| Centre name: | A designated centre for people with disabilities operated by Sunbeam House Services Ltd |
| Centre ID: | OSV-0001691 |
| Centre county: | Wicklow |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Sunbeam House Services Ltd |
| Provider Nominee: | John Hannigan |
| Lead inspector: | Gary Kiernan |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 10 |
| 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
From: To:
12 November 2014 11:00 12 November 2014 19:30
13 November 2014 10:30 13 November 2014 15:00

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

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

The centre comprised of two separate large, detached houses which were situated close to each other in a busy urban setting. While this was the first inspection of this
designated centre, one of the houses which made up the centre, had previously been inspected by the Authority in February 2014. Further to a re-configuration of designated centres the two were subsequently merged.

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

The inspector found that residents received good quality support and care which was focussed on supporting residents to live independent lives. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Evidence of this was reflected in a number of positive outcomes for residents.

The requirements for the role of person in charge were met. Two CSMs shared the role of person in charge which was a full time position. Both had the required knowledge and experience and were fully engaged in the governance and management of the centre. For the purposes of reporting both are referred to as “the person in charge” in this report. The person in charge was supported by a strong staff team who had the required knowledge and experience to support and enable residents to achieve their individual goals.

Residents were treated with respect and were encouraged and supported to lead independent lives. Residents’ views were listened to and respected. Residents were consulted about the development of their personal plans which were regularly reviewed. The health care needs of residents were met through regular access to the general practitioner (GP) and allied health professionals.

Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect resident from the risk of abuse. Residents were supported to actively participate in their local community through education, employment and voluntary work.

However, some areas of improvement were identified. The management of complaints was not satisfactory. The implementation of the risk management policy required some improvement. The assessment of the health and social care needs of residents also needed to be improved. A satisfactory record of the nutritional intake of residents was not maintained.

These matters are discussed further in the report and in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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.

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:
Effective systems were in place for consulting with residents and residents had a say in the running and operation of the centre. However, the management of complaints required improvement.

Residents’ had regular meetings and record of these was maintained. The inspector read a sample of the minutes of these meetings and found that they were used to consult residents and to consult them about their routines and activities for the week. Residents views were listened to and issues raised at these meetings were promptly acted upon by the staff. The inspector noted that residents had chosen the colour scheme for some recent decorating which had been carried out. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed the staff and residents communicating freely and openly on both days of inspections.

Residents’ political and religious needs were respected. The person in charge had ensured that each resident was registered to vote. Some residents had voted in recent elections. Residents’ religious beliefs were respected and promoted and for example one resident was supported to volunteer in a local church. Residents were supported to attend religious services in accordance with their wishes.

The inspector found that the staff in the centre had a positive attitude towards the management of complaints. The person in charge and other staff members told the inspector that they viewed complaints as an opportunity to introduce improvement. However, the management of complaints was not carried out in accordance with the
requirements of the Regulations. It was noted that complaint information had been received from four residents in April of 2014. While this information had been acted upon promptly, the matter had not been recorded and addressed in line with requirements. For example, the detail of the investigation carried out was not fully recorded and the information which was available did not demonstrate what action had been taken to address each of the residents’ concerns. The satisfaction level of the complainants with the outcome of the investigation had also not been recorded.

The inspector noted that the provider had taken steps to improve the management of complaints since April 2014. A new complaint procedure had been devised. The new procedure identified the person in charge as the person responsible for complaint. This allowed for a more timely response to residents. The complaints procedure which was displayed was in an easy to read format with pictures which facilitated the needs and preferences of the residents.

**Judgment:**
Non Compliant - Moderate

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**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:**
Residents were supported and assisted to communicate in accordance with residents’ needs and preferences.

Residents in the centre were supported to communicate. The majority of residents did not require support in this area. Staff responded to each resident in a personalised way in accordance with their needs. Residents’ communication needs were identified in the personal planning documentation and supports were put in place as required.

Easy to read versions of documents such as residents’ guide had been developed for residents. A roster of household duties was also displayed using the residents’ photographs which made this document more easy to understand for residents. Work had also been carried out to modify some residents’ personal plans, using pectoral formats, in accordance with their needs.

Residents had access to television, radio, social media and internet. The majority of residents had their own mobile phones and were provided with support and skills training to use them, where required.
### Outcome 03: Family and personal relationships and links with the community

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

**Theme:**
Individualised Supports and Care

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

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

Residents stated that their friends and families were welcome in the centre and were free to visit once this was agreed with other residents. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. The inspector spoke to visitors who commented how they were always made very welcome in the centre. Residents told the inspector about their weekend trips away to see family members. Care plans were in place to support this process and residents told the inspector about their families and showed the inspector pictures of their visits with them.

Residents participated in their community in a number of different ways, for example, residents described their trips to local restaurants, cafes and the cinema. The centre was located with walking distance of a busy urban centre and the inspector observed residents coming and going from the centre independently. Residents regularly attended local events and concerts and told the inspector about a show which they were planning to visit in Dublin. Residents said that staff members were available to them when they needed support for these outings.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
The admissions process was appropriately managed. Written agreements dealing with the service to be provided to residents were not in place.

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

Each resident had a tenancy agreement. However, a written agreement dealing with the service to be provided to the resident had not yet been put in place. The inspector noted that work had been carried out to develop this document and the person in charge was preparing to consult with residents regarding its contents.

**Judgment:**
Non Compliant - Minor

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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:**
Residents’ wellbeing and welfare was promoted through a high standard of evidence based care and support. However, some improvements were required in the assessment and personal planning process.

The arrangements to meet residents’ identified needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers.
and family members. The inspector found that these personal plans were developed to a high standard and provided guidance on supporting residents to lead full and interesting lives. Residents’ individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to.

The personal plans which had been developed were person centred and were based on frequent planning and review meetings. Good quality information was gathered in relation to the residents’ likes and dislikes and their preferred daily routines and interests. In addition to consultation with the resident and key worker there was input from other professionals such as the psychiatrist and general practitioner (GP) as required. For example, a annual medical review was carried out by the GP and was available on the resident files. An “Individual Medication Plan” had also been developed for each resident. This document provided a lot of useful information to guide staff on residents’ indentified healthcare needs. The outcomes from reviews by the GP and allied healthcare professionals were also included in this document.

However, the inspector noted that personal plans were not based on a comprehensive assessment of the health and social care needs of each resident in accordance with the requirement of the Regulations. There was a potential that some health and social care needs might not be identified and addressed through the personal planning process in the absence of such an assessment.

The inspector was concerned that some identified health care needs were not addressed through the personal planning process. For example, in the case of a resident who had experienced unexpected weight loss suitable plans had not been put in place to ensure that this was addressed in a consistent way. This was also evident in the case of resident, who required some psycho-social supports. In this case the required information had not been set out in a care plan in order to guide staff to respond to the resident in the most consistent way.

Resident’s files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. Residents told the inspector about their personal plans and the ways in which they were consulted about their development.

Residents described busy daily routines which involved going to work, attending day care services and meeting friends and family on a regular basis. Residents said that staff members supported them with their daily routines and to travel using public transport as needed. The inspector noted that staff had worked closely with residents and carried out skills training to support residents in social situations. One on one support was provided for residents who required this.

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

**Findings:**
The premises met the needs of the residents who were living in the centre at the time of inspection.

The centre was located within a short distance of range of shops, cafes and local amenities. Many of the residents walked to these amenities on a daily basis. The premises consisted of two spacious, detached, period houses which were situated close to each other. One of the houses was a two story building while the other house had rooms spread over three floors. A self contained one bedroom apartment was also provided to provide more independent living arrangement for one resident. The apartment could be accessed directly from one of the houses and it also had its own front door entrance. One of the houses had a private patio garden with garden furniture and barbeque area.

In addition to the staff bedrooms provided in both locations there were additional guest bedrooms which allowed residents to have guests or family members stay where appropriate. Both houses had fully equipped kitchens and separate laundry and utility areas. The main living rooms in both houses were spacious and comfortably furnished. In addition to this there was a separate smaller living room in each house where residents could spend time in private or see their visitors in private. While the premises met the needs of the current residents at the time of inspection it was noted that adaptations to the premises would be required in the event that residents’ mobility needs changed. Suitable toilet and bathroom facilities were provided.

Residents had access to suitable private space. The centre was decorated in accordance with the choices and preferences of the residents. There was a homely and inviting atmosphere. A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents’ preferences. Residents had personalised their rooms with their own furniture, pictures and personal belongings.

A satisfactory standard of hygiene was noted and there was appropriate heating, lighting and ventilation.

**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:
There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, some improvements were required in the risk management process and fire safety.

The inspector found that systems were in place for the prevention and detection of fire. Regular fire drills were carried out and staff told the inspector that they were used as opportunities for learning or both staff and residents. Fire drills were also carried out at night and the inspector noted that where issues were identified as part of these drills they were followed up and corrective action was put in place. Good documentation was maintained in relation to each drill. For example, during a recent drill where there was a delay in evacuating one of the residents, the inspector found that remedial steps were taken and the resident’s personal evacuation plan was updated in response to this drill. Staff members, spoken to by the inspector, were aware of the revised procedures. The inspector found that residents were aware of the fire evacuation procedures and some of them were able to describe the procedures involved.

The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding many aspects of fire safety. Staff in the centre had consulted a health and safety officer, within the organisation, regarding the most appropriate procedure for the evacuation of both buildings. However, this procedure was not clearly documented and staff spoken to by the inspector did not give consistent responses regarding the procedure for the evacuation of the centre. For example, on nights where two staff members were on duty, it was not clear who had overall responsibility for the evacuation of the centre. The fire evacuation order which was displayed did not provide sufficient detail to guide this process. The person in charge undertook to address this.

The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. However, the risk management policy was not fully implemented for environmental risks. For example, a safety statement and risk register was in place which set out some
risks in the centre and the associated control measures. However, environmental risks such as the barbeque and a room which residents used for drying laundry had not been assessed in line with the policy. The person in charge was organising additional training for the person responsible for maintaining the risk register at the time of inspection.

Risk assessments were routinely carried out for residents where issues were identified. For example, the inspector read a number of risk assessments which related to residents carrying out activities independently, such as staying at home for short periods without staff and attending activities independently. An individual safety plan had been developed for each resident and was available with the residents’ personal planning documentation. Additionally there was a missing person’s profile for each resident which contained detailed information including a colour photograph of the resident. The missing persons policy also gave clear guidance to staff about what to do in such an emergency.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained on line. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge and the senior services manager. A health and safety audit had been carried out in July 2014. The inspector found that issues which had been identified as part of this audit had been addressed.

There was also an emergency plan which guided staff regarding incidents which might require evacuation and safe alternative accommodation.

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

**Findings:**
The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.
There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they could confide in the staff if they concerns about any issues.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and all communicated with ease. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours if they arose. The inspector reviewed a number of positive behaviour plans which had been drawn up for some residents. The inspector found that the plans were of a high standard and contained detailed guidance to help support the resident having regard to evidence based practice. Residents had access to appropriate allied health professionals such as the psychiatrist or a councillor, in the event that they needed this.

A restraint free environment was promoted and no forms of restraint were in use. There were effective systems in place where it was identified as being necessary to restrict the rights of some residents. The inspector reviewed the records of a resident who had restricted access to money. This restriction was based on assessment. There were records to show that the matter was reviewed by the multidisciplinary rights review monitoring committee which was responsible for upholding the rights of the resident and monitoring and reviewing the situation on a regular basis. The inspector found that there were regular reviews of these arrangements in order to promote the rights of the residents.

Systems were in place to protect residents from financial abuse and to promote independence in this area. Some residents had their own bank accounts and managed their money independently. In the case of residents who required assistance there a clear and accountable system for checking transactions which were made on behalf of residents. Receipts were maintained staff members signed where transactions were made on behalf of residents. Skills training was carried out with residents with regard to money in order to promote independence. The person in charge assessed each resident’s ability to manage money with the aid of an assessment tool on a regular basis.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**

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

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

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

Judgment:
Compliant

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

Theme:
Health and Development

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

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

 Residents were encouraged to participate in education and employment. The majority of residents participated in paid employment at the time of inspection. Each resident had a job coach and described how this person helped them to find appropriate work opportunities. Some residents also did some voluntary work in their local community. The inspector noted that the residents had organised their own fund raising event for local charity.

Residents had a busy schedule of activities each week. Residents attended various educational courses in areas such as computing, art, drama and yoga. A record of each resident’s participation in activities was maintained and was reviewed by the inspector. Residents told the inspector how much they enjoyed these classes and educational opportunities.

Residents described going on holidays and also for weekend trips away. A number of residents were saving money for their next foreign trip away. Regular shopping trips, concerts and visits to local restaurant and coffee shops were also important to the residents.
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:
Residents received good support to achieve and maintain health. An area for improvement was required with regard monitoring of nutritional intake.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector that they were happy with their GPs and could see them whenever they wished. An annual medical check up was carried out for each resident. The inspector reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as the dentist, optician, psychiatrist as required.

Care plans were in place to address some of the health care needs of the residents. However, as described under outcome 5 (Social Care) care plans were not consistently put in place in response to identified healthcare needs. The inspector reviewed the records of a resident who had epilepsy. The inspector found that while no care plan was initially in place for this healthcare issue, this matter was addressed before the close of the inspection. Staff members spoken to by the inspector were knowledgeable regarding the steps to take in the event of an epileptic seizure.

Measures were in place to meet residents’ food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents preparing and enjoying wholesome and freshly prepared meals during the inspection. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident’s social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways.

Staff told the inspector about nutritional concerns regarding one of the residents who recently experienced weight loss. The inspector found that the resident was provided with support and information regarding healthy eating choices. The resident had also been seen by the GP prior to the inspection in relation to this matter. However, a
satisfactory record of residents’ nutritional intake was not maintained in accordance with the requirements of the Regulations. In the absence of this record it was not possible for staff to evaluate the quality of the resident’s diet. This matter is addressed under outcome 18 (Records).

**Judgment:**
Compliant

### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Staff had received training and regular audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents’ prescriptions was carried out. The inspector reviewed the records of a medication error and found evidence of good practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

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

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

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge fully met the requirements of the Regulations. In this centre the post of person in charge was full time and was shared between two client service managers. Both persons in charge were present throughout the inspection and demonstrated a thorough commitment to meeting the requirements of the Regulations and generating continual improvement within centre.

The inspector found that both persons in charge worked effectively together to ensure good oversight and supervision of the service. Both were fully engaged in the governance and management of the centre and had the required experience and qualifications. Both of the persons who fulfilled the role of person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. Staff members stated that the person in charge was readily available and provided strong support to them.
Appropriate deputising arrangements were in place. Both persons fulfilling the role of person in charge usually worked opposite each other in order to cover periods of leave. The senior services manager also deputised as required.

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

There were systems in place for monitoring the quality and safety of care. Audits of areas such as health and safety and medication management had been carried out. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed. The person in charge described plans to further develop and expand this area.

**Judgment:**
Compliant

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

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

Findings:
The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry areas. Equipment and furniture was provided in accordance with residents’ wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A car was not provided in this centre. The inspector found that the local public transport links sufficiently met the needs of the residents at the time of this inspection.

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 numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as
first aid, medication management, cognitive behavioural therapy and behaviours that challenge. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff and the person in charge had used the staff meeting to provide training regarding these documents.

**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:**
Records and documentation were securely stored and the required policies were in place.

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

Written operational policies, which had recently been updated, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

As discussed under outcome 11 (Healthcare) a satisfactory record of residents’ nutritional intake was not maintained.
Judgment:
Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<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-0001691</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 December 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:
A satisfactory record of the steps taken to investigate a complaint was not maintained in the centre. A record of the satisfaction level of the complainants with the outcome of the complaint investigation was also not maintained.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Management of Complaints: In the past number of months steps have been taken by the organisation to improve the complaints management process. As noted by the inspector, the person in charge (local complaints officer) is now the person responsible for managing the complaint and therefore speeding up the process. It is acknowledged that SHS policy must attempt to investigate and conclude the investigation within 30 working days. The over arching responsibility for the complaint’s conclusion is done by the Review Officer (Senior Services Manager). This is the PIC’s line manager who is in regular contact with the PIC. We will regularly review and assess each complaint to ensure that the relevant improvement is maintained.

Proposed Timescale: 08/12/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Written agreements dealing with the service to be provided to the resident were not in place.

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

Please state the actions you have taken or are planning to take:
There will be a written agreement dealing with the service to be provided to the resident in place by 31st January 2015. Letters to residents arranging meetings with them and their advocates are currently being sent.

Proposed Timescale: 31/01/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment of residents' health and social care needs was not consistently carried out.
**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
Development of Appropriate Care Plans.
- For the adult with weight loss, there has been a care plan developed that records the person’s medication and health care needs. This records the person’s medical interventions, weight records, and nutritional consumption over a particular timeline. It has a review mechanism that provide for future plans that meet the individual’s needs i.e. monthly assessments.

This plan can be utilised for all similar health issues. In this situation and all other health management plans, it is the responsibility of the key worker to manage the plan with the PIC overseeing its input.

- For the client requiring psycho-social supports, there will be two clinical team meetings in December (15th and 18th) that will review and determine how best to serve and support this client. On the basis and outcomes of these meetings, there will be a social care and plan designed to support the resident in a consistent way.

**Proposed Timescale:** 15/01/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some identified health care needs were not addressed through the personal planning process.

**Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

**Please state the actions you have taken or are planning to take:**
There is now a more comprehensive assessment of the health and social care needs of each resident in accordance with the requirement of the Regulations. This document identifies the health and social care needs of clients and is addressed through the personal planning process.

**Proposed Timescale:** 18/12/2014
<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<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> Systems were not in place for identifying and assessing risks associated with the premises.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> 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.</td>
</tr>
</tbody>
</table>
| **Please state the actions you have taken or are planning to take:**  
Environmental Risks: There has been a risk assessment for the use of a barbecue completed. Measures have been put in place to limit risks related to the laundry room, ie mobile heaters are no longer being used in the laundry room. The management of environmental risks is now recorded in the risk register which is reviewed each month. |
| **Proposed Timescale:** 08/12/2014 |

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in</strong></td>
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| Proposed Timescale: 15/01/2015 |
**the following respect:**
A satisfactory record of residents' nutritional intake was not maintained.

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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 appropriate care plan has been developed to meet the need of the individual as discussed in outcome 11.

The client’s food diary has been altered to record greater detail of quantities and quality of food and drink in accordance with the Nutritional Intake Company Policy. This will be monitored on a monthly basis by the PIC.

**Proposed Timescale:** 18/12/2014