

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
<b>Centre ID:</b>	OSV-0001703
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Ltd
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

**The inspection took place over the following dates and times**

From:	To:
30 July 2014 12:30	30 July 2014 20:30
31 July 2014 11:00	31 July 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

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 designated centre and met with residents and staff members and spoke with residents' relatives. The inspector also reviewed questionnaires which had been completed by relatives of residents. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services Ltd is governed by a board of directors consisting of nine members, with John Hannigan as Chief Executive Officer (CEO). Mr. Hannigan is also

the person nominated on behalf of the provider and will be referred to as provider nominee throughout the report. The person in charge of this designated centre is titled as a client services manager.

In total, seven residents live in the designated centre on a full time basis, and one resident avails of respite in the centre one evening a week. The residents attend various day services from between three to five days each week. 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 at the time of inspection. There are two staff on duty at all times to support the seven residents.

The inspector found both the person in charge and the staff to be extremely knowledgeable on the individual residents that they support, and staff felt empowered to advocate on behalf of residents where required to ensure they obtained a good quality of life. 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 in this designated centre. 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 five outcomes, these were in relation to:

- one bathroom on the premises in need of repair
- written agreements for residents
- 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.

**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 were consulted and participated in decisions about their care and the running of the designated centre. The inspector reviewed relative questionnaires, spoke with residents and reviewed documentation and found evidence of consultation in the personal plans. Residents took part in a monthly house meeting to discuss any issues with the running of the house, talk about rights, and make decisions about the centre. For example, to decide the menu for the coming week. The inspector found that staff advocated on behalf of residents who required this support, there was a key-worker system in place, and residents confirmed that they could ask any staff for support. Residents had access to an external advocate if necessary. One resident sat on the organisation service user forum as a representative of the residents of this designated centre. There was evidence of use of the organisational rights review committee to review any rights restrictions in place for residents on a regular basis.

The designated centre had an open visiting policy. There was communal spaces available for residents to meet friends and family, and if required space was made available should a resident wish to see someone in private outside of their bedrooms.

Residents in this designated centre required support to manage their finances. The inspector reviewed the account and receipt practices in relation to this and found them to be in order. Residents were supported to retain as much control over their finances as suitable to their abilities. All residents had completed a money management assessment. Most residents had their own post office accounts, and were responsible for paying their rent through postal order each month with support from staff. This ensured that residents were actively involved in the transaction, and residents were aware that they paid rent, and what it covered.

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.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents were supported to communicate at all times. Each personal profile within residents' documentation included information on their method of communication, and if they needed support with this. All residents in this centre could communicate verbally. Residents who had presented with possible hearing or vision problems had been appropriately assessed and interventions provided.

Residents had access to telephones, televisions, media, radio and internet in the designated centre. The use of video calls was available for residents who wished to speak with their relatives and friends long distance. There was a photograph display in the dining area to show residents which staff was on duty each day of the week.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

## Individualised Supports and Care

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

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

### **Findings:**

The inspector was satisfied that residents were supported to maintain personal relationships with their families and friends, and encouraged to avail of their local community to the best of their abilities. The inspector found evidence that residents were supported to maintain friendships. For example, there was a calendar on display in the kitchen to show whose friend had been invited for dinner on certain evenings mid week. The inspector reviewed the relative questionnaires and spoke with some family members who expressed that they were encouraged to be involved in residents' lives, and took part in the personal plans. The inspector found that residents were supported to maintain links with the wider community. For example, two residents had volunteers who supported them to get out into the community to take part in activities of their choice.

### **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.

Some residents could easily talk about the rent that they paid, and what this money contributed too, which was a positive finding. However, 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.

The inspector reviewed the current policy on admissions, and the draft policy on discharge and transfers for the organisation. Although these had certain criteria for admission into the overall organisation, there were no specific local procedures or guidelines to show transparency around admission or discharge into this particular designated centre. The guiding policies were in need of further exploration 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 was satisfied that residents' social care needs were met, and that residents had opportunities to participate in meaningful activities, appropriate to his/ her interests and preferences. The inspector reviewed a sample of residents' personal files and found that residents were suitably assessed, and had plans in place to outline support needs where required. For example, money management assessments, safety assessments and assessments for self medicating where necessary. Residents had been supported to complete a person centred plan, and identify short term and long term goals for the coming year. There was evidence that residents and their families had been consulted and involved in this process. The designated centre was based within walking distance of a town centre and they also had their own vehicle for longer journeys. Residents spoke with the inspector about the things they enjoyed doing outside the centre, how they liked to spend their time and that they were planning a holiday soon. The inspector saw evidence that residents' friends were encouraged to visit the centre for dinner.

**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 were suitable for its stated purpose, and met residents' individual and collective needs in a comfortable and homely way. However, some improvements were required to the upstairs bathroom in order to provide a suitable number and standard of bathrooms for the numbers of residents.

The inspector was satisfied that the building was fully accessible for residents who use wheelchairs, with the inspector observing ease of access, egress and mobility around the premises for all residents during the inspection. There were suitable handrails in the building where required, adequate laundry and cooking facilities, and access to a large garden area. The building was clean, bright and airy and suitably decorated. Residents' bedrooms consisted of ample storage and space for belongings, and were decorated with individual items and belongings.

An extension to the downstairs of the premises had included a fully accessible bathroom with walk in shower and parker bath. The large bathroom upstairs consisted of a toilet, bath and shower. The shower had been disconnected due to problems with leaking a period of time ago, and in general the bathroom was outdated, and not designed or decorated in an accessible or appealing manner. The inspector reviewed documentation which showed that the person in charge and senior managers had identified this as something that needed to be addressed, and had put forward maintenance requests to repair or remove the broken shower. Internal doors had been replaced with fire doors last year, and the surrounding door frames were in need of painting.

Apart from these areas for improvements mentioned above, the inspector found that the designated centre was homely and well maintained and was in line with the requirements of Schedule 6 of the Regulations.

**Judgment:**

Non Compliant - Minor

---

**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 were promoted and protected at all times. The inspector reviewed the health and safety statement for the designated centre which was dated September 2013. Environmental risks were addressed within the health and safety statement. The inspector reviewed the risk management policy and procedure which was in draft format, and planned to be signed off by the end of the week of inspection. The risk management policy and procedure covered the roles and responsibilities of staff and management, the tools used to assess risk, and outlined how the organisation identifies, manages and reviews risks. There was a location specific risk register and individual risk assessments in residents' files where a risk had been identified. The inspector was satisfied that suitable and effective control measures were in place for any risks identified in the centre, but requested documentation for two particular risks in the designated centre to be completed. There was a detailed emergency and disaster plan which was stored in a easy to reach location and outlined alternative accommodation in the event of a full and prolonged evacuation.

There were adequate fire detection and alarm systems in place in the designated centre, with supporting documentation to show regular checking and servicing of both alarm and emergency lighting systems. There was an suitable number of fire fighting equipment in the designated centre, and evidence to show this had been annual serviced by a fire professional. The inspector spoke with staff and found them to be knowledgeable on what to do in the event of a fire. Residents had individual personal evacuation plans to address any supports needed to evacuate safely. Residents confirmed that regular fire drills and evacuations are carried out to practice escape routes, including using the upstairs fire exit. One staff was identified as needing fire training and the inspector saw evidence that a date had been set for this staff member to attend training. There were two staff on sleep over duty at all times in the designated centre. The evacuation plan specific to this designated centre was on display in various locations around the building.

All accidents and incidents were recorded on the on-line data base and reviewed by the person in charge. Suitable arrangements were in place for the investigating and learning from serious incidents or adverse events, through the alerting of the senior management team in all accidents or incidents above a particular rating.

**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. However, some improvements were required under this outcome to fully meet the Regulations.

There were updated draft policies on the protection and safeguarding of residents from abuse, and positive interventions for behaviour that is challenging. These policies were not yet fully operational, and required finalising which will be further discussed under outcome 18 records and documentation.

Staff were knowledgeable on how to respond to allegations or suspicions of abuse in the designated centre and had received training in the area, with the exception of 4 staff members who were scheduled to attend training in November 2014. The centre was staffed with two sleepover staff each night, and the inspector found the interactions between staff and residents were warm and respectful. Staff were able to display a detailed knowledge of the residents who lived in the centre.

Residents who had been identified as requiring extra supports in relation to untoward behaviour had this clearly outlined in positive behaviour support plans, with referral to and appointments with psychiatry and counselling services evidenced on residents' file. There was evidence of outsourcing the input of a psychologist for a resident who required this. A restraint free environment was promoted within the designated centre.

The inspector reviewed the systems in place to support and manage residents' finances in the designated centre, and found there to be robust practices in place to safeguard residents from financial vulnerability, with a clear accounts system in place.

**Judgment:**

**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 log of accidents and incidents in relation to the designated centre and found that records were maintained, and where required, notified to the Chief inspector. Overall, the inspector found low number of incidents in the centre.

**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 suitable to their age, wishes and abilities. The inspector reviewed documentation and spoke with residents and found that some residents were accessing supported employment and/ or volunteering opportunities during the week. The inspector also found that arrangements were in place to support residents to attend community based day programmes facilitated by Sunbeam House Services Ltd and other external organisations. One resident living in the centre who was over the age of retirement, chose to spend two days at home each week. Other residents had access to training and meaningful activities through their day services, which offered 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 was satisfied that residents living in the centre were supported to achieve the best possible health on an individual basis. There was evidence of timely access to residents' General Practitioner (GP) and the primary care team, and evidence of referrals and appointments with allied health care professionals. For example, dentistry, neurology, 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. There was evidence of planning for the future needs of a resident with a particular health concern in consultation with their family and health care professionals.

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 participate in the purchasing and cooking of meals if they so wished. The kitchen had information on healthy eating on display, and guidelines for any particular dietary needs of residents. The inspector saw that there was a planned menu for the week on display, which catered for all residents choices and preferences. Residents were encouraged to eat healthily and maintain balanced diets. There was access to dietician services for residents with an identified need in this area. For example, diabetes and celiac.

**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 is protected by the designated centre's policy, procedure and practices for medication management. There was an organisational policy in place which outlined best practice in relation to the ordering, prescribing, storing, administering and disposal of medication. The designated centre had a centre specific procedure around their practices in these areas to be followed in conjunction with the policy.

The inspector found the storage arrangements and the arrangements for the safe disposal of medication to be satisfactory in the designated centre. In general, there was a low incident rate of medication errors in the centre, and these were clearly documented as an adverse event if they did occur.

The inspector reviewed medication records and administration sheets and medication plans, and found them to be clear and updated regularly. Each resident had details of their medication in the personal folders which had photographs of any medical intervention, along with information on side effects and the reasons for its use.

Staff had all received training in medication management by the provider. Five of the staff received this training four years ago, and were in need of refresher training as per the organisation's own policy on training and development.

**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 the following day, which included further details and information about the designated centre. For example, further information on complaints procedure and emergency admissions. Following these changes, the inspector was satisfied that the Statement of Purpose was a clear reflection of the services offered in the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that there were effective management systems in place in the designated centre. The centre was managed by a client services manager and had the role of person in charge. The person in charge had been in post since October 2012, but had worked in the centre since 2002 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 not responsible for any other designated centre, but managed one of the day services where a number of residents attended. 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 in turn 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 review had been put in place across all designated centres within the organisation. Groups of two to three managers within the organisation carried out inspections in each other's designated centres. This centre had been subject to two unannounced internal inspections in 2013 and 2014 which carried out an audit of two areas based on the National Standards. The inspector saw evidence of these during the course of the inspection. A full formal annual review of the quality and safety of this designated centre had not been completed to date.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that there were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The senior services manager is the person identified to deputise in the absence of the person in charge for short term absences, for example sick leave or annual leave. The person in charge was aware of the requirements to notify the Chief inspector if there is a planned absence of 28 days or more, in this instance, a staff member would be appointed to act up as person in charge.

**Judgment:**

Compliant

---

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector was satisfied that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose and individual personal plans. Two staff were on duty at all times in the designated centre. As mentioned in some relative questionnaires, the staffing at weekends in the centre had been reduced from three to two staff following government cuts. The inspector was satisfied that the staff allocated at present was managed in a way to promote maximum positive outcomes for residents. There was a service owned vehicle available for the designated centre's use. The inspector found that the person in charge retained control over the budget for the centre.

**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 were based on the needs and wishes of residents. For example, one retired resident stayed home two days mid-week, therefore the staffing hours allocated were different on these days to facilitate this.

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. All staff had received training in Medication Management, but required refresher training in order to be in line with their own policy.

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 in order. The inspector found that staff were recruited, selected and vetted in accordance with best recruitment practices. There was a recruitment policy in place to guide this practice.

**Judgment:**

Non Compliant - Minor

**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. 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 for this designated centre.

Written operational policies were in place to inform practice and provide guidance to staff, not all of these had been completed or fully implemented 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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
<b>Centre ID:</b>	OSV-0001703
<b>Date of Inspection:</b>	30 July 2014
<b>Date of response:</b>	01 October 2014

### Requirements

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

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:**

There was no one nominated to review local and formal complaints to ensure they 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

<sup>1</sup> 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 this 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:** 01/10/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

There were no written agreements in place with residents.

**Action Required:**

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

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

Service level provision documents will be sent to the individuals we support and/or their families 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

**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 large bathroom upstairs was in need of attention to ensure it was accessible and appealing for residents, the shower is in need of repair or removal.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The original contractors will be asked to resubmit their quotes with the addition of the

removal/ repair of the shower and when these quotes are received and funding is in place the work should be completed.

**Proposed Timescale:** 28/02/2015

### **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:**

Four staff required training in the area of protection and safeguarding.

**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:**

One member of staff has already completed Safeguarding & Protection Training, another has secured a place in an earlier course than was anticipated and the remaining staff should have completed training by 27/11/2014 baring any unforeseen circumstances.

**Proposed Timescale:** 27/11/2014

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staff had not received refresher training in medication management in line with their own policy.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Most of the staff who needed a Medication Management Refresher have completed this refresher. The remaining should have completed the refresher by 24/10/2014 baring any unforeseen circumstances.

**Proposed Timescale:** 24/10/2014

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all policies and procedures as outlined in Schedule 5 were fully written or implemented at the time of inspection.

**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:** 01/10/2014