## Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001700</td>
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<tr>
<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Sunbeam House Services Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
01 July 2014 09:30 01 July 2014 18:30
02 July 2014 10:00 02 July 2014 16:00

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

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Summary of findings from this inspection
This monitoring inspection of a Sunbeam House Services' designated centre, was the first inspection of this centre by the Health Information and Quality Authority. As part of the inspection, the inspector visited the centre's two units and met with residents and staff members and spoke with residents' relatives. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services is governed by a board of directors consisting of 9 members, with John Hannigan as CEO. Mr. Hannigan is also the person nominated on behalf of the provider and will be referred to as provider throughout the report.
The person in charge of this designated centre is Ian Mullins who is titled as a client services manager.

In total, six residents live in the designated centre, divided between two units which are located within walking distance of Bray town centre. The residents attend various day services, training, education and supported employment opportunities during the day.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents across both locations.

The inspector found both the person in charge and the staff to be extremely knowledgeable in the individual needs and supports of the residents. Interactions between residents and staff were warm and respectful, and residents appeared content and at ease in their home.

Overall, the inspector found that residents received a good quality service. There was evidence of compliance in 13 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and this was reflected in a number of positive outcomes for residents.

Some areas were identified as requiring improvement across the other 5 outcomes, these were in relation to:

- communication and access to professional input
- written agreements
- complaints policy
- Schedule 5 policies
- staff training in safeguarding

These matters are discussed further in the report and in the Action Plan at the end.
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 was satisfied that residents were consulted with and participated in decisions about their care and about the organisation of the centre. The inspector spoke with residents and reviewed documentation, and found that there were regular house meetings with residents to discuss any changes happening in the centre, to arrange menu plans, and gain feedback on any issues ongoing. There was an organisational residents’ forum held every two months, where residents from a variety of designated centres came together to discuss any issues and give feedback to the organisation. The inspector reviewed minutes of these meetings at the head office in Bray.

Residents had access to an external advocate if necessary, and residents were also aware of the role of their key worker in supporting them to advocate on any issues or concerns. The inspector found that each residents’ privacy and dignity were respected in the designated centre. The inspector spoke with residents who explained that they had their own single bedrooms, and some residents chose to lock their bedroom doors. The designated centre had space for residents to receive visitors in private apart from bedrooms, and the inspector saw one resident spending time alone with a friend in a second living room during the course of the inspection. The inspector observed interactions between staff and residents, and found residents to be treated with dignity and respect.

The inspector found that each resident was enabled to make choices and retain control over their lives to the best of their potential and ability in order to maximise independence. This was facilitated formally through the personal planning process and goal setting. The inspector saw documentary evidence of residents participating and being consulted with around aspects of their care and support needs. On an informal basis, the inspector observed residents being supported and guided to make their own
decisions and choices in relation to day to day issues, for example planning their evening.

The inspector reviewed the local complaints log, and found that the complaints of residents or their families were listened to, acted upon and well managed. The person in charge dealt with all local complaints and aimed to resolve them locally as soon as possible. If local resolution was not possible, the resident was supported to formally complain to the provider nominee in writing. Although the inspector was satisfied that an effective process was in place, and residents confirmed that they felt empowered to raise concerns, the complaints policy did not meet the specific requirements of the Regulations. There was no person nominated to review all complaints either local or formal, and ensure that they had been appropriately responded to. The inspector did not note any negative outcomes for residents in relation to this regulatory failing. The inspector found that complaints raised had brought about change in the designated centre. For example, the addition of a second staff for a few hours one evening during the week to facilitate activities and varying choices for residents.

**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 found that overall residents were supported to communicate in the designated centre, and staff were aware of the different communication needs of residents. There was evidence of some very good practice in this area, for example there was a photo board showing which staff were on duty during the week, there were picture timetables on the wall showing residents' activities in their day services and there was a photographic meal plan to assist residents in deciding on meals for the week.

The inspector spoke with residents and staff, and found that some residents were being supported to use sign language suitable to their needs, and staff had received training in this area. Some residents were using tablet computers to contact friends and family through video calls, and to watch videos of important people in their lives. As part of one residents behaviour support plan, staff were supporting this resident to draw out now and next images to assist in transitioning and planning. Although the inspector saw evidence of staff using their own initiative and supporting residents with their
communication, there was no system in place to seek professional input where necessary to meet the particular needs of residents. For example, there had been no referral to Speech and language therapy (SALT) for a resident who had been identified as requiring support in alternative means of communication, and who had identified triggers of behaviour due to inability to communicate effectively.

The inspector spoke with residents and found that they had good access to radio, television, internet and local events. For example, the two units had wireless internet connection which residents could connect to and there was a notice board in place with posters and information on local events and facilities.

**Judgment:**
Non Compliant - Minor

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**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 found that residents were supported to develop and maintain relationships and links with the wider community, and that families were encouraged to get involved in the lives of residents. The inspector reviewed resident and relative questionnaires, reviewed personal plans and spoke with residents in relation to this outcome. There were arrangements in the designated centre for residents to receive visitors in private, there was access to telephone and video chat services in the designated centre to promote contact with families and friends. Staff kept a log of all correspondence between residents and their families. There was an open visiting policy in both units of the designated centre, where families and friends were welcome to visit residents at any time. The inspector observed one visitor staying for dinner in the designated centre on the day of inspection. The inspector reviewed documentation which showed family input into personal plans and support meetings for residents.

Residents were encouraged to participate within the wider community. The inspector saw evidence of access to local facilities and services, and residents who had taken part in local tidy town initiatives. Some residents were availing of supported employment services to access employment in the local community.

**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 not satisfied that this outcome was satisfactory met.

There were no written agreements in place to outline to residents the care and support that they would be offered in this designated centre, or details any costs or additional fees for services.

There was an organisational policy in place in relation to admissions into Sunbeam House Services, and a referral committee which sat to review all applications into the organisation. However, the inspector was not satisfied that clear criteria had been developed in relation to the admission into this particular designated centre. One resident had been moved from one unit of the centre to another following an incident of behaviour. Due to a lack of a written agreements in place, and a centre specific procedure in relation to emergency admissions and/ or transfers, there was a lack of guidance in this regard.

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 found that the social care needs of residents were met in the designated centre and that residents had opportunities to participate in meaningful activities appropriate to their interests and preferences. Residents were supported to identify their wishes and choices about their lives, and were supported to achieve these through their personal plans. The inspector spoke with residents and reviewed plans and found that they were outcome focused. For example, one resident had a long term goal to eventually live independently, her plan for the year was set around ensuring she was skilled in particular life areas to lead to this.

Each resident had a written personal plan that had both a health and a social focus and the inspector found that these were reviewed on a regular basis. There was evidence that residents had been involved in the creation of these plans. There were comprehensive assessments across a variety of areas in place in the designated centre. For example, money management assessments, self medicating assessments and home risk assessments which identified areas of support for residents.

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:
The inspector found that the location, design and layout of the designated centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The designated centre was made up of two units, one a rented house for two residents, and one an owned property made up of two semi detached house for 5 residents. The inspector was satisfied that both locations met the requirements of Schedule 6 of the Regulations. Both locations had access to outdoor space available for residents use. One of the units had an assessment carried out by an external organisation to promote visibility for residents with sight difficulties. Residents expressed ease of access in and around the building.

Judgment:
Compliant

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 satisfied that the health and safety of residents, visitors and staff was protected and promoted in the designated centre. There was an updated policy in place regarding risk management, along with both an organisational and local risk register which identified risks and detailed how these risks were managed. The inspector was satisfied that all risks were being appropriately managed in the designated centre, with evidence of individual risk assessments for residents, along with environmental risk assessments as outlined in the centre's health and safety statement. The inspector was satisfied that the policy and practices in place in the designated centre in relation to risk management were in line with the requirements of the Regulations. There was a health and safety statement in place dated November 2013.

The inspector was satisfied that there were adequate precautions in place against the risk of fire in the designated centre. Records reviewed indicated the required maintenance and servicing of the fire detection alarm system and emergency lighting system were carried out at regular intervals for one of the units of the designated centre. The second unit was a rented property, and the provider had ensured appropriate fire fighting equipment had been put in place, battery powered torches for emergency lighting, and push button smoke detectors were in use. The inspector was satisfied that these measures were being appropriately monitored and recorded on a daily and weekly basis in this unit of the designated centre. There was clear evidence of emergency evacuation reports completed in both locations which were carried out at regular intervals. Residents who required additional support in the safe evacuation of the building, had this clearly outlined in their personal evacuation plans on their files. There was an adequate emergency plan outlined for the designated centre.

On review of training records, the inspector found that one staff and the person in charge had not received training in fire safety. The person in charge confirmed with the inspector that this training was scheduled for August 2014. The inspector spoke with staff members, who could demonstrate what to do in the event of a fire. Residents confirmed that they took part in regular fire drills, and could show the inspector the location of the assembly point.

The inspector found that there was a good system in place for the documenting and review of any accidents, incidents or near misses. The person in charge showed the inspector the on-line log of all accidents and incident relating to the designated centre.
The person in charge was immediately alerted when a new log had been created, and had accountability to review and close off within a prescribed time frame. There was a clear system in place for any serious accident or incident to be escalated to the senior management team, and learning gained from any significant incident or accident.

The inspector reviewed two policies in relation to the prevention and management of common infections. Infection control and food hygiene was risk assessed with control measures detailed within the health and safety statement.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that there were measures in place to protect residents from being harmed or suffering abuse in the designated centre, with only some improvements required in relation to staff training, and the completion of a guiding policy on the management of behaviour that challenges.

An updated policy was in draft form at the time of inspection on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. The updated policy included a flowchart of responsibility to assist staff. On speaking with staff members, the inspector was satisfied that staff were knowledgeable on the policy, and the steps to be taken should they need to deal with a suspicion or allegation of abuse. From reviewing the training records, the inspector found that three staff and the person in charge had not received training in safeguarding and protection, and this training was planned for October 2014.

The inspector reviewed practices in relation to the protection of residents finances, and found a robust and transparent system in place in the designated centre. Each resident had a completed money management assessment to determine how much support they required in this area.
There was a clear policy in place on the use of restrictive practices, which was detailed and based on national best practice. The inspector found that the two units of the designated centre promoted a restraint free environment.

The inspector reviewed a new draft policy entitled positive interactions policy, which outlined the use of positive behaviour support plans for certain residents. For example, residents who presented with unwanted behaviour or frustration due to poor communication. The inspector was not satisfied that the policy fully inform or guide staff on the approaches to be taken when dealing with behaviour, or outline when multi-disciplinary support would be requested. For example, the consultation of a psychologist, behaviour specialist or speech and language therapist.

In practice, the inspector reviewed a sample of positive behaviour support plans for residents which had been created by the person in charge, the staff team and family members. The inspector found that incidents of behaviour were quite low in this designated centre, and were well managed through the use of the behaviour support plans.

**Judgment:**
Non Compliant - Minor

**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:**
The inspector reviewed the accident and incident log and found any notifiable event had been alerted to the Authority in line with the requirements of the Regulations. The person in charge was fully aware of events and incidents that were notifiable to the Chief Inspector.

**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 was satisfied that residents were supported to access opportunities for education, training and employment in the designated centre. The inspector reviewed documentation and spoke with staff and residents and found that referrals and supports had been put in place for residents wishing to gain employment. The inspector also found that arrangements were in place to support residents to attend training suitable to their interest and abilities. For example one resident was currently attending a two year education programme which would lead to accreditation on the national framework of qualification. Other residents had access to training and meaningful activities through their day services, through both structured learning and social outings and events.

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 found that residents health care needs were met in the designated centre, and residents were supported to achieve the best possible health. There was good access to residents’ General Practitioner (GP), and evidence of referrals and appointments with dentistry, optician care, dietician services, chiropody, counselling and psychiatry.

Each year residents’ GPs completed a comprehensive annual check up to capture any health issues or concerns which was documented in residents' records. The inspector was satisfied that any health issue in need of address was outlined in the personal plans. All residents had a health and well-being plan, which outlined the supports they required in this area, and this included a photographic guide to any medication or treatment specific to the resident to assist them to take responsibility for their own health needs.
The inspector found that residents were supported to make their own choices around meal times. There was information on healthy eating available to residents, and residents were encouraged to buy, prepare and cook their own meals. On the day of inspection one resident was supported to plan and prepare a meal for her boyfriend who was visiting the centre. The inspector saw that there was photographic guides to assist residents to decide on meals for the week. Where required, one resident had been referred to a dietician for support around high cholesterol and this was evidenced in the personal plan.

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 practices in relation to medication management. There was an organisational medication management policy in place to guide staff practice, this was based on national best practice, but the inspector found that it was not centre specific.

The inspector reviewed the prescription records and medication administration records with staff for a sample of residents and found that this documentation was completed and maintained in accordance with best practice. There were clear protocols in place in relation to the use of "as required" (PRN) medication, which outlined the maximum dosage in 24 hours, and had clear criteria for administration. The inspector found that staff were knowledgeable on individual resident's medication. There were photographic guides in each residents’ file on any medication they were taking to support residents to understand their medication needs.

Medication in the designated centre was stored safely and adequately and in line with the organisation's own policies and professional guidelines. There was evidence that all staff had received training in medication management. The inspector found that sufficient practices were in place in relation to the ordering and stock checking of medication on site.

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:**

On the day of inspection the inspector was not satisfied that the Statement of Purpose fully met the requirements of the Regulations. On discussion with the person in charge, an updated version was submitted to the inspector prior to report writing, which included further details and information about the designated centre. The specific criteria for admissions to this centre, including emergency admissions required further development and inclusion into the statement of purpose, as discussed under outcome 4.

**Judgment:**

Compliant

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**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 satisfied that there were effective management systems in place in the designated centre. The centre was managed by Ian Mullins who is titled as a client services manager and had the role of person in charge. The person in charge had been in post since 2005, and had accountability and responsibility for the provision of service.
The inspector found the person in charge to be a suitable skilled and experienced person, who had the required knowledge of his statutory responsibilities within the Regulations. The person in charge was also responsible for one other designated centre, but the inspector found that the person in charge was engaged in the governance, operational management and administration of the designated centre on a regular and consistent basis.

The inspector found that there was a clearly defined management structure in place in the designated centre and the organisation as a whole. The person in charge reported directly to a senior services manager, who reports to the provider nominee. Staff and residents were all fully aware of who was the manager in charge, and the structure of management in the centre.

A system of audits had been put in place across all designated centres within the organisation by members of the senior management team, and the inspector saw evidence of some audits carried out in relation to this designated centre, for example in medication management. A full formal annual review of the quality and safety of this designated centre had not been completed to date.

**Judgment:**
Compliant

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| **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 satisfied that the person in charge was aware of the statutory requirements in relation to notifying the Authority of an absence of 28 days or more. The senior services manager was appointed as the person who would deputise in the absence of the person in charge should this occur. |

| **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 was satisfied that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose and individual personal plans. The designated centre was made up of two units, and the inspector found that each was staffed based on the assessed needs and supports of residents. There was a service owned vehicle available for the two units to use if required. The inspector found that the person in charge had the authority to amend and alter the resources to meet the needs of residents. For example, there had recently been additional staffing hours allocated one evening a week to ensure residents' activities were facilitated.

**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:**
The inspector was satisfied that there was an appropriate number and skill mix of staff in the designated centre. The inspector reviewed the staffing roster and found that staffing levels differed in both units based on the assessed needs of residents. As mentioned under outcome 16 the person in charge had recently amended the roster to include additional hours mid week to facilitate residents' activities.

The inspector found that there was education and training available to staff in the
designated centre to meet the needs of residents. There was a training plan for the year, and a policy which outlined the mandatory and optional training available to staff. Staff spoke with the inspector and expressed that they felt they had good access to training. Training needs were identified in the area of protection of vulnerable adults and fire safety, these have been discussed under the relevant outcome headings.

The inspector reviewed staff files in the head office in Bray, and found there to be a robust system in place to ensure all information as required by Schedule 2 of the Regulations in relation to staff was sought and maintained. Staffing records with regards to this designated centre were found to be all in order. The inspector found that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and appraisal in place in the designated centre. Each staff had a signed supervision contract with their line manager which outlined how often they would meet for formal supervision and this was minuted.

**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):**
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 found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The provider had recently introduced an on-line system for maintaining residents' information, organisational policies and procedures and records such as complaints, accidents and incidents and adverse events. This on-line system was accessible to staff in both units of the designated centre and was used to record certain elements of care and support. There were also paper based records which the inspector found to be securely maintained and easily accessible. The inspector found that an on-line directory of residents was maintained up-to-date.
Written operational policies were in place to inform practice and provide guidance to staff, not all of these had been completed at the time of inspection, with some at various stages of development. The inspector found that staff members were sufficiently knowledgeable regarding the policies and procedures that were currently in operation and relevant to the designated centre.

Staffing records were maintained as required as outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001700</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10 September 2014</td>
</tr>
</tbody>
</table>

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:

It was not clear in the policy or practice who was the nominated person to ensure that all level 1 and level 2 complaints had been appropriately responded to.

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 reviewed and responded to in a timely manner.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
As per Policy, Within Sunbeam House Services the Manager of each centre/location will be deemed the Local Complaints Officer (LCO) for the relevant centre/location. The local complaints officer for the centre is the person in charge. Senior Services Managers are deemed to be Review Officers. Designated Lead Complaints Officer within SHS is Mr John Hannigan, Managing Director (MD). All relevant persons will be named on posters and displayed within all locations. All Staff and Service users will be inducted into the complaints process.

**Proposed Timescale:** 30/09/2014

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Residents had not been referred to SALT when identified with requiring additional communication supports.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The relevant client will be referred for appropriate Speech and Language supports.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/09/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Residents did not have written agreements in place.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> 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.</td>
</tr>
</tbody>
</table>
| **Please state the actions you have taken or are planning to take:** Service level provision documents will be sent to the individuals we support and/or their...
families on approval by HIQA and the process to complete same will be undertaken and completed within 3 months of approval with full implementation by 31st March 2015

**Proposed Timescale:** 31/03/2015

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### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Three staff and the person in charge were in need of training in safeguarding and protection.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
The relevant staff members have been allocated training in October 2014. The new person in charge has completed the training in safeguarding.

**Proposed Timescale:** 30/11/2014

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### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The polices required in Schedule 5 of the Regulations were at various stages of development, not all had been written and implemented.

**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:**
The policies required in Schedule 5 of the Regulations have been completed. The policies are available to all staff. All staff are required to complete the on line training covering these policies by 30th September 2014.
Proposed Timescale: 31/10/2014