Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001704</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Sunbeam House Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
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<tr>
<td>Lead inspector:</td>
<td>Deirdre Byrne</td>
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<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 January 2015 09:30
To: 27 January 2015 19:00

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

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Summary of findings from this inspection

The inspection took place to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards of Residential Services for Children and Adults with Disabilities. The inspector also followed up on areas of non compliance identified at the previous inspection, which had taken place to inform a registration decision on 2 and 3 September 2014. At that inspection a significant number of non compliances were identified, with 28 actions required. The high level of non compliances were discussed with the provider nominee at the feedback following the inspection.

As part of this inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as personal plans, accident logs, policies and procedures. Five residents resided in this designated centre which was a detached house located in the community in a busy urban area.

At this inspection, the inspector found significant progress had been made in
addressing the non compliances from the previous inspection. Overall, the inspector found the governance of the centre had improved, and a new person in charge had been appointed to manage the centre full time. There was an increased staff skill mix and additional hours allocated to meet the residents' social care needs. The inspector found improved practices in the management of complaints and an accessible user friendly procedure was displayed in the centre. There were improved practices in the provision of staff training in areas such as the protection of vulnerable adults and the management of behaviours that challenged.

Staff were observed to treat the residents in a patient, respectful and friendly manner, and were knowledgeable of their health care needs. There was good access to medical, pharmaceutical and a range of allied health professionals, and where requested by residents, this was facilitated. There were adequate staffing levels and a robust staff recruitment process was in place.

A fit person interview was held with the new person in charge, during which he demonstrated his fitness in the role.

However, ongoing improvements were identified in relation to the suitability of the mix of residents in the centre. In addition, the management of risk, the systems in place to manage behaviours that challenge and the monitoring of the quality of care provided in the centre. The 28 actions from the previous inspection were reviewed, nine were not completed.

These and all other matters are outlined in the report and 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that resident’s rights and dignity was maintained, and systems were in place to allow the resident's an opportunity to contribute how the centre was run. However, an area of improvement was identified in relation to the policy on residents’ personal finances.

There were policies in place for the management of residents' personal finances. However, procedures did not fully guide staff practice. For example, the organisation of residents' holidays. This is discussed under outcome 18 (records). The procedures and practices on the handling of residents’ personal monies were also reviewed. Each resident had their own bank account, and access to their money. Where monies were held in safeguarding for residents, there were transaction records, including two staff signatures of each transaction, and receipts were maintained.

There was adequate storage space for residents' personal possessions including clothes, and a laundry room to wash and dry residents clothing.

The inspector found suitable systems in place for the management of complaints. The actions from the previous inspection were completed, and the policy and procedure in place was centre specific and met the requirements of the Regulations. A user friendly complaints procedure was prominently displayed in the centre. There were three complaints since the last inspection, and log of the complaints was read. The records read confirmed an appropriate and timely response had been made along with feedback to the complainant. The person in charge was clear in his role as complaints officer.

The person in charge outlined also the systems in place to consult with residents about
how the centre was ran. A house meeting was held approximately every two weeks, and records read confirmed a range of matters were discussed with the residents. For example, the weekly food shop and activities they would like to do. A quarterly electronic newsletter was circulated to residents and families. One resident told the inspector she may have an article in the paper about language classes she had attended. In addition, a service user’s forum, met monthly, and consisted of representatives from each designated centre. The inspector read the minutes of the meetings which were held monthly and discussed a range of matters. There was evidence issues raised were acted on with the support of staff who also attended.

There was access to an advocacy service and information about the residents’ rights. The person in charge outlined the services available to the residents and their families. It was hoped a representative from one services would attend the next house meeting to meet the residents’.

The inspector observed residents being treated by staff in a respectful and dignified manner. While the residents were very independent, they had a mild to moderate disability, and intimate care plans were in place to protect residents and guide staff.

**Judgment:**
Compliant

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

**Findings:**
The inspector reviewed this outcome in the context of the communication supports in place for residents’. However, an action from the previous inspection was not fully addressed.

The residents in the designated centre all communicated verbally. While pictorial plans had been developed for residents who had difficulties reading and understanding instructions, improvements were required as there were insufficient signs and pictorial images and where they were in place they did not guide practice. For example, the images used to describe medications for residents were the same. This had been an issue at the previous inspection and was not addressed.

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

Findings:
The inspector found the provider had a new draft written agreement of the provision of care in place however, improvements were required.

The residents did not yet have a written agreement of the care and services to be provided. However, a draft version was shown to the inspector. The person in charge explained the agreement would be rolled out for all residents’ by March 2015. A meeting was planned to be held with each resident and their representative once they had read the agreement. The first of these meetings was due to take place on the 3 February 2015.

As reported earlier there were a small number (five) of residents living in the centre. Concerns had been raised at previous inspections regarding the resident mix which included residents with complex behaviours and who posed a risk to others. There continued to be reports of physical and verbal incidents between certain residents, as discussed under Outcome 8 (safeguarding and safety). The inspector also read an incident report of a resident who wished to leave the centre because of their unhappiness living in a tense environment. The inspector discussed one of these incidents with a resident who expressed their dissatisfaction with the matter. Some family members had also reported their concerns and unhappiness with the current situation.

The current living arrangements of the residents was discussed with the senior services manager (SSM) and the person in charge. The inspector was informed that alternative accommodation was actively being sought for one resident to meet their needs. The provider had met with the relevant statutory agencies in relation to the matter. There were no definite time frame in place but the SSM agreed to update the Authority on any developments. The inspector saw this was discussed with the residents also. There were records of meetings with the residents and their family regarding a possible move in the future.

Judgment:
Non Compliant - Moderate
Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found residents had opportunities to participate in meaningful activities appropriate to their interests and likes. However, the assessment process in the personal plans required improvement.

A personal plan was developed for each resident by their key worker. The inspector reviewed three of the five resident’s personal plans. It was evident that the plans were based on the individual support needs of the residents who were involved in their development. The inspector read detailed information on the residents likes and interests and a interesting mix and range of activities took place. Since the last inspection, the individual goals of residents had not changed. However, the inspector acknowledges these are completed on an annual basis. Staff informed the inspector these were in the process of being reviewed again for 2015.

While there was evidence that the residents’ personal plans were being reviewed by their key worker, as reported at previous inspections, there was no evidence of multi-disciplinary review of the plans. This action was not fully addressed. This was discussed with the SSM who explained that a number of allied health professionals had reviewed the residents’ plans, and they were knowledgeable of the input provided. The inspector was assured the information would be recorded as part of the reviews going forward.

The inspector reviewed actions from the last inspection and found the residents had improved access to recreation and social interests of their choice. The provider had increased provided additional staff hours during the week. While some residents still required one to one time with staff, the other residents social care needs were now better met.

There were care plans developed for residents identified health care needs. The inspector reviewed these plans, and found were improved practices in this area. However, some of the plans reviewed did not fully reflect residents’ most up-to-date needs or describe the care to be delivered. This is discussed under Outcome 11.
**Judgment:**
Substantially Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

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

**Findings:**

The inspector found systems were in place to protect and promote the health and safety of residents, staff and visitors’ safety. However, improvements were required in relation to the ongoing assessment and management of risk.

There was a risk management policy that met the requirements of the Regulations. There were systems in place to monitor and review risk. A health and safety committee was in place and a health and safety audit was completed prior to the inspection. However, the risk register reviewed was not up-to-date and did not guide practice. For example, environmental risks identified by inspectors at the previous inspection were not outlined. In addition, where risks had been identified the control measures in place did not guide practice. For example, the management of sexually inappropriate behaviours. This was an action also at the previous inspection, and is also discussed in more detail in Outcome 8.

There was a safety statement in place that was dated Augusts 2013. It contained an emergency plan which included the alternative accommodation and transport details if an evacuation was required. Staff spoken with were familiar with the procedures in place.

The inspector was satisfied that the provider had ensured the safety of residents was fully promoted and protected. Staff were knowledgeable of the fire prevention and evacuation procedures in place. While most staff had received training in fire prevention and the use of extinguishers, some staff had not completed formal training. This was discussed with the person in charge who showed the inspector a schedule of training dates that staff would attend.

There was documented evidence of frequent fire drills that staff and residents participated in. There were records of the fire drills which included adequate information such as the length of time and outcome. There were regular checks of safety equipment and alarms and exits. The fire fighting equipment was serviced regularly at frequent intervals. Fire procedures were displayed prominently throughout the centre.

**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:
The inspector found that the provider had measures in place to safeguard and protect residents from abuse. However, improvements were identified to ensure policies and procedures guided practice.

There was a policy on and procedures in place for the prevention, detection and response to abuse. However, it was not comprehensive enough to guide staff practice. For example, the procedures on how to investigate allegations of abuse were not included. This has been an issue at previous inspections and is discussed under Outcome 18.

The inspector spoke to some staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. All staff had completed up-to-date training in safeguarding of residents, and records read by the inspector confirmed this.

Since the last inspection, allegations of abuse had been notified to the Chief Inspector and the senior social worker submitted reports on the investigations for each of these. The inspector followed up on these, and it was evident that investigations were carried out by the social work department; along with discussions and meetings regarding the incidents. However, as reported before, the majority of incidents were between the residents and occurred in the centre. There were also reports read of residents and families expressing their dissatisfaction with the living arrangements due to the tensions in the house. These matters were discussed with the person in charge and senior management who outlined the actions had been made since the last inspection. The actions taken included:

- Plans to identify suitable alternative accommodation for one resident
- the completion of safeguarding training for all staff
- the recruitment of a full time person in charge and,
- an increased skill and gender mix of staff were recruited to the centre.

As reported before, a number of residents were of potential risk to others. These risks
were mainly associated with behaviours residents displayed such as sexualised, aggressive and threatening behaviours. While the provider had put measures in place to manage and prevent these risks, such as behaviour support plans and guidelines, some of the plans were not updated after certain incidents occurred. There was no evidence if residents or their behaviour support plans had been reviewed to ensure they fully guide practice. This was an action at the previous inspection, and continued to be an issue.

There was good access to psychology and psychiatry services and since the last inspection staff had been provided with additional training.

There were improved practices in the management and monitoring of restrictive practices. The inspector reviewed a restraint register that outlined the restrictive practices in place, and restrictive practices in place had been reviewed by a rights committee since the last inspection. There were records of the most recent reviews on residents' files. Since the last inspection staff had also been provided with specialised training in the use and implication of restrictive procedures.

**Judgment:**
Substantially Compliant

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
While this outcome was compliant overall, and inspectors found an area improvement in the documentation of residents health care needs.

There were care plans developed for residents identified needs, however, they did not consistently guide the care to be provided. For example, the management of diabetes and dementia. This was an issue at the previous inspection also. It is discussed under Outcome 5: Social care needs.

The inspector found residents' had good access to a general practitioner (GP), and to a range of allied health professionals with records of referrals and visits on file of dietician, chiropody, dental services. There was access to psychology and psychiatry services with reports of meetings read.

An annual health and wellbeing plan in place, which was completed by staff. The residents file also included detailed information contained their health status, any underlying conditions or diagnosis. In addition, a care passport provided details of the residents' health care needs in the event of transfer to hospital. A summary of each residents health care needs was in place to familiarise new and agency staff.
The inspector was present in the centre during the evening meal. The residents could choose what they wished to eat, and one resident had prepared that evenings meal. The inspector was invited to have a sample, and confirmed it was wholesome and tasty. There was evidence of consultation with residents regarding the menu and what food they wished to buy as outlined earlier in the report. A menu was displayed on the kitchen notice board. Some residents saw a dietician and had a weight management plan in place. There was active encouragement of residents to maintain a healthy lifestyle and some attended weight management classes. There was adequate and appropriate provision for storage of food, and a high standard of hygiene maintained. Records read confirmed staff had completed food hygiene training.

**Judgment:**
Compliant

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**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 there were suitable arrangements in place regarding medication management practices and procedures. However, an area of improvement was identified in relation to audits.

There were written operational procedures and policies on the ordering, prescribing and disposal of medications. Since the last inspection more robust procedures on the administration of medications that required strict controls (MDAs) had been developed. The inspector reviewed procedures on the storage and administration of these medications and found them to be satisfactory.

Records seen confirmed all staff had completed medication management training and competency assessments in the safe administration of medication. A sample of the residents’ administration and prescription sheets were reviewed and staff adhered to best practice guidelines in the administration of medications. There were no residents self medicating at the time of the inspection.

There was evidence of three monthly GP reviews of the residents’ medications. However, the system of monitoring and reviewing safe medication practices required improvement. For example, no medication audit had taken place. This was an action at the previous inspection and was not addressed. It is discussed under Outcome 14.

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

Findings:
The inspector found the Statement of Purpose now described the service provided in the centre.

The inspector found that the day to day operation of the service now reflected what was stated in the Statement of Purpose. Although the statement of purpose now stated the centre provided care to men and women who exhibited behaviours that challenge, the centre is not currently equipped to deal with this. However, the provider was acutely aware of this, and agreed that no new admissions would be made into the centre until all residents currently residing within it were provided with appropriate accommodation that met their assessed needs.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found the governance and management arrangements in place regarding this designated centre had improved since the last inspection, with evidence of positive outcomes for residents. However, improvements were required in the continued review and audit of the quality and safety of care provided.

The system of monitoring the safety and quality of care in the centre required
improvement. While the inspector was shown a copy of a health and safety audit, and was informed a quality audit was in the process of being completed, the audit read did not outline details the improvement or change brought about as a result of the audit. In addition, there was no audit of the incidents occurring amongst residents and medication practices in the centre.

There was no annual report completed on the health, safety and quality of care provided to residents in the centre.

At the previous inspection, there were concerns that the lack of a full time person in charge managing the centre did not provide sufficient and robust governance in this centre. However, since then a new person in charge had been recruited to manage the centre full time. The inspector met with the person in charge who was suitably qualified and experience. Although only in the role for ten days, he was knowledgeable of the residents social and health care needs. The person in charge had also arranged to meet with residents families to introduce himself to them. While he was familiar with the overarching organisation policies and procedures, there were gaps in his knowledge of certain local procedures. He explained to the inspector, these would be implemented by him once reviewed. The new arrangements in place now facilitated for effective governance and operational management of this designated centre.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector was satisfied that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Staff files were reviewed and found to be satisfactory as was the training records and training schedule.

The inspector reviewed the planned and actual staff rosters and found that there was an adequate number of staff, rostered to reflect the needs of residents. Staffing numbers reflected the layout of the premises, and the care offered in the statement of purpose. While supervision had lapsed since the last inspection the person in charge was aware of the need for supervision procedures to be put in place.

Staff files reviewed contained all information required by Schedule 2 of the Regulations.
This was an action at the previous inspection and completed. All nurse’s registrations were seen to be up-to-date.

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

**Findings:**
The outcome was reviewed in the context of policies and procedures required to be kept by Regulations.

While all policies and procedures required by Schedule 5 of the Regulations were in place, some did not fully guide practice. For example, the policy on residents finances and the prevention, detection and response to abuse. This was an issue at the previous inspection also.

**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:

Deirdre Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<td>27 January 2015</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The systems in place to ensure residents communication needs are met required improvement.

Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
It is planned to have exact pictorial representations of medications used by each resident, these photos will be contained in individual user friendly guides and each resident will have a copy contained inside of their bedroom. Clients personal medication will also be discussed in key –working meetings with the resident therefore providing opportunity to discuss the reasons for the medication and its possible effects.

**Proposed Timescale:** 03/03/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents do not have written agreement of the terms of the service provided in the centre.

**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:**
Sunbeam House Services now has in place a Service Level Provision Document which outlines the terms of the service provided. An organisational target date for full implementation is in place for the end of march 2015. Since inspection this process has begun in the centre and two out of five Service Level Provision documents are now in place. The remaining three will be complete on target.

**Proposed Timescale:** 31/03/2015

**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:**
Residents personal plans and reviews are not based on a multidisciplinary review

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

**Please state the actions you have taken or are planning to take:**
All staff have been made aware that multidisciplinary input must be included in personal
plans including reviews. The PIC has begun a review process of all personal plans with a view to ensuring recent multidisciplinary input is included and regularly updated. When multidisciplinary input is included in relevant personal plans it will inform practice with practical guidance.

**Proposed Timescale:** 20/03/2015

### 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:
The documentation of the controls in place for the management of identified risk required improvement.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The risk register has been updated to include additional environmental risks identified previously in the September inspection. Further to the updated risk register the PIC has arranged a meeting with the behavioural psychologist on the 5th of March, the purpose of this meeting is to discuss control measures associated with sexually inappropriate behaviours and or aggressive behaviours so as to refine/update current plans so that they better reflect and inform practice.

**Proposed Timescale:** 12/03/2015

### Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had completed formal fire prevention training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All staff have now completed formal fire prevention training.

**Proposed Timescale:** 25/02/2015
**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents' behaviour support plans were not reviewed and updated following incidents.

**Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
All behaviour support plans have been reviewed and updated.

**Proposed Timescale:** 25/02/2015

**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:
The system of review was not robust enough and required improvement.

**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:
A monthly review system is in now in place, this document audits core plans and documents for each resident to ensure they remain current and updated. The PIC has put in place an audit tool for incidents tracking the volume and seriousness of incidents. Also in place is a monthly medication audit. The pharmacy used by the centre is now scheduled to carry out a medication audit on the 10th of March 2015.

**Proposed Timescale:** 10/03/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no copy of an annual review of the safety and quality of care provided to the residents of the service.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
The annual review of the safety and quality of care provided to the residents had taken place in December 2015 but the document had not been issued at the time of inspection. The document is now in place as of 13/02/15.

**Proposed Timescale:** 13/02/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all policies in place were comprehensive enough to guide staff for example, residents finances and safeguarding and safety policy

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The step by step guideline has been formulated to guide staff in the expenditure of clients monies associated with holidays.

A workflow that guides the response to allegations/suspicion of abuse will be entered into the current policy ‘The Reporting of Observed, Alleged or Suspected Abuse’. At present the workflow is in draft form and awaiting the sanction or amendment of the Managing Director.

**Proposed Timescale:** 31/03/2015