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

### Centre ID:
OSV-0001711

### Centre county:
Wicklow

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

### Registered provider:
Sunbeam House Services Ltd

### Provider Nominee:
John Hannigan

### Lead inspector:
Conor Brady

### Support inspector(s):
None

### Type of inspection
Announced

### Number of residents on the date of inspection:
13

### 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, Health Act 2007 (Registration of 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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 July 2014 09:30</td>
<td>09 July 2014 18:00</td>
</tr>
<tr>
<td>10 July 2014 10:00</td>
<td>10 July 2014 18:00</td>
</tr>
<tr>
<td>11 July 2014 08:15</td>
<td>11 July 2014 12:30</td>
</tr>
</tbody>
</table>

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

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

Summary of findings from this inspection

This centre is run by Sunbeam House Services (the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr John Hannigan (Managing Director) nominated to act on behalf of the provider.

The purpose of this inspection was to inform a decision for the registration of this designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for
Persons (Children and Adults) with Disabilities Regulations 2013. In addition, this inspection followed up on a number of issues highlighted from a previous inspection report on this designated centre.

The inspector received information from management, residents, families and staff members over a three day inspection. The inspector observed practice and reviewed documentation such as personal care plans, assessments, health plans, medical records, accident and incident records, audits, equipment service records, medication management documentation, meeting minutes, staff supervision and performance appraisal information, policies and procedures, resident meeting minutes, governance and management documentation, staff training records and staff files. Thirteen residents resided in this designated centre which was a campus based setting divided into three residential units on one site.

The inspector found that there was evidence of good practice in this designated centre. However the inspector noted there were some significant improvements required in order to be compliant with the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Due to the significant concerns on this inspection, the inspector issued an immediate action plan that encompassed staff knowledge related to risk and vulnerability of residents, safeguarding and safety, staff training and governance and management.

Some of the areas requiring substantial improvement identified by this inspection included:

- Residents Rights, Dignity and Consultation.
- Admission and Contract for the Provision of Services
- Social Care Needs
- Health and Safety and Risk Management
- Safeguarding and Safety
- General Welfare and Development
- Governance and Management
- Workforce and Staffing
- Records and Documentation

All areas for improvement are discussed in more detail later in the report.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was not satisfied that the rights and dignity of all residents were respected by the current mix of residents in the centre.

While there was some evidence of good practice regarding the promotion of residents rights, dignity and consultation, the inspector was very concerned that the current complex and varied needs of residents and the mix of these needs impacted negatively on the quality of life of residents residing in the centre (this issue is also discussed under Outcomes 5, 10 and 11).

While the inspector found evidence of personal planning as discussed under Outcome 5, the inspector was not satisfied that all residents rights, dignity and consultation needs were being met in a meaningful way. For example, the inspector found various examples whereby the behaviour of residents with complex behavioural needs were continually negatively impacting on other residents. In addition, the inspector reviewed a high number of recent incident and accident reports that categorised residents being exposed to both verbal and physical aggressive, violent and threatening behaviours on a somewhat regular basis. In discussions with staff members it was apparent that when certain residents returned to the centre it was described by a number of staff as 'expected' and 'often likely' that incidents would occur. The inspector issued an immediate action (that related to three outcomes) on finding a significant failure to provide a resident with appropriate care and support based on the residents disability and assessed needs. The provider responded to this immediate action plan appropriately and within the required time-frames.
In addition, the inspector was concerned that the extensive use of closed circuit television cameras (CCTV) impinged on the rights and dignity of residents. The inspector noted a policy in place for the use of the CCTV, however, the positioning of the observation monitors in various communal areas of the centre allowed other residents to clearly monitor fellow residents. Some residents expressed dissatisfaction with their living arrangements to the inspector. The inspector was concerned that despite these issues being raised by residents previously there was no formal plan or evidence of how these issues were being addressed. Residents expressed a variety of reasons to the inspector for their dissatisfaction with their living arrangements and the inspector found that certain residents were not enabled to make choices about how they live their lives in a way that reflects their individual preferences and diverse needs.

The inspector found that significant improvements were required to ensure that all residents participated in and consented to decisions about how they were cared for and supported. This is particularly relevant for residents who have been assessed as having complex behavioural needs, but also to other residents whose quality of life is affected by living with these complex behavioural needs on a day to day basis.

There was a resident’s forum and the inspector read the minutes of these meetings. While there was evidence that residents participated in these meetings the inspector was concerned at the lack of follow up on issues raised frequently. For example, ongoing arguments between different residents, incidents that had taken place or unresolved disagreements within the centre.

The inspector observed that many staff spoken to were knowledgeable about the current needs of residents. For example, the inspector found one staff member had advocated very strongly on a number of personal development areas for a resident and also sought the use of independent advocacy services. The inspector found another resident however who did not appear to have access to independent advocacy services.

The inspector found a complaints policy in place and found an example whereby a complaint went through the appropriate channels. This complaints policy was not displayed in a prominent place (the person in charge addressed this on the second day of this inspection) however residents and families displayed no knowledge of the complaints process. The inspector found that there appeared to be a lot of complaints dealt with at local level by the person in charge. While this is appropriate as per the organisational policy the inspector was concerned that certain issues that were recurring issues for residents in the designated centre could not necessarily be addressed at local level. For example, residents dissatisfaction with living arrangements. In addition, there was not a nominated person in addition to a complaints officer identified that was available to residents to monitor and maintain a record of complaints.

Judgment:
Non Compliant - Major

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.

<table>
<thead>
<tr>
<th>Theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualised Supports and Care</td>
</tr>
</tbody>
</table>

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector was satisfied that resident's communication needs were met.

The inspector noted the majority of residents in the designated centre communicated verbally. Residents who required communication supports were facilitated with same. The person in charge demonstrated a commitment to ensuring all residents could communicate and showed the inspector pictorial supports that were going to be implemented with one resident who did not communicate verbally. The inspector observed residents had access to television, books and magazines and appropriate communication mediums.

**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.

<table>
<thead>
<tr>
<th>Theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualised Supports and Care</td>
</tr>
</tbody>
</table>

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector noted some good evidence of family and community links within the designated centre. However further improvements were required in this area.

The inspector found some good practice in terms of residents being facilitated to attend various day services, social outings, vocational training/employment and recreation opportunities. The inspector also saw evidence of good opportunities for some residents to maintain family links. For example one resident told the inspector how they liked to meet a parent at their local day service and was very excited about this. However the inspector noted that these opportunities varied for different residents. In reviewing information received from family members it was highlighted that the communication channels between the designated centre and families could be improved. For example, family members who were seeking more information about residents health-care needs,
medication and care-planning highlighted that this area could be improved within the designated centre. The inspector reviewed this issue by discussing with staff, the person in charge and reviewing documentation. While this information was sought by a family member from a previous manager, this did not appear to be communicated with the current person in charge. The inspector found that while there appeared to be very good communication and promotion of personal links with some residents families, this approach was not consistent for all residents in the designated centre.

**Judgment:**
Non Compliant - Moderate

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

**Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.**

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector was concerned about the admission criteria and current resident mix within the designated centre. The inspector found that this designated centre was originally established for a very specific profile of resident who display complex behaviours and pose a risk to others. The inspector found that such residents who are currently assessed as a risk to vulnerable residents are living in the designated centre with vulnerable residents.

The inspector was not satisfied that admission practices in this designated centre fully took into account the need to protect residents from abuse by their peers. This will be discussed in more detail under Outcome 8: Safeguarding and Safety.

When reviewing information provided to the Authority by family members, the inspector found that the inappropriate mix of residents in the designated centre featured as a concern for some families.

In addition to this, the inspector found no contracts in place regarding the provision of services. The inspector viewed draft tenancy agreements for residents but was informed by the person in charge that the designated centre did not have written agreed contracts in place with residents. The inspector was informed the provider was working on addressing this area currently. As residents did not have agreed written contracts of services (inclusive of fees that are charged) in place this does not meet the requirements of the Regulations.
Following this inspection (in a meeting that took place with provider), the Authority was assured by the provider that there would be no further admissions to this designated centre.

**Judgment:**
Non Compliant - Major

---

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that there were personal plans in place for residents and there was evidence of resident participation in these plans. The inspector found that while some residents had a lot of opportunities to engage in meaningful activities and community participation, other residents had less opportunity to do so. The inspector found further improvement was required regarding the arrangements in place to ensure residents assessed needs are set out in an individualised plan, that reflects needs, interests and capacities and that these plan are implemented.

The inspector followed up on actions required from the previous inspection and found that a review of resident's personal plans had taken place. The inspector noted however, that personal plans still remained to be more activity focussed than outcome based, which was also an issue identified at the previous inspection.

The inspector found that due to the diverse profile of residents in the designated centre and the complex behaviours demonstrated by some residents, a lot of staff planning went into residents transport needs being met. For example, certain residents were grouped together for social activities despite in some cases not wanting to be. The inspector noted this was happening due to staffing numbers and residents who were assessed as a risk being grouped for activities together. For example, some residents across the three units posed a risk to other residents so staff members had to be continually vigilant. The inspector noted that staff members in the designated centre transported residents to and from various activities like day services, employment,
vocational training, walks on the beach and other social outings on a regular basis which at times left one staff covering two units. The inspector spoke to a number of residents who enjoyed their social routine of going to the beach, swimming, getting out for walks and going out for dinner on Sunday's. However through discussions with residents and reviewing resident's feedback questionnaires, the inspector found that more community integration was an area identified by residents as something they would like more of.

The inspector also noted that some residents clearly articulated that they feel they do not get out of the designated centre enough and the inspector found residents who were continually highlighting their wishes for more community integration on their personal plans, not being facilitated to do so. For example, residents spoke directly to the inspector about not getting out enough, not having a day service or meaningful employment/education. The reasons for this appeared to be a combination of the resident's behaviours and staffing reasons. This will be discussed further under Outcome 17: Workforce. The inspector found that the designated centre by design and purpose was not meeting the assessed needs of all residents. For example, residents with complex needs who are assessed as requiring continuous and ongoing supervision on a 24/7 basis (while receiving this supervision) were not meeting their planned goals and were clearly very unhappy with how the restrictions in place impacted on their quality of life. The inspector noted that this had an impact on the other residents also. This will be discussed further under Outcome 8: Safeguarding and Safety.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector found that the designated centre in terms of the physical design and layout provided the residents with a comfortable atmosphere to meet individual and collective needs. The inspector noted improvement required regarding the cleanliness of one residents room.

The inspector found residents had adequate room, communal areas and private space to reside and keep personal belongings. The designated centre comprised of three units, two that were adjoining and one that was a separate residence that was divided into
separate living areas. The inspector found the premises had appropriate light, heating and ventilation. All rooms were decorated to a high standard and each resident had their own en-suite bathroom. Residents informed the inspector they were happy with the design and layout of their bedrooms. The inspector noted adequate laundry facilities and arrangements in place regarding the disposal of general and clinical waste.

The inspector observed domestic/household staff cleaning the designated centre over the course of the inspection and in the majority the designated centre was very clean. However the inspector noted a resident's room that was not cleaned to a satisfactory standard with strong odours in the room and the bed clothes/mattress needed to be cleaned.

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

**Findings:**
Overall the inspector saw some good practice in the area of health and safety and risk management and noted an improvement in some areas of health and safety and risk management practices since the last inspection. However the inspector found further improvements were required regarding the ongoing assessment, review and auditing of risk management practices within the designated centre.

A draft risk management policy was in place at the time of inspection. The inspector noted that the person in charge had completed work regarding the implementation of recommendations of a health and safety risk audit and informed the inspector of a continued commitment in this regard. In addition, the person in charge had implemented a local risk register since the last inspection which categorized and risk assessed some of the risks prevalent within the designated centre, the majority of which relate to residents behaviours. The inspector found that the majority of staff spoken to presented as risk aware and understood the various complex risks that were prevalent within the designated centre. The inspector found that regarding residents complex behaviours (with associated risks) the person in charge and staff team had completed behavioural support plans for certain residents in an attempt to provide guidance for all staff following the last inspection.

The inspector found inadequate evidence of assessment led practice regarding the management of behavioural risks. For example, there appeared to be significant gaps in
communication in terms of staff’s awareness of residents ongoing assessed needs, e.g. psychological and psychiatric needs and the risks associated with same. The inspector reviewed a high number of incidents, accidents and near misses over a set duration and found an inadequate system in place regarding the assessment, management and ongoing review of risk. For example, the inspector reviewed a number of incidents over a set period of time that included verbal and physical altercations between residents, threatening behaviours and incidents whereby residents required the use of restraint. The inspector found that while there was a new electronic system put in place regarding the assessment and ongoing review of incidents, the person in charge did not demonstrate appropriate knowledge of this system over the course of inspection. This was concerning to the inspector given the high levels of incidents occurring in the designated centre. The inspector found some inaccurate recording and documentation in place for some residents. For example, personal safety statements.

The inspector saw evidence of fire drills and both staff and residents participated. Residents and staff were able to tell the inspector what they would do if the fire alarm went off. The records of the fire drills, included vehicle evacuation drills, checks of safety equipment and alarms and exits. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation plans were posted clearly in a number of places throughout the centre. Records reviewed by inspectors indicated that all staff had participated in fire training.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Overall the inspector found some good practices regarding safeguarding and safety of residents. However, the inspector was not satisfied that all residents were fully protected regarding staffs knowledge and training in relation to residents behaviours that posed risks to other residents. The immediate action issued on the second day of inspection also related to this outcome.
The inspector was informed that the person in charge/provider had commenced work in the following areas as a result of actions given from the previous inspection:

- Reviewing all restrictive practice within the designated centre
- Devising a review system for monitoring the use of PRN (medication that is administered as required)
- Establishing Behavioural Support Plans for residents requiring same
- A safeguarding training plan has been put in place for all staff

The inspector found some evidence of the above over the course of this inspection.

The inspector found that the designated centre comprised of a number of residents who were assessed as being at varying levels of risk to others. For example some residents were deemed a potential risk and other residents were deemed an ongoing risk. This risk was primarily associated with behaviours residents displayed such as sexualised, aggressive and threatening behaviours. There were also residents residing in the designated centre who were vulnerable to these risks. The inspector found that the provider had implemented a number of mechanisms aimed to negate these risks, such as:

- Staff supervision and vigilance of residents
- Behavioural support plans
- Environmental restrictions for residents deemed a risk to others
- The use of CCTV

However as discussed earlier in this report, the inspector was concerned that many of these risks were directly related to an inappropriate mix of residents living together. The inspector issued an immediate action regarding staff knowledge of vulnerabilities within the designated centre due to assessed risks posed by certain residents. The provider issued a response to this action plan within the agreed time-frame. The inspector noted from reviewing staff meeting minutes and staff supervision records that requests for specific training regarding the complex and specific behaviours prevalent within the designated centre featured in this documentation. The inspector was not satisfied that specific staff training was provided in this area.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found a record of all incidents and accidents occurring within the designated centre was maintained, however, the inspector found that this information was not easily retrievable. For example, it took the person in charge considerable time to find certain incident and accident information. This may have been due to the recent implementation of an electronic recording system. The person in charge was aware of the notification process and had a copy of same on the staff room wall. However, the inspector found an incident that was recorded as abuse (resident altercations) that had not been reported to the Authority. This is not in compliance with the Regulations.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector saw some good practice regarding resident opportunities for new experiences, social participation, education, training and employment. However this varied considerably between different residents within the designated centre.

The inspector noted residents who were very happy attending their day services and told the inspector of the different social activities they enjoyed participating in. For example, going for coffee, going to the beach, eating out, shopping and going for drives. The inspector noted some residents had their own social activation programmes and set staff who were exclusively allocated to them. However, the inspector also noted a number of residents who did not have this level of social activity, community integration and/or day time activities. A number of residents highlighted dissatisfaction with this to the inspector over the course of the inspection. For example, residents who did not have a day service and residents who were requesting to work/seek employment but could not pursue this due to staffing restrictions.

Judgment:
Non Compliant - Moderate
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall the inspector found that residents were supported to access health care services relevant to their needs. However, the inspector found improvements were required in the communication channels between specialist allied health professionals and nursing staff to ensure appropriate care planning is taking place.

The inspector found that where required, residents had care plans completed for health related issues. These plans were up to date and were relevant to some of the assessed needs of the residents. The inspector found all residents had access to GP, chiropody and dental services and the inspector saw evidence of this in personal health plans. The inspector saw evidence of access to psychology and psychiatry services on residents’ plans, however, this information was minimal and staff highlighted a lot of residents information was kept at the organisation’s head office. The inspector found a disconnect between residents specialist assessed needs and staffs understanding of residents ongoing therapeutic intervention, particularly involving residents who were assessed as posing a risk to others. The inspector found some residents health information was not kept sufficiently updated in their care plans. For example, the inspector reviewed resident health information sheets (to accompany the resident to the hospital in the event of an emergency) did not contain the most up to date health information on residents.

Regarding food and nutrition the inspector observed residents dining on a number of occasions over the course of inspection and residents appeared to be content with their meals. The inspector observed residents in the kitchen preparing their own food. The inspector was shown a healthy eating folder by one resident who highlighted the importance of a healthy diet. The inspector did not see evidence of consultation with residents regarding the menu. For example a number of residents did not know what was for lunch or dinner on inspection days. However, the inspector observed there was adequate and appropriate provision for storage of food, and overall there was a high standard of hygiene maintained throughout the centres kitchens.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were nursing qualified. A medication management and training policy was viewed in the designated centre.

The inspector found that the issues highlighted at the last inspection had been appropriately managed regarding staff signing medication administration sheets. Medications are dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication is provided on the blister pack to ensure that staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored in secure locked cabinets. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hours. The inspector observed medications administered appropriately and found staff knowledgeable in the area of medication management.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the statement of purpose does not accurately describe the services provided in the centre. The inspector found that the statement of purpose did
not highlight some of the information as required in Schedule 1 of the Regulations. For example, the staffing arrangements described were not accurate.

**Judgment:**
Non Compliant - Minor

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Overall the inspector was not satisfied with the governance and management arrangements in place regarding this designated centre. An immediate action was issued by the inspector on the second day of inspection relating to management systems that ensured that services provided were safe, appropriate to residents needs, consistent and effectively monitored. The provider responded to this immediate action within the required time-frame.

The inspector found the designated centre was managed by a suitably qualified and experienced person in charge. The person in charge presented as very committed to her role throughout the inspection process. The person in charge was also responsible for another designated centre and was therefore only available 3 days per week to manage this designated centre. While the inspector noted a number of areas that the person in charge was working to improve from the last inspection, there remained considerable non compliance with the Regulations. The inspector found that given the levels of non compliance evidenced across a number of core outcomes on this inspection (See Outcome 1: Residents Rights, Dignity and Consultation, Outcome 5: Social Care Needs, Outcome 7: Health and Safety and Risk Management, Outcome 8: Safeguarding and Safety), in addition to the actions from the last inspection, the arrangements in place did not facilitate the effective governance and operational management of this designated centre. The inspector found that given the profile, numbers, and assessed needs of residents in this designated centre, the post of person in charge managing two centres does not provide sufficient governance. This was discussed with persons involved with the management of the designated centre and the person in charge at preliminary feedback.
The inspector found a roster in place that matched the staff observed over the course of inspection. The inspector found that although the designated centre was part of a larger organisation with a defined management structure there were a number of issues that were not satisfactory from a governance and management perspective, some of which were highlighted to the provider from a previous inspection. For example, concerns around:

- Lack of suitable training/clinical guidance and direction regarding the management of sexualised behaviours.
- Lack of guidance on how to support new staff or visitors, around residents who may display sexually inappropriate behaviour.
- Concerns around the welfare and protection of vulnerable residents.
- Individualised assessment led practice.
- Suitability of resident placements.
- Staffing.

The inspector found evidence of deficits in all of these areas on this inspection through interactions with staff, residents and reviewing related documentation. The inspector found that the governance and management arrangements of the designated centre required substantive improvements to meet the requirements of the Regulations.

**Judgment:**
Non Compliant - Major

---

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

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that arrangements were in place for when the person in charge was absent. The person in charge and provider were aware of their notification responsibilities for periods when the person in charge is absent. The senior service manager would assume responsibility for the designated centre whereby the person in charge was absent for 28 days or more.

**Judgment:**
Compliant
## Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was not satisfied that the designated centre was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

While the designated centre was large and spacious and had two forms of transport (car and bus) and the inspector saw good evidence of the resources available being used, there was inconsistency in terms of outcomes for residents.

The inspector found that staffing resources had a negative impact on outcomes for a number of residents. For example residents who were unable to pursue employment, community activities of their own choosing or attend a day service were observed by the inspector to be at a disadvantage in terms of the service they received. These residents clearly highlighted that staff availability and/or transport as being issues for them 'getting out' of the designated centre. Given that there were thirteen residents with a range of very diverse needs and complex behaviours, the inspector found that the centres routines were more resource led than person centred.

**Judgment:**
Non Compliant - Major

## Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Overall the inspector found that although staff presented as very committed to providing a quality service to residents, there was further improvement required relating to this outcome. For example, the inspector found that staff numbers were having a negative impact on outcomes for residents.

The inspector found that the actions from the previous inspection were either addressed or a plan was in place to address them. For example:

- The roster reflected all staff on duty.
- Schedule 2 information was evident on all staff files reviewed.
- A mandatory training schedule was in place for all staff not up to date on mandatory training.

The inspector found that there were appropriate recruitment processes in place to ensure staff were appropriately skilled and experienced to work with vulnerable adults. The inspector found formal supervision and performance management systems operational in the designated centre.

As highlighted in the previous Outcome 16: Resources, the inspector found evidence of the staffing numbers having a negative impact of a number of residents opportunities to:

- Fulfil personal planning objectives.
- Enhance further opportunities for training/employment.
- Participate in more community integration activities.
- Pursue individual interests, wishes and preferences.
- Have opportunities to participate in individual outings.

For example, the inspector noted limitations regarding staff ratios during the day and at night across the three units. Given the various responsibilities of staff and level of supervision required by some residents (due to the assessed risk behaviours they posed) this did not ensure that the assessed needs of all residents were met. The inspector was informed by residents that staff were often too busy to spend time with them. As discussed under previous outcomes, the inspector noted residents whose personal goals were not achieved due to insufficient staffing. The inspector also noted occasions over the inspection when staff members were transporting residents to activities leaving one staff member to supervise two units. Furthermore, the inspector noted that one resident has been assessed as requiring 1:1 staffing and is not receiving same. The inspector found that the use of CCTV was used in the designated centre as a monitoring tool with observation points throughout the units so staff could monitor resident's whereabouts.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in
Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector saw some good practice and noted a lot of effort on the part of the person in charge to update records and documentation in the designated centre. However the inspector found further improvements were required to meet the requirements of the Regulations.

The inspector found that the designated centre has written policies and procedures on most of the items listed in Schedule 5, the majority of which still require sign off and implementation. The inspector reviewed a policy folder containing existing operational policies and newly drafted policies written to meet the requirements of the Regulations. These policies still require to be signed off and implemented. In addition, the inspector found that staff need an opportunity to become familiar with these policies.

The inspector found that while a lot of efforts had clearly been made regarding the updating of residents information since the last inspection, there remained variance in this area. For example, the inspector found issues with old information/assessments and personal planning information not fully updated on all residents files. The inspector found all information pertaining to residents was not maintained in a manner so as to ensure, completeness, accuracy and ease of retrieval. For example, the inspector found it particularly difficult to access information pertaining to accidents, incidents and near misses involving certain residents in the designated centre.

Regarding information provided to residents the inspector found that residents did not have a residents guide highlighting the necessary information required in the Regulations.

**Judgment:**
Non Compliant - Moderate
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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-0001711</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07 November 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, Health Act 2007 (Registration of 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:
Not all residents were supported to participate in and consent (with supports where necessary) to decisions about their care and support.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in
accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
Monthly key working sessions to review care plans and goals with resident. Review by CSM every two months. Achievable supports will be implemented in decisions about care and support agreed by staff and resident at key-working sessions and evidenced. New key-working template will be developed which will identify how this can be managed with consideration to on-going restrictions in place for specific residents. This template will identify what changes have being made to plans and that plans have been up-dated.

Proposed Timescale: 30/11/2014
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had the freedom to exercise choice and control in their daily life.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
Some residents have restrictions in place as part of their on-going care. This will be acknowledged in individual plans in consultation with external Clinicians, residents and staff and six monthly reviews by psychiatry and psychology support services will be documented in plans. Training around the development of a specific behavioural plan in relation to these restrictions will be implemented by the organisation and specialised support plan regarding sexualised behaviours developed. Further development of our de-congregation plan for this location will continue. Subject to housing being available in the community, HIQA registration of any new housing and HSE funding being made available to support transitions this work will be give priority.

Proposed Timescale: 28/06/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents were provided with opportunities and access to advocacy services and information.

Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access
Please state the actions you have taken or are planning to take:
All residents will be informed of advocacy process at key working sessions. This will be part of their care plan and have a visual representation in location.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Each resident’s right to privacy and dignity was not maintained.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Position of CCTV monitor will be assessed by Psychologist and clear process identified in relation to placement and use for specific residents. All CCTV monitors in public areas will be reviewed to ensure that they are necessary and where they are not they will be removed to a more private location.

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

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all residents were provided with appropriate care and support based on their assessed needs and his or her wishes.

**Action Required:**
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
Providers Response to Immediate Action

Discussion held with staff member regarding the history of two residents that live in Residence so there is awareness of the potential vulnerability of a resident in relation to another resident that resides there. Discussion with all staff team will be held at staff meeting on Monday 28th July. Relevant documents will be available for staff to review.
at meeting. Email sent to all staff to be aware of history of specific residents which will be relayed verbally to all staff when they commence shift and during handover. This will be documented in communication diary that all staff read.

Proposed timescales: 11/07/2014

<table>
<thead>
<tr>
<th>Proposed Timescale: 11/07/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The there was not a nominated person available to residents to ensure complaints are appropriately responded to and maintains a record of same.

**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
Complaints log will be reviewed regularly by CSM and discussed at staff meetings and follow up identified. Visual representation of complaints process will be displayed in Location. This will be discussed with residents at resident house meetings. The Resident Service Manager will be full time at this location for the foreseeable future.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/11/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all residents and families were familiar with complaints procedures.

**Action Required:**
Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

**Please state the actions you have taken or are planning to take:**
Visual representation of complaints process will be provided to all families and placed in location. As per Sunbeam House Service Policy the manager of each centre will be deemed the Lead Complaints Officer (LCO) for the relevant centre / location. The complaints officer is the Person In Charge of Residence. The Senior Service Manager are deemed to be review officers.. Designated Lead Complaints Officer within Sunbeam House Services is the Managing Director. All relevant persons will be named on posters displayed. All staff and residents will be inducted into the complaints process at house
and staff meetings

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

<table>
<thead>
<tr>
<th><strong>Outcome 03: Family and personal relationships and links with the community</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There were not consistent supports in place for all residents to maintain links and communication with family members.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All family members will be invited to meet with their relative and relevant key-worker and this will be evidenced in resident’s Personal Profile and form a part of a key-working session.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/12/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 04: Admissions and Contract for the Provision of Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Contracts of care for the provision of services with all residents were not agreed within one month.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Service level provision documents will be sent to the individuals we support and/or their families on approval of the form by HIQA and the process to complete same will be undertaken and completed within three months of approval of the form by HIQA with full implementation by end of March 2015.</td>
</tr>
</tbody>
</table>
### Proposed Timescale: 31/03/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The assessed needs of each resident in the designated centre were not met.

**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
All Social Care Needs will be outcome based. Each residents plan will be regularly reviewed in conjunction with resident on how their needs can be met. Key working sessions will aim to identify goals not being achieved because of the support needs of the resident residents and alternative options available to resident and staff will be explored and evidenced. Specific guidelines will be drawn up for each resident in relation to achieving their goals and this will be discussed with and agreed by resident(s). Proposed plan re the current mix of resident is discussed below. Recommendations from external HSE Clinicians will be clearer in terms of their recommendations for the support of a resident.

### Proposed Timescale: 30/12/2014

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The designated centre was not suitable for the purposes of meeting the needs of each resident.

**Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
A plan to change the mix of residents will be considered over the coming 3 months and will seek to address the concerns about safety and restrictions set out in the report. The implementation of this plan will be subject to resources being made available by the HSE, there being housing available in the community to access for the relevant residents and HIQA approving the relevant residential property. A number of residents have already a plan in place to move from Location. The above mentioned lack of resources is currently blocking such moves.
**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to ensure all parts of the designated centre were appropriately cleaned.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
All rooms in Location cleaned daily which will be evidenced by Domestic staff. Mattress changed for specific resident. Identify if odour in room is related to medication and fluid intake of resident.

---

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Failure to provide an adequate system for the assessment, management and ongoing review of risk. Particularly behavioural risks within the designated centre.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Regular internal audits will be carried out by CSM of adverse events that have occurred in Location. This will be reviewed at staff meetings. Quarterly reviews will be submitted to Senior Service Manager. Development of Safety plans will be overseen by safety Representative in location and CSM every six months. Visual representation of how staff respond in the event of an emergency will be displayed in the location and staff will evidence that they have read The Safety Statement.

---

**Proposed Timescale:** 31/12/2015

---

**Proposed Timescale:** 31/10/2014

---

**Proposed Timescale:** 30/12/2014
Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not appropriate staff training and knowledge in relation to safeguarding residents and the prevention, detection and response to abuse. Specific training regarding the assessed needs of residents complex behaviours (regarding safeguarding and safety) was also absent.

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:
Providers Response to Immediate Action Plan.

Staff member has signed that a discussion has taken place and inspector confirmed this. Safeguarding training completed by this staff member. Continued close supervision of this resident.
All staff are booked onto and will complete safeguarding training. There will be a specific training course developed and delivered for this particular group of staff.

Proposed Timescale: 31/12/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The Authority was not notified regarding all allegations, suspected or confirmed, of abuse of a resident.

Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
Notification of all incidents will be in line with Standards and Statutory Requirements.

Proposed Timescale: Immediate
**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All residents did not have access to appropriate opportunities for education, training and employment.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
All residents will have social programmes in place dependent on their support needs and developed in consultation with residents so they are in agreement with the outlined programme. This will form part of keyworking sessions. Outings and other special activities is dependent on resources being made available by the HSE to fund this approach.

**Proposed Timescale:** 30/12/2014

---

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All residents health care information was not reviewed and updated to ensure care planning was based on individuals current needs.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
Patient passports will be updated for residents in the event of a hospital admission.

Specialised care plan will be developed in relation to specific high risk needs following staff training in this area and monitored to ensure these needs are being met.

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

---

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not accurately describe the services provided.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**
Statement of Purpose and Function up-dated.

**Proposed Timescale:** 31/10/2014

---

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Effective governance is not being provided by the person in charge being the person in charge for more than one centre.

**Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
Client Service Manager will be full time in this location for the foreseeable future.

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

---

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All staff members were not fully supported and developed to ensure the delivery of safe and quality services to all residents.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services
that they are delivering.

Please state the actions you have taken or are planning to take:
Training re management of sexualised behaviours will be implemented for all staff. Guidelines will be drawn up in relation to new staff and visitors as part of training provided in this area. Management will ensure that where necessary the clinical assessment and recommendations will guide practice within the care and support of residents.

**Proposed Timescale:** 28/04/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate systems were not in place to ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
All new staff will have a formal induction period of two weeks and all files and information in relation to resident's social worker files and histories will be available to them. Induction document drawn up which will be signed by all new staff and Client Service Manager.

**Proposed Timescale:** 31/10/2014

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Designated centre was not appropriately resourced to meet all residents assessed needs.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Additional staffing resources, in conjunction with the down sizing of this location will be
sought from the HSE to enable a higher level of staffing.

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

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector found that the number of staff was not in accordance with the assessed needs of all residents.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Additional staffing will be sought from the HSE to ensure that there is an adequate level of support within the location and for the purposes of ensuring that social activities can be undertaken by residents.

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

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Schedule 5 policies were not implemented.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
All schedule 5 polices are available on line via Moodle and staff programme in place re evidencing that they have been read.

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

**Theme:** Use of Information
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not a residents guide available to residents.

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

**Please state the actions you have taken or are planning to take:**
There is a residents guide. It can be found on the shared drive under HIQA Location Specific Information and displayed in location

**Proposed Timescale:** 31/10/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All Schedule 3 documentation was not maintained and kept updated regarding all residents.

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

**Please state the actions you have taken or are planning to take:**
Specific training for CSM in relation to accessing CID reports will be implemented by IT Department. CID system has been up-dated on site to run reports more effectively.

Residents Guide is in place.

Assessments and planning information will be up-dated following reviews by specialist services

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