### Centre name:
A designated centre for people with disabilities operated by Sunbeam House Services Ltd

### Centre ID:
OSV-0001706

### Centre county:
Wicklow

### Email address:
Leona.Doyle@sunbeam.ie

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Sunbeam House Services Ltd

### Provider Nominee:
John Hannigan

### Lead inspector:
Gary Kiernan

### Support inspector(s):
None

### Type of inspection
Announced

### Number of residents on the date of inspection:
5

### 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:
23 July 2014 10:30 23 July 2014 18:30
24 July 2014 11:00 24 July 2014 14:30

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 monitoring inspection of a designated centre operated by Sunbeam House Services was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services is governed by a board of directors consisting of nine members, with John Hannigan as CEO. Mr Hannigan is also the person nominated on
behalf of the provider and will be referred to as provider throughout the report. Mr Hannigan is supported in his role by the senior management team which is made up of seven managers with a variety of roles and responsibilities. There are eighteen client services managers (CSM) across the organisation who directly report to the senior management team. Members of the CSM team are the identified persons in charge for the designated centres within Sunbeam House Services.

In total, five adult residents live in this designated centre which is situated in an urban area. The centre is operated from a large, detached domestic house set in its own grounds. The majority of residents attend a day service or are out at work during the day.

While some areas for improvement were identified, overall the inspector found a good level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This corresponded to positive outcomes for residents.

The inspector found the service was managed and run by a suitably qualified person who demonstrated knowledge and awareness of her roles and responsibilities. Appropriate staff recruitment and supervision was in place to support the residents. The centre was adequately resourced.

Residents were provided with support and training to attain their personal goals and lead independent lives. Residents were consulted and supported to make their own decisions regarding their daily routines. Systems were in place to support residents with education and employment.

There was evidence of satisfactory risk management and fire safety procedures. Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect residents from the risk of abuse, however, the policy required more detail in order to guide practice.

The health care needs of residents were met and residents had good access to the general practitioner (GP) and allied health services. Residents had good opportunities for meaningful social engagement. While a good standard of personal planning was evident, improvements were required, in order to ensure that personal plans were based on multi-disciplinary assessment.

Improvements were also required to ensure that the physical environment was suitably adapted to meet the needs of residents with regard to accessibility and privacy and dignity. Shower and toilet facilities were not satisfactory. Other improvements were required in the area of contracts of care for residents.

As part of the registration inspection, questionnaires were distributed to residents and relatives prior to the inspection. Overall the feedback from these questionnaires was positive, however, some comments indicated that improvements were required in some areas. The inspector reviewed these matters as part of the inspection.
These matters are discussed further in the report and in the action plan at the end of 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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents’ autonomy was respected and promoted. Residents were consulted about the operation of the centre and there was evidence that residents’ complaints were thoroughly investigated.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector they planned the meals and shopping and one of the residents showed the inspector the shopping list which she had drawn up. Residents were also involved in plans to redecorate the centre and told the inspector about colour choices which they had made for their bedrooms. There were regular residents’ meetings and the inspector read a sample of the minutes. The inspector found that where issues were raised they were addressed by the staff. Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required.

Residents’ religious, civil and political rights were respected. Some residents attended religious ceremonies independently. Another resident was being supported to volunteer in the local church and staff had taken a number of steps to facilitate this. The person in charge had taken steps to ensure that all residents were registered to vote. Residents spoken to by the inspector said they had decided not to vote in the most recent elections.

Residents were supported and encouraged to have control over their own finances and there was a policy and satisfactory procedures in place to protect residents who required assistance in this area. Each resident had their own banking account and staff provided skills training in areas such as using ATM machines. A risk assessment was carried out...
to assess residents’ need for assistance with managing of finances. There was a clear and accountable system in place for any transactions made on behalf of residents and a system of checks had been recently introduced to ensure that all monies held on behalf of residents was routinely checked. The inspector reviewed a number of transactions and checked balances for a number of residents and found them to be in order.

Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected. Residents said no one entered their rooms without permission and they had lockable space as required. However, as highlighted under outcome 6, there were aspects of the physical environment which did not facilitate the privacy and dignity of residents.

The inspector reviewed the systems and documentation in place for the management of complaints. A short complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. A modified and simplified, pictorial version had also been developed to facilitate residents’ communication requirements. The person in charge had also developed a local complaints policy in order to comply with the requirements of the Regulations. The local policy included the required detail and also identified a person responsible for monitoring the management of complaints. However, the inspector noted that a separate organisational complaints policy was also in place and there was a need to ensure that both policies complemented each other. The inspector discussed this with the person in charge and the senior services manager who undertook to address this.

Residents and residents, spoken to by the inspector, said that they felt comfortable raising any complaints without any hesitation. Residents said that the person in charge reacted promptly to address any issues which they raised. The inspector read the complaints log and found that where issues were raised action was taken by staff to address these matters.

Judgment: Compliant

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<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tr>
<td>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.</td>
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<td>Individualised Supports and Care</td>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
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<th>Findings:</th>
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<td>Residents were supported and assisted to communicate in accordance with residents’ needs and preferences.</td>
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Residents’ communication needs were identified in the personal planning documentation and supports were indentified where needed. Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely.

Some residents required assistance with reading and writing and the inspector saw that efforts had been made to modify their personal plans, using pectoral formats, in accordance with their needs. There were also plans in place to purchase a hand held computer for one resident in order to facilitate communication requirements. A number of residents had been seen by the speech and language therapist (SALT) and any recommendations which had been made were incorporated into the personal plans.

Residents had access to television, radio, social media and internet. All residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents were supported to develop and maintain positive personal relationships and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the care of the residents and the inspector saw that they signed residents’ personal planning documentation to demonstrate that they had been consulted. The documentation showed that there was regular involvement of families in the personal planning process. Relatives stated that there clear and open lines of communication between them and the staff. A number of the residents went home at the weekends and the residents were planning to invite family and friends to a barbecue in the centre in the coming weeks.

Risk assessments and skills training had been carried out with a number of residents in order to support them to travel independently to see family and friends. Residents stated that they had made friends both within the service and outside through work and other social activities. Residents participated in their community in a number of different
ways, for example, residents described their participation in local groups such as the local pipe band, tidy towns association and the local guild of the ICA.

**Judgment:**
Compliant

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**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 admissions process was appropriately managed. However, contracts of care were not in place for the residents in accordance with the requirements of the Regulations.

There had been no recent admission to the centre and the majority of residents had lived in the centre for a number of years. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

While residents had a tenancy agreement in place, there was no contract of care in place to deal with the service to be provided to the resident. The inspector was informed that this matter was being addressed at an organisational level and that contracts of care would be provided and agreed with all residents. All residents were charged the same weekly rate as per their tenancy agreement which covered accommodation and food.

**Judgment:**
Non Compliant - Moderate

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**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*
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<th>Theme: Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents’ wellbeing and welfare was promoted through a high standard of evidence based care and support. Some ongoing improvement was required to ensure that residents’ personal plans were based on multi-disciplinary assessment as per the requirements of the Regulations.

The arrangements to meet each resident’s assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key worker and family members. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents’ lives. Residents’ individual goals aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. However, the personal planning process did not include a documented multi-disciplinary assessment carried out on an annual basis in accordance with the requirements of the Regulations. The inspector found that there was multi-disciplinary input in the care of residents, as described in outcome 11, however this did not form part of the assessment process on a routine basis.

Residents described busy daily routines which involved attending day care services and work based activities. Residents said that staff members supported them to pursue work based activities and one resident described how she was being supported to take on additional part-time hours in her job.

Residents’ personal plans identified the heath care needs which residents had. Care plans had been drawn up to guide the care of the resident in these areas, for example, in areas such as skin care, epilepsy and intimate personal care.

Resident’s files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. There was good documentation in relation to residents’ medication which aimed to educate residents about their medications and the purpose of each.

**Judgment:**
Non Compliant - Minor

**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 premises was well maintained, comfortable and homely and met the needs of residents in a number of respects, however, the toilet and shower facilities were not satisfactory.

The centre was well located in an urban area within walking distance of the town centre. A range of local amenities and public transport options was available. The premises consisted of a large, detached bungalow set in on a large site with well maintained garden and patio areas.

There were seven bedrooms one of which was allocated for staff. A kitchen, laundry area, separate dining room and two nicely furnished sitting rooms were provided. The rooms were of a suitable size and layout to meet the needs of the residents.

However, the inspector was concerned that the shower and toilet facilities did not meet the needs of the residents. There was one bathroom with toilet and combined bath and shower which was not wheelchair accessible. In addition to this a separate toilet and a separate shower room was provided. However, both shower room and toilet had not been fully adapted to meet the accessibility needs of the residents, one of whom required assistance with mobility and sometimes used a wheelchair. There was insufficient space in both toilet and shower to facilitate the full movement of a wheelchair. There was also insufficient space in the shower room to facilitate residents to get changed. As a result residents got changed in the hallway behind a shower curtain. While staff had put systems in place to ensure that residents' privacy was respected as much as possible, this arrangement was not found to be acceptable. The inspector discussed this with the person in charge and the senior services manager at the time of inspection and it was agreed that this situation would be addressed as a matter of priority.

A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents’ preferences. Residents showed the inspector blinds and furniture which they had chosen.
A satisfactory standard of hygiene was noted and there was appropriate heating, lighting and ventilation. A separate utility and laundry area was provided and suitably equipped to meet the needs do the residents. An exterior building was also available for storage and exercise equipment.
There was satisfactory communal space. There were three reception rooms in all and this allowed residents to meet family and friends in private if they wished to do so.

The person in charge had sourced funding to provide for the internal painting of the centre and as discussed, residents had chosen the colour scheme. A well maintained garden was provided and was directly accessible from the kitchen and also through double doors from one of the sitting rooms. Outdoor seating was provided for residents to enjoy the garden space.

Judgment:
Non Compliant - Major

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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:
There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were routinely carried out where issues were identified. For example, the inspector read a number or risk assessments which related to residents carrying out activities independently, such as staying at home for short periods without staff and attending activities independently. The training records showed that staff had received training in risk assessment. An individual safety plan had been developed for each resident and was available with the residents’ personal planning documentation. Additionally there was a missing person’s profile for each resident which contained detailed information including a colour photograph of the resident. The missing persons policy also gave clear guidance to staff about what to do in such an emergency. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained on line. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. Systems were in place for unannounced health and safety audits to be
carried out by the provider.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this a monthly fire drill was carried out and documented. Good documentation was maintained in relation to each drill and any areas for further training or improvement were highlighted and followed up by the person in charge. The inspector found that residents were aware of the fire evacuation procedures and were able to describe the procedures involved. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

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 provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Some further development of the relevant polices was required in this area and a small number of staff had not attended mandatory training in protection.

There was a policy on the protection of vulnerable adults in place. However, the inspector did not find that this provided sufficient detail to guide staff in a number of important areas. For example, the policy did not detail the steps to be taken in the event that an allegation of abuse was made. While, the inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents, three staff members had not attended mandatory training in this area. The person in charge stated there were plans for this to take place in the near future. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they could
Staff had been provided with training in the delivery of intimate care. The inspector saw that detailed care plans had been drawn up where residents required assistance. However, a policy had not been drawn up to cover intimate care in line with the requirements of the Regulations.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and all communicated with ease. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours if they arose. The inspector reviewed a number of positive behaviour plans which had been drawn up for some residents. The inspector found that the plans were of a high standards and contained detailed guidance to help support the resident having regard to evidence based practice. The inspector found that these plans could be further improved by referencing the relevant reports and instructions from relevant allied health professionals, such as the psychologist where appropriate. The inspector discussed this with the person in charge who undertook to address this.

A restraint free environment was promoted and no forms of restraint were in use. There were effective systems in place where it had been necessary to restrict the rights of some residents. The inspector reviewed the records of a resident who had restricted access to money. In advance of any action being taken an assessment was carried out by staff in the centre. The matter was assessed by the multidisciplinary rights review monitoring committee which was responsible for upholding the rights of the resident and monitoring and reviewing the situation on a regular basis. The inspector found that there were regular reviews of this arrangements and training on money management was training taking place to facilitate the removal of the restriction. The inspector found that the systems in place promoted the rights of residents.

As highlighted under outcome 1 systems and procedures were in place to ensure that residents were protected from the risk of financial abuse.

**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:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 10. General Welfare and Development
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Systems and practices were in place to promote residents’ quality of life and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and training. Much of this was provided through the Sunbeam House day service. Residents chose classes and course which they were interested in such as music, literacy and dance. Some residents also attended training provided by other agencies such as evening classes in dress making, art and pottery. Residents described how they were supported to attend these classes and showed the inspector various pieces of art and pottery which they were proud of. There was a system in place to facilitate residents to find employment. The majority of residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work activities in various areas such as cafes, shops and bars and as described earlier, some were planning to take on additional hours.

Residents stated that they had busy social schedules. One resident attended a personal trainer on a weekly basis. A number of residents described going abroad for holidays and also for weekend trips away. Other residents said that they liked to go to the pub occasionally or attend concerts and sporting 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 systems were in place to support residents’ health care needs.

There was an effective system in place to carry out an annual review by the general practitioner (GP) and residents were regularly reviewed thereafter. Residents’ medical conditions were recorded and staff were knowledgeable about their management. For example, the training records showed that staff members had received training in areas such as epilepsy and stoma care. A health and wellbeing plan had been developed for each resident and as discussed under outcome 5 care plans had been developed for residents’ specific medical conditions. The inspector reviewed the records of a resident who had a history of epileptic seizures and found that that appropriate care planning documentation was in place which guided staff on the steps to take in the event of a seizure. The inspector spoke to staff who were aware of these steps.

Residents had access to a range of allied health professionals such as the physiotherapist, psychiatrist, optician, chiropodist and dental services and a record of all appointments was maintained. Some residents and their families managed their own medical appointments independently and reported the outcome of these to staff in the centre. Records of all appointments and contact with the GP and other health care professionals were clearly recorded.

Measures were in place to adequately meet residents’ food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents preparing the evening meal and preparing their lunches for the following day. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident’s social and work life. Residents stated that they were happy with the food which was prepared in the centre.

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 found that policies and processes were in place for the safe management of medications. However, some improvement was required with regard to transcribed medications.

There was medication management policy in place which provided guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents. The records were appropriately maintained and showed that residents received their medications as per the G.P.s instructions. However, a transcribing step had been introduced to the medication management system in the centre. The inspector found that this step was being carried out by non-nursing staff members which was not in accordance with medication management guidelines. This matter was discussed with the person in charge and the senior services manager who undertook to address it.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. An audit had also been recently been carried out by the pharmacist and a medication fridge had been provided in response to this audit. Written evidence was available which showed that residents’ prescriptions were regularly reviewed.

No medications requiring strict control measures (MDAs) were in use at the time of this inspection, however, appropriate procedures and storage facilities were in place in the event that any resident required them in future.

**Judgment:**
Non Compliant - Minor

**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):**
Findings:
There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a satisfactory management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations. The person in charge had the required experience and had a number of qualifications which were relevant to the role. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was readily available to them. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place and
the inspector was shown a sample of these. The person in charge stated that this system was operating effectively and provided a framework for continued professional development.

There were systems in place for monitoring the quality and safety of care. In house fire and health and safety checks were carried out on a routine basis. There were also regular documented checks on medication management which were completed on a weekly basis. At the organisational level there was a system for carrying out unannounced audits of the service provided to residents. The inspector reviewed audit of quality and safety, which had been carried out in 2013, and covered a number of areas including health and safety, medication and first aid. The inspector found that any identified non conformances were promptly rectified. As highlighted under outcome 12 the pharmacist was also involved in carrying out audits of medication.

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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence. One of the senior service managers was responsible for deputising in the absence of the person in charge and staff within the centre were aware of these arrangements. The senior service manager participated in an inspection of another Sunbeam House centre and demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

Judgment:
Compliant

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Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.
**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that sufficient resources were provided to support residents to help them to achieve the goals set out in their personal plans.

The centre was furnished and equipped in line with the residents’ requirements. There was a system of maintenance in place. The person in charge retained control over the budget for the service and showed the inspector records which she maintained in relation to this. Expenditure was reviewed on a monthly basis and the person in charge was supported by one of the senior service managers with responsibility for accounts. The records indicated that sufficient funds were available to the person in charge to run the centre effectively.

**Judgment:**
Compliant

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**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Safe recruitment systems were in place and staffing levels and skill mix were found to be satisfactory at the time of inspection.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents. Some of the feedback from relatives indicated that staffing ratios were not satisfactory at certain times. The rosters showed that staffing had been reduced from two staff members to one on some days. However, the inspector found that the person in charge had taken steps to proactively manage this system in order to ensure that this did not
negatively impact on residents. For example, staffing was reduced when some residents returned home at the weekends and some flexible shifts had been introduced. The person in charge said that the need for a second staff member was reducing as residents were supported to be more independent. Skills training and risk assessments had been carried out in order to facilitate some of the residents to travel or undertake some independent activities. Residents stated there was sufficient numbers of staff available to them.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed at a previous inspection of a Sunbeam House Service where it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. Staff members were provided with a broad range of training which was aimed at supporting them to deliver safe care. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management, stoma care, food hygiene and training in relation to conditions such as Parkinson’s disease.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff. There were no volunteers attending the centre at the time of inspection, however, the person in charge was aware of the documentation and supervisory requirements for volunteers.

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, however, some improvement was required with regard to the development of the required policies.

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

Written operational policies were in place to inform practice and provide guidance to staff. However, while the person in charge had access these policies, the inspector found that they had not yet been implemented and presented to the staff. As described under outcome 8, the policy on protection did not provide sufficient detail to guide staff and a separate policy on intimate care had not been drawn up.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place.

**Judgment:**
Non Compliant - Minor

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**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:**

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report\(^1\)

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
</tr>
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<tr>
<td>Centre ID:</td>
<td>OSV-0001706</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10 September 2014</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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:**
Residents did not have written agreements dealing with the service to be provided to them.

**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

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\(^{1}\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The provider has drawn up support contracts/agreements and will issue one to all residents.

**Proposed Timescale:** 01/11/2014

### Outcome 05: Social Care Needs
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plan reviews did not demonstrate multi-disciplinary assessment.

**Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

**Please state the actions you have taken or are planning to take:**
All personal plans are updated every 6 months or if needed sooner. All current plans when reviewed will include Multi-disciplinary assessments.

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

### Outcome 06: Safe and suitable premises
**Theme:** Effective Services

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

The toilet and shower facilities did not meet the accessibility, privacy and dignity needs of the residents.

**Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**
The provider will undergo a process of refurbishment to improve the shower facilities in order to meet accessibly and privacy needs.

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

### Outcome 08: Safeguarding and Safety
**Theme:** Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff had not attended mandatory training in 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 three staff that have not yet completed training in safeguarding residents and the prevention, detection and response to abuse have been booked to do this training.

**Proposed Timescale:** 01/12/2014

### Outcome 12: Medication Management

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improved safety procedures were required for medications which were transcribed.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The administrations of medications are guided by the provider’s policies. The provider has sought guidance from the Health and information Authority regarding non–nursing transcribing. Once clarification is received the relevant action will be taken.

**Proposed Timescale:** 31/01/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the required policies had not been adopted and implemented. The protection policy did not guide practice. There was no clear policy on intimate care delivery.

**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
Please state the actions you have taken or are planning to take:
All schedule 5 policies are now completed.

**Proposed Timescale:** 01/11/2014