations. The inspector reviewed the training records which demonstrated that training was made available to staff with an extensive calendar of training provided. The inspector found mandatory training in the areas of fire safety and manual handling was updated in line with the organisations own policies and guidelines. All staff received training in a variety of relevant areas such as first aid, medication management, epilepsy management and protecting vulnerable adults amongst other relevant training also. The inspector found that the provider and person in charge demonstrated a commitment to ensuring all staff training was up to date and had systems in place to ensure this occurred.

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 person in charge maintained a planned and actual roster which was seen by the inspector.

The inspector found there was appropriate staff numbers and skill mix to meet the assessed needs of residents. For example, the inspector viewed staff members going on social outings with residents during the course of inspection and also witnessed residents getting a lot of one to one time with staff for planned programmes. The staff interviewed demonstrated good knowledge and understanding of their roles and of each residents needs, wishes and preferences. The inspector saw evidence of good staff interactions with residents who appeared comfortable and content in the company of staff.

The inspector found appropriate supervision arrangements to be in place and staff spoken to informed the inspector they felt very supported and highlighted the person in charge as being approachable and accessible at all times. Staff informed the inspector they had no difficulty highlighting issues to the person in charge.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that the provider maintained some of the required records, documentation and written operational policies listed in the Regulations, however, further improvement was required in relation to this outcome.

The inspector found that resident records and information were maintained to a good standard in a manner that ensured completeness, accuracy and ease of retrieval. The inspector noted residents information maintained regarding personal care plans, individualised assessment, resident medical assessments, medication information,

resident personal finances, and resident and family consultation was to a good standard.

The inspector found that there was not a directory of residents in the designated centre. The inspector found that regarding information provided to residents there was no residents guide within the designated centre. A residents guide was sent to the Authority by the provider as part of their registration application however, this was not found to be operational by the inspector. The inspector found that some improvements were required regarding retention of records regarding residents with specialist communication needs and methods of communication that may be appropriate in respect of residents. For example, as highlighted in Outcome 2 : Communication. In addition the inspector found that there was no record maintained regarding residents personal possessions/valuables/furniture within the designated centre.

Regarding policies and procedures to be maintained in the designated centre, the inspector found that the provider had the majority of Schedule 5 policies and procedures in draft format but these were not yet signed into practice. The inspector found that with the exception of a policy on 'communication with residents' and 'monitoring of nutritional intake', the provider had Schedule 5 draft policies developed. While existing policy and some draft policies were also present in the designated centre the Regulations clearly require the implementation of all Schedule 5 policies. The inspector found these policies were not implemented at inspection time. The inspector spoke about this with both the person in charge and senior service manager and both stated this matter was in the process of being addressed. As highlighted earlier in the report the inspector observed some ambiguity amongst staff regarding operational policy and procedure and draft policy and procedure. However, the inspector did note that the provider presented as committed to addressing and implementing all Schedule 5 policy and procedure.

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0003322
Date of Inspection:	24 June 2014
Date of response:	28 July 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 02: Communication

Theme: Individualised Supports and Care

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

Failure to facilitate access to assistive technology with aids and appliances to promote full communicative capabilities.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

The Person in Charge will continue to offer communication supports and assistive technology aids to service users.

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

Proposed Timescale: 31/12/2014

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:

Failure to have written contracts of services in place with residents.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The provider is seeking advice re.the implications of contractual agreements with vulnerable adults and or their representatives. A care support agreement will be put in place by September 30th 2014.

Proposed Timescale: 30/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Failure to ensure that the designated centre adheres to promoting and achieving accessibility.

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:

This is currently being examined. Quotes and ideas for making the outside of the home more accessible are being sought from various companies at the moment. Timescales for this action cannot be submitted at present until Professional advice regarding gradient of driveway has been received.

To be determined pending professional advice but will be discussed with HIQA by 30 November 2014.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Failure to adopt and implement Schedule 5 policies and procedures.

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 are currently under revision and will be finalised and distributed to all locations by September 10th

Proposed Timescale: 10/09/2014

Theme: Use of Information

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

Failure to establish and maintain a directory of residents in the designated centre.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

This is completed. Currently on CID.

Proposed Timescale: 10/07/2014

Theme: Use of Information

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

Failure to provide a residents guide in the designated centre for each resident.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

This has been completed and is on the location.

Proposed Timescale: 10/07/2014

Theme: Use of Information

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

Failure to maintain Schedule 3 records in respect of a record of residents specialist communication needs and methods of communication and a record of residents valuables/furniture/personal possessions in the designated centre.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The keyworker for each service user is working on this inventory at the moment.

Proposed Timescale: 31/08/2014