**Centre name:** A designated centre for people with disabilities operated by Sunbeam House Services Ltd  
**Centre ID:** OSV-0001707  
**Centre county:** Wicklow  
**Type of centre:** Health Act 2004 Section 38 Arrangement  
**Registered provider:** Sunbeam House Services Ltd  
**Provider Nominee:** John Hannigan  
**Lead inspector:** Louise Renwick  
**Support inspector(s):** None  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 8  
**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:  
26 August 2014 10:00  
26 August 2014 18:00  
27 August 2014 09:50  
27 August 2014 14:45

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

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Summary of findings from this inspection
This was the first monitoring inspection of this designated centre operated by Sunbeam House Services Ltd which is based in South Wicklow. As part of the inspection, the inspector visited the designated centre and met with residents, relatives and staff members. 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.

This designated centre is made up of two semi-detached houses with access between the two through internal adjoining doors. In total, eight residents live in the
designated centre on a full time basis, with four bedrooms in each side of the house. Some residents attend various day services within Sunbeam House 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. This person in charge was also responsible for another designated centre in Sunbeam that had recently been inspected, and received a report outlining a high level of compliance with the Regulations. The same robust systems and practices were in place in this designated centre which again resulted in effective leadership and guidance in place, as evidenced through the high level of compliance across all areas. 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 were five staff on duty during the day time to support the eight residents, along with the person in charge and administrative support.

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 staff demonstrated a great understanding of the residents and their needs. Documentation were easy to retrieve and of a high standard to ensure both the social and health care needs of residents were clearly assessed and planned for. The person in charge had robust systems in place which provided strong oversight and leadership of the large staff team in this, and the other two designated centres.

Overall, the inspector found that residents received a good quality service in this designated centre which was very clearly outlined in the centre's statement of purpose. There was evidence of compliance in 15 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 at an organisational level across the other 3 outcomes, these were in relation to:

- the schedule 5 policies which were still in draft form and awaiting full implementation
- staff training for all staff in safeguarding and protection
- written agreements in relation to residents care

Findings from this inspection are outlined in the below report under the relevant outcome headings.
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 was satisfied that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings with residents to discuss any changes and to gather residents' opinions. Some residents had particular responsibilities within the centre. For example, one resident assisted staff in cleaning cutlery in the centre.

The inspector found a good culture of advocacy was in place for residents in the centre, especially for residents who were not able to speak up for themselves. Each resident had three staff members who were key people in ensuring they were reaching for goals, and their needs and rights were being met. The inspector found evidence of times when staff had advocated on behalf of residents even if this was conflicting with what the family wished. This showed a willingness to put the residents needs at the forefront of discussion, and ensured all possibilities were considered for residents. There was access to an external advocate should a resident require additional support in this area.

There was a transparent system in place to manage finances for residents who required this level of support. Accounts were securely kept, and well managed, and the inspector was satisfied that practices around the management of residents' finances allowed for protection against financial vulnerability. For residents who could manage their own finances, as determined by the money management assessments in residents' files, a secure box was available.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and safe storage of personal information. Each resident had their own bedroom decorated to suit their own tastes and interests. Adaption had been made to
residents' rooms and equipments based on an assessment of their needs.

The inspector found that staff were supporting residents to make as much choice about their daily lives, and their future goals as possible. One resident was being supported to plan for the future, and assisted to identify the supports required and skills necessary to allow her to live more independently outside of the designated centre.

Staff had put a lot of effort into ensuring residents were aware of their rights, and photographic displays in the communal rooms explained about rights in an accessible format.

Likewise the complaints policies and procedure had been amended to promote understanding, through the use of simple language and photographs and pictures. The inspector was satisfied that there was an effective local complaints procedure in place. All complaints reviewed on the day of inspection where well documented and included follow up and learning gained. The inspector was satisfied that residents and their families or representatives were being listened to and responded to in regards to their complaints, with all documentation transparent and open for inspection.

Overall, the inspector was satisfied that residents' rights, privacy and dignity were promoted, and that residents were consulted and involved in their care and the running of the designated centre in so far as possible.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were assisted and supported to communicate at all times in the designated centre. Individual communication requirements of residents were highlighted in their care plans and support plans. Although individual residents were not using any one particular communication tool, the inspector saw evidence of the staff team's awareness and understanding of each resident's unique and often complex means of communication. This was clearly documented in the residents' files, and observed in practice.

The inspector found that the designated centre used photographic and pictorial signs to
assist residents with daily living. For example, there was a photo board to show which staff were on duty, a photo menu board displaying meals, and photographic guides to fire evacuation, residents' rights and the complaints procedure on display. There was also a large visual board of all activities available in the designated centre. Residents had various types of photo books in relation to important people in their lives, their goals and likes and dislikes.

The inspector found that some residents bedrooms were decorated with photographs of important people in their lives, which aided them as a conversation starter for visitors and friends. Each resident had a visual display of the three key staff who supported them with their goals and aspirations on display in their bedrooms.

The inspector found that residents had access to media, with televisions in communal areas and also available in residents' bedrooms. Video calling was available for residents to talk to families who lived far away, and the house was fitted with wireless internet access.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector was satisfied that relationships between residents and their families or friends were supported and encouraged in the designated centre. The inspector found evidence that residents were supported and encouraged to visit home as often as possible. There was evidence of family involvement in setting the goals and care needs of residents. There was an open visiting policy in the centre, and video calling facilities were available to residents so that they could keep in contact with friends and family over the internet.

The inspector spoke with family members who expressed that they felt welcome in the designated centre, and kept up to date and involved in the residents life and plan for the future. All residents had one to one time each week with one staff to encourage individual outings within the community to promote integration outside of the usual group setting. Additional equipment needs had been sought to ensure ease of access to the local community for residents. For example, power packs for wheelchairs.
**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

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

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

**Findings:**

The inspector was satisfied that residents’ admissions were in line with the criteria as set out in the Statement of Purpose. The services offered to residents were suitable to meet their needs. The person in charge of the designated centre, along with the senior manager explained to the inspector that there will be no further admissions to this centre going forward.

The inspector reviewed a sample tenancy agreements that had been signed for some residents by their representatives, however these agreements related specifically to housing, and did not clearly outline the services and supports that would be offered to a resident who lives in this centre, along with information on the exact fees charged. The inspector was aware that draft agreements were being written across the organisation. At the time for this inspection, appropriate contracts for the provision of services were not in place.

**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 services and between childhood and adulthood.

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that the care and support offered to residents reflected their assessed needs and wishes. The inspector found that each residents' wellbeing and welfare was maintained by a high standard of evidence based care and support. Most residents living in this centre, had complex support needs. However, the inspector found that there was an even balance of support offered to residents across all aspects of health, social and personal care, as was evident in the other centre that the person in charge was responsible for.

There was an effective system of assessment in place to ensure residents' social care needs were identified, and evidence that these needs were planned for and met. A person centred plan was in place for each resident, and three key support staff identified for each resident, to ensure they were supported to achieve personal goals and aspirations. Various assessments had been completed and reviewed to ascertain the required supports a resident required in certain areas. For example a money management assessment and a safety assessment.

The roster was managed in such a way to promote social activation for residents, as some residents did not attend day services on a full time basis. The inspector found evidence that the person in charge had amended resources in response to changing needs in order to maximise the social experiences of residents. For example, allocating residents one to one staffing at set times in the week to ensure that residents could integrate in the community outside of a group setting. There was an activity timetable in place in the centre, in both written and pictorial format with a wide variety of sensory activities available to meet the particular needs of this resident group. Staff ensured that a variety of activities and social events were catered for in the absence of a more structured day service. Facilities on site were catered towards the particular interests and needs of residents. For example, there was a large multi-sensory room, an indoor swing and a bounce chair for residents.

One resident was being supported to plan for her future in a more low support setting. The inspector found evidence of ongoing discussion and review of short term and long term goals to assist this resident to leave the designated centre in a planned, and safe manner with the skills required for alternative living arrangements.

The inspector reviewed files and found that residents had an end of life care plan in place, to ensure that when a resident approached end of life, their preferences, wishes and needs were respected in a holistic manner.

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 was satisfied that the design and layout of the centre was suitable for it's stated purpose and met the residents' individual and collective needs in a comfortable way. The designated centre was made up of two large semi-detached houses, which were connected through the shared kitchen, and living room doors. The centre had a large, well equipped kitchen in the middle of the centre, two living rooms and two dining rooms.

There was a fully accessible adapted bathroom with Parker bath and appropriate equipment to meet residents' needs. As this centre originally catered for a higher number of residents, there was now ample rooms available that were no longer used as bedrooms. This provided suitable space for storage, visitor rooms, office space, and a large and secure medication room. There was also a fully kitted multi-sensory room, a room with an indoor swing, and a bouncer chair for residents. Each resident had a single bedroom with adapted equipment to meet individual needs. For example, the person in charge had sought a double sized specialist bed for a resident who required the extra space.

The inspector found that the centre was comfortable and adapted to meet the needs of residents. Residents had hung art work and craft that they had created in the centre, which offered a personal feel. There was secure outside areas for residents to enjoy, with suitable outdoor furnishings. The rooms in the building were accessible for residents using wheelchairs, although some corridors were narrow in parts, the inspector found that the general living spaces were adequate to promote accessibility.

The person in charge had appropriate systems in place to ensure all equipment was properly installed, maintained and serviced as required. At the time of report writing, a fire compliance certificate had not been obtained for this centre. The provider was currently working on obtaining this for the application to Register.

Judgment:
Compliant
**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. The inspector found that there was a good culture of health and safety, and documentation was clear to show ongoing review. The inspector found that health and safety checks were carried out on a daily and weekly basis in the centre.

The inspector was satisfied that there was adequate precautions to prevent and detect fire in the designated centre. The inspector reviewed documentary evidence to show that the fire detection and alarm system was routinely serviced and checked, along with the emergency lighting and fire fighting equipment, in line with requirements. Staff carried out monthly evacuations at various times to ensure all staff and residents were fully aware of the procedure in the event of an emergency. There was an evacuation plan in place, which was on display and an easy to grab residents list for roll call in the event of an evacuation. The inspector found that efforts had been made to ensure residents were aware of the fire and evacuation procedure, with visual displays in place using pictures and photographs to assist with understanding. Residents with higher mobility needs had been offered bedrooms with double patio doors to ensure beds could be removed in the event of an actual fire. There were external fire exit stairwells from the two ends of the upper floor, with additional shoots in place for residents with mobility difficulties.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre from both an environmental and clinical perspective. There was an active risk register which showed the inspector how all risks in the centre were identified, assessed and the control measures that had been put in place to reduce or alleviate the risks. For example, the storage of oxygen cylinders in the centre had been risk assessed, storage procedures had been secured in line with best practice, and the person in charge had informed the local fire officer of the location on the premises in case of a fire. Clinical risks were well identified and managed by the staff team and clinical risk assessment tools in place for residents who required it.

There was an accessible safety statement in place in the designated centre dated September 2013, and evidence that all staff had read and understood its contents. All staff had up to date training in fire safety and evacuation in line with the organisation’s policy.

Overall the inspector found that practices in relation to health and safety and risk
management were robust, and there was ongoing review of systems in place by the staff team and the person in charge.

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 residents living in the centre were safeguarded and protected from harm in the designated centre, with only some improvements required in relation to staff training, and the full implementation of the policy on positive interventions which was still in draft format.

An updated policy was in draft form at the time of inspection on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. The updated policy included a flowchart of responsibility to assist staff. The inspector was satisfied that staff were knowledgeable on the steps to be taken should they need to deal with a suspicion or allegation of abuse. Residents in this centre had alternative communication means, and staff were able to demonstrate to the inspector how they would know if a resident was upset or behaving differently. This was also clearly outlined in the personal plans. There were additional procedures drawn up and implemented to ensure residents were safeguarded at all times. For example, there was a procedure in place for the masseur who regularly visited the centre on working alone with residents.

The inspector reviewed practices in relation to the protection of residents’ finances as discussed under outcome 1, and found a robust and transparent system in place in the designated centre. Each resident had a completed money management assessment to determine how much support they required in this area. Accounts were found to be in order, with a transparent and secure system in place to ensure residents were safe from financial abuse.

There was a clear policy in place on the use of restrictive practices, which was detailed
and based on national best practice. The inspector found that the centre were continuously trying to reduce any restrictions that were historically in place. For example, a door that had been locked into the kitchen area, had been reviewed and reduced to a small gate. There was a clear plan to review this again on a regular basis. A resident who had used arm splints in the past had now been reduced to wearing gloves for certain times of the day, which she could remove if she wished, this was also being reviewed and monitored on an regular basis. The inspector was satisfied that the designated centre promoted a restraint free environment in so far as possible, while maintaining the safety of residents.

The inspector reviewed a new draft policy entitled positive interactions policy, which outlined the use of positive behaviour support plans for certain residents. The inspector was not satisfied that the policy offered clear guidance to staff. However, in practice in this centre, the inspector could clearly evidence that residents who required this level of support were provided with it, there were clearly documented support plans in place for residents and evidence of referral to external professionals where necessary. The gaps in the overall policy had not result in any negative outcomes for residents in this centre. Residents with additional support needs in relation to their behaviour were well supported through the use of adequate assessments and plans, and a staff team who know individual residents communication techniques.

From reviewing the training records, the inspector found that 14 staff had not received the updated training in safeguarding and protection, and this training was planned for October and November 2014. This was the only improvement identified under this outcome, and the inspector was satisfied that there was a plan in place to address this in the near future.

Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
The inspector was satisfied that a clear record of all incidents were maintained and, where required, notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated 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 participate socially in activities, suitable to their age, interests and needs. The inspector spoke with staff and reviewed documentation and found that residents were provided with suitable activation in line with their own goals, preferences relevant to their changing needs. There was a visual timetable available in the centre to assist residents to understand what was available during the day. The inspector noted choices available to residents, and activities and outings were geared towards the sensory needs of residents, with input from other health care professionals were required. Three residents had limited access to day services due to transport issues outside of the centres control. However, the inspector was satisfied that the centre was facilitating access as much as possible, and had alternative arrangements in place within the centre to ensure activation for residents.

**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 were supported on an individual basis to
achieve and enjoy their best possible health.

The inspector found that the person in charge, and the staff team had an excellent understanding of the complex health needs of the residents in the centre, which was clearly documented in the resident personal files. Access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents’ diverse health care needs. A private psychology service had also been sought for residents, where staff felt they needed more professional guidance in relation to behaviours that were challenging. The inspector found that any identified need in relation to health care, had a clearly documented plan in place to show both the clinical and social support required to meet those needs.

Residents end of life wishes had been discussed with family members and documented in order to have a proactive approach. This was clearly documented in residents’ personal folders. There was a local procedure in place to guide a holistic approach to end of life care for residents, and staff nurses had received training in this area. Residents and/or their families’ wishes in relation to end of life were recorded and respected where possible. There was evidence of staff consulting and supporting families in relation to future health needs of residents should their health deteriorate, and staff were advocating on behalf of residents in this regard.

Residents care and support plans were updated in a timely manner following any incidents or changes to a residents health. For example, following a fall. Documentation in relation to assessments and care plans were of a high standard.

The inspector found that there was good selection of meals available to residents in the designated centre. Residents were encouraged to decide on the menu through the use of photographs at resident meetings. Residents who wanted to assist in the preparation of meals were encouraged and supported to do so. On the day of inspection one resident was assisting with making homemade bread. The inspector found that where advice had been sought by allied health care professional for a resident, it had been documented and catered for in line with the support plan. Relevant tools were in place to assess risk of malnutrition if deemed necessary and appropriate action taken. The inspector observed residents enjoying meals and snacks throughout the day. Staff were training in supporting residents with alternative needs in relation to food and nutrition and there were clear plans in place around this. For example, PEG feeding.

**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 each resident was protected by the designated centre’s practices in relation to medication management. Medication was managed in this location by the staff nursing team. There was an organisational policy for medication management in place which was based on national best practice. There was also a centre specific procedures which clearly specified and guided the practices for this location. The inspector was satisfied that there were very clear and robust systems in place in relation to medication.

There was ample secure storage for all medication on site, with evidenced checking systems in place to manage controlled drugs in line with legislation. Medication was stored appropriately, with room temperature and refrigeration temperatures checked regularly. Due to the medical needs of residents in this centre, the recording system for the administration of medication had been tailored to suit the needs of residents. Practices observed by the inspector in relation to the time and privacy for nurses to prepare medication, allowed it to be administered in a person centred and un-rushed manner. Due to the strong systems in place in relation to medication, there were very low medication errors.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that the statement of purpose was written in line with the requirements of the Regulations, and the services outlined were reflected in practice. The inspector requested some additional information to be included in the statement of purpose for further clarity around admissions. However, the inspector was satisfied that residents received care in line with the statement of purpose.
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 was effective management in place in the designated centre. The person in charge is titled as a Client services Manager. The person in charge had been in post in this centre since 2012, is a registered nurse, and has obtained additional qualifications in palliative care in April 2014. The inspector found that the person in charge demonstrated strong leadership and had robust systems in place to ensure the effective oversight of the provision of services in this centre.

The person in charge is responsible for three designated centres. The inspector is satisfied that this is a suitable arrangement due to the close geographical locations of each centre, and the effective systems that the person in charge has in place. The person in charge demonstrated engagement in the operational management of this centre on a regular and consistent basis.

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

The inspector found that staff were encouraged to voice any concerns around the quality of the service on offer in the designated centre, and were motivated to act as advocates for the residents. This was evident from reviewing the complaints log, and the rights review committee forms that staff had completed on behalf of residents. There was also a staff forum available for staff to raise opinions or issues at an organisational level.

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

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 15: Absence of the person in charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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**Findings:**
The inspector found that there were suitable arrangements in place for the absence of the person in charge in this centre. The person in charge was aware of their requirement to notify the Chief Inspector of any absence of 28 days or greater. The person in charge had a weekly allocation system in place which identified a nurse in charge for each shift. This staff deputised in the short term absence of the person in charge, for example sick leave, or annual leave, with additional support from the senior services manager.

The person in charge informed the inspector that a post of deputy client services manager would be advertised in the coming weeks. The deputy staff would spend one day a week with the person in charge and actively engage in the management. This arrangement would further ensure all absences were appropriately managed.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 16: Use of Resources</strong></th>
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<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
</tr>
</tbody>
</table>

**Theme:**
Use of Resources

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<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
</tr>
</tbody>
</table>
Findings:
The inspector was satisfied that the designated centre was resourced appropriately to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a budget allocated to this centre, of which the person in charge was responsible, and the inspector found that there was transparency around the planning and deployment of these resources. The inspector found that the resources were being effectively managed to promote person-centred care to residents. For example, all residents along with their usual daily activities, had dedicated one to one time each week with a staff member, this was accommodated into the roster, and resulted in positive outcomes for residents.

The designated centre had a wheelchair accessible vehicle available for daily use. This facilitated some residents to attend day services, hospital appointments and other outings. Although the inspector reviewed complaints in relation to transport issues in light of recent ceasing of external transport services, the inspector was satisfied that the person in charge was managing the resources available to this centre to the best of her abilities, to ensure continuity of services to residents.

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 assessed needs of residents and amended in response to changing needs. As mentioned under outcome five the person in charge had allocated set time for staff to ensure one to one time was offered to each resident to maximize social integration outside of the group setting.

The inspector found that there was a wide variety of education and training available to staff in the designated centre to meet the particular needs of residents. for example, palliative care and tube feeding training had been made available to the staff team.
There was a clear 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 as discussed under outcome 8.

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 was sought and maintained. Staffing records with regards to this designated centre were found to be all in order. The inspector found that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and appraisal in place in the designated centre. Staff were supervised on a daily basis, with clear responsibilities for all staff members outlined on the use of allocation sheets. This gave the person in charge the ability to oversee that all aspects of care and support were being delivered as required, to promote positive living experiences for residents living in this designated centre.

**Judgment:**
Compliant

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**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. Documentation in relation to the care and support offered to residents was highly organised, and ensured the most pressing needs of residents were clearly addressed and met.

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
accidents and incidents and adverse events. This on-line system was accessible to staff in the designated centre and was used to record only certain elements of care and support. For example, accidents and incidents. The inspector found that an on-line directory of residents was maintained up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, not all of these had been completed at the time of inspection, with some at various stages of development. The inspector found that staff members were sufficiently knowledgeable regarding the policies and procedures that were currently in operation and relevant to the designated centre. The provider had a plan in place to ensure all staff read all the updated policies, once approved, within one month. However, at the time of inspection policies and procedures were still being finalised. The inspector found that this centre had specific procedures in place in some areas to guide practice for the specific needs of the residents.

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

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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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001707</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17 October 2014</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 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:

The written agreements that were in place for some residents did not include the provision of services and support or detail the exact fees to be paid.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
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 08: Safeguarding and Safety
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Fourteen staff required training in safeguarding and protection.

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

Please state the actions you have taken or are planning to take:
The remaining staff have been allocated and notified of the date they are required to attend this training. All staff have been allocated a date before the 31st January, 2015

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:
Draft policies had not been finalised or fully implemented in practice 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 online training covering these policies by 30th September 2014.

Proposed Timescale: 30/09/2014