

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0004919
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Sunbeam House Services Limited
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **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 1 day(s).

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

From: 11 March 2015 09:15 To: 11 March 2015 16:00

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

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

**Summary of findings from this inspection**

This respite centre is owned and operated by Sunbeam House Services Limited and is based in County Wicklow. There were no residents at the time of inspection as this was a new centre, which the Provider had applied to Register. As part of this inspection the inspector visited the centre, met with the proposed person in charge, and reviewed documentation such as care plans, person centred support plans, policies and procedures. The proposed residents for this centre currently avail of respite in another designated centre operated by the Provider which was due to close shortly.

Overall, the inspector found that this centre was highly specified to meet the individual and complex needs of the proposed residents. Significant works had been

undertaken by the Provider, the person in charge and the wider support team to ensure the premises were safe, suitable to the needs of the residents and were finished to a very high standard. While the centre required a number of restrictions to be in place for the safety of the two residents, the inspector found that this was done in a tasteful and creative way. The inspector was informed that the staff team from the other designated centre would transfer to this location, along with the person in charge to ensure continuity of care for the two residents.

The inspectors found this respite centre to be in compliance with the Regulations and Standards. Documentation was current and up to date, risk assessments had been completed and reviewed regularly, and any restrictions that were in place were routinely reviewed with the aim to reduce as much as possible. There were strong management systems in place in the designated centre, with clear lines of accountability and authority. The person in charge met the requirements of the Regulations and offered strong leadership and governance to the staff team. There were deputising arrangements in place for the person in charge's absence, and support mechanisms in place from senior management and a wider support team.

One area of improvement was identified during this inspection which the Provider is required to address. This was in relation to the policies, procedures and reporting mechanisms for the protections of Vulnerable Adults. This will be discussed under the relevant outcome in the body 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:**

The inspector determined that there were systems in place to ensure the rights and dignity of residents would be respected in the designated centre. While some restrictions were in place for the two residents, the inspector found clear rational for their use was documented. All restrictions were evidenced as being reviewed regularly by the person in charge, and also by the internal "rights review committee". The person in charge and staff team had recently reduced the use of restrictive garments for the two residents while in the designated centre. The inspector found that the decor and furniture that had been sought for this location, was respectful and dignified for the two residents. For example, the specific furniture for the living room and dining room. Visitors viewing this stylish furniture would not know that it had been chosen specifically to reduce the likelihood of residents with Pica ingesting inappropriate materials.

The inspector found that there were systems in place to consult with residents in a manner suitable to their needs and abilities. For example, the use of choice boards for decisions, and the use of photographs to identify staff members.

There was a complaints policy and procedure in place for this designated centre which identified the person in charge as the local complaints officer. The inspector was shown the system for recording any complaints onto an electronic system to which the local complaints officer would receive an alert. The inspector found that there were clear time frames for the complaints officer to respond to any complaints in the centre, and a system of review by the senior services manager. As this centre was not yet operational, there were no complaints to review. The inspector observed a photographic version of the complaints procedure was on display in the designated centre.

The inspector was shown choice boards and a collection of photographs to support residents to make choices about their daily lives. Residents' files had clear guidance for staff on the use of any picture communications, and also guidance for staff on how to support individual residents to make choices.

The inspector reviewed a log of activities that the two residents had done over the past year while being supported by the current staff. The inspector determined that a variety of activity sampling had been facilitated, and that residents were provided with opportunities to take part in activities that were meaningful or purposeful to them. This log of activities was clearly linked to goal setting through person centred meetings for residents. For example, the inspector saw photographs of residents being supported to go the supermarket and purchase groceries. While this may seem like a every day activity, this resident had been supported over time to do this in an appropriate manner with skills teaching from staff. The inspector found that the staffing levels were promoting residents to explore new activities and be social, while at the same time ensuring their safety in the community.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents would be supported to communicate in the centre in a manner suitable to their individual abilities. The inspector reviewed care plans for the two residents which clearly outlined the supports required to ensure residents were communicating as freely as possible. For example, the staff team were using photographs and choice boards, with the aim to extend this to full picture exchange communication over time.

Information in the centre would be visual with the use of photographs and pictures to support the verbal word. For example, the inspector saw photographs of all the meals that the residents enjoyed to assist them to understand what was for dinner, and to promote choice making. The inspector also noted a collection of photographs of the activities that the two residents enjoyed to take part in to assist them to understand the routine of the day, and to again encourage choice making.

Documentation in relation to communication was person centred and outlined clearly

<p>"how I communicate" along with information on "how you know what I like".</p> <p>The inspector found that the designated centre would provide access to television, radio and wireless internet connection.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 03: Family and personal relationships and links with the community</b>  <i>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.</i></p>
<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b>  This centre would be providing a respite service, and a break away from home life for two residents. The centre also provided a day programme during the day for residents for 38 weeks of the year. The inspector found that there was daily communication with the residents' family members through the use of a communication book. The inspector was also informed of a meeting planned with the person in charge, the residents' parents and other personnel to discuss their future needs. The inspector determined that families were encouraged to be involved in the running of the centre, and the supports that residents required.</p> <p>The inspector was informed by the person in charge that the residents were supported to engage with the local community as much as possible in line with their own interests. The inspector reviewed documentation such as goal setting exercises and activity logs, and found that residents were supported to engage in the community on a consistent basis. For example, using trampoline centres, going to indoor gyms, community swimming pools and availing of local amenities.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 04: Admissions and Contract for the Provision of Services</b>  <i>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.</i></p>
<p><b>Theme:</b></p>

Effective Services
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that there were signed written agreements in place which clearly outlined the terms and conditions of the day and respite service, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to each resident.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 05: Social Care Needs</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector determined that the care and support that would be offered in the centre, was in line with the assessed needs and wishes of residents. The inspector reviewed residents' files and found clear assessments had been carried out where necessary. For example, an assessment by a consultant psychologist. Through reviewing the care and support plans, the inspector found that the person in charge and staff team had a good understanding of the particular needs of each resident. For example, as evidenced in the communication plans.</p> <p>A goal setting exercise had been completed for each resident in 2014, and the inspector found that residents were being supported to achieve both short and long term goals. These goals were based on residents interests, and also on skills teaching that would promote them to be more involved in their community. For example, skills teaching around the mealtime structure had been achieved. This would assist the resident to enjoy eating out in the community in the future. The inspector found that goals for</p>



residents were well thought out and ensured they were learning the skills to be more independent and more active in their community.

As discussed in outcome 1, the inspector determined that residents had opportunities to be social, and were supported to enjoy being in their community. For example, using the local swimming pool, going out for meals, using local amenities in nature.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector determined that the location, design and layout of the designated centre was suitable to residents needs. The inspector found that additional funding had been granted to the centre, and this had resulted in a highly specified centre that was fitted with furniture, equipment and appliances suitable for the proposed residents. For example, key operated light switches, and weighted table ware. Each resident had their own bedroom for when they were availing of respite. The centre also included a sensory room and large secure garden. The inspector noted that equipment such as bouncer chairs, swings and trampolines had been provided for the designated centre and would be installed prior to the centre operating.

The inspector found that the designated centre was meeting the requirements of Schedule 6 in the Regulations. For example, the centre was suitably heated, had suitable kitchen and laundry facilities, and adequate private and communal accommodation.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that the health and safety of residents, staff and visitors was promoted in the centre. The inspector reviewed documentation and spoke with the person in charge, and determined that there were systems in place to ensure the fire detection and alarm system, along with the emergency lighting were routinely serviced and checked by a fire professional. The inspector found that both resident had a personal evacuation plan in place, along with clear protocols to be followed in the event of a fire.</p> <p>The inspector reviewed the risk management policies and procedures and found them to meet the requirements of the Regulations. There was a clear system in place to identify, assess and manage potential hazards in the centre. This was evident through the risk register and from speaking with the person in charge. Any potential or real risk for residents had been assessed, and staff were required to sign regularly that they were familiar with the control measures in place to reduce all risks. For example, the risk of choking.</p> <p>The inspector found that there was an up to date insurance policy in place with adequate cover. From speaking with the person in charge, and reviewing documentation the inspector determined that there was a system of oversight in relation to any accidents, incidents and near misses in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 08: Safeguarding and Safety</b> <i>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.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b></p>

The inspector found that there were five policies/ procedures that dealt with the prevention, detection and response to abuse for this centre. However, these were not comprehensive enough to guide staff practice. For example, they did not include procedures on how to investigate allegations of abuse, within what time frame and who was responsible. The inspector also noted that these policies and procedures had not been updated to reflect the recent change in National Policy in December 2014. This will be discussed under outcome 18 records and documentation.

Overall, the inspector found that there were systems in place that would ensure residents' safety. While this centre was a highly restrictive environment, the inspector found clear evidence of rational for any restraints in use, and ongoing review of same. There were written protocols in place, and it was evidenced through documentation that any restriction was necessary to reduce a risk of harm or injury. The inspector found that restrictions were monitored, and the staff team were making efforts to reduce any restraints if deemed possible. For example, residents no longer wore particular restrictive garments while being supported by the designated centre staff.

The inspector reviewed training records, and spoke with the person in charge and found that all staff had received appropriate training in safeguarding and protection of vulnerable adults. Through review of documentation for the residents in their current location, the inspector found a clear system of recording any unexplained marks or bruises, and a system of reporting this to the person in charge.

**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:**

The person in charge was aware of the requirements to notify the Authority in relation to three day and quarterly notifications. The inspector found that there was a systems in place to record and review all accidents, incidents and near misses in the designated centre.

**Judgment:**

Compliant

## **Outcome 10. General Welfare and Development**

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

### **Theme:**

Health and Development

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

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

### **Findings:**

As discussed in outcome 1 and 5, the inspector determined that residents would have opportunities to try new activities and experiences in the designated centre. The person in charge outlined further skills teaching that would begin for residents across certain areas once they had settled into the centre. The inspector also saw this documented in residents' files.

The inspector determined that the resident had access to facilities for occupation and recreation. For example, local amenities such as the community swimming pool and sensory gardens.

### **Judgment:**

Compliant

## **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

### **Theme:**

Health and Development

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

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

### **Findings:**

The inspector found that the resident was supported to enjoy best possible health while in the centre. As the designated centre offered a day programme and short respite breaks, the resident's family remained at the primary care giver, and managed all aspects of health care for residents.

The inspector reviewed residents' file, and found there to be sufficient documentation and information regarding their health needs. For example within the "Health and Wellbeing Plan". The inspector found that certain aspects of promoting a healthy life had

been discussed with the family, and some shared supports were in place. For example, providing residents with a healthy diet based on continuing the same menu ideas as when at home. The inspector was satisfied that there was evidenced communication between the person in charge and the resident's family to ensure continuity of support in relation to the residents' health care needs.

**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:**

As this centre would provide day and respite services, residents' family held responsibility for managing any medicinal needs. The inspector was informed that no prescribed medications were being taken by residents, and as such only over the counter pain relief would be administered in the centre if needed. Along with the overarching policy on medication management, the inspector found there to be a clear local procedure to ensure safe medication practices while residents were on respite stay. For example, there was secure storage arrangements and template prescription records. The inspector found that any staff with the task of administering medication had been trained in the safe administration of medication. Additional staff had been booked onto this training for 2015. There was a system in place for the recording of medication errors should they occur.

**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:**

The inspector found that there was a written statement of purpose for this designated centre, and it provided an accurate reflection of the facilities available, and the service and supports that would be delivered to the proposed residents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that there was effective management in place in the designated centre. The person in charge is titled as a Client services Manager. The inspector found that the person in charge demonstrated strong leadership and had robust systems in place to ensure the effective oversight of the provision of services in this centre.

The person in charge is responsible for three designated centres. The inspector is satisfied that this is a suitable arrangement due to the close geographical locations of each centre, and the effective systems that the person in charge has in place. The person in charge demonstrated engagement in the operational management of this centre on a regular and consistent basis. The person in charge was supported by a deputy person in charge for 8 hours a week, along with additional administrative support.

The inspector found that there was a clearly defined management structure in place in the designated centre and the organisation as a whole. The person in charge reported directly to a senior services manager, who reports to the provider nominee.

A planned system of audits was in place across all designated centres within the organisation by members of the senior management team. As this centre was not yet

operational, regular audits and a six monthly review capture the quality and safety of this designated centre had not been completed to date.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector determined that there were arrangements in place for the management of the designated centre in the absence of the person in charge. The inspector was informed that the person in charge was supported by a staff nurse in a deputy role. Should the person in charge be on short term absences such as annual leave, the deputy would cover the role of person in charge for 16-24 hours in a week. Outside of this, the senior services manager would hold responsibility of person in charge. On each shift, the most senior staff on duty was identified as the person in charge on site.

The inspector found that the person in charge was aware of the requirement to notify the Authority of any absence over 28 days.

**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 the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. This was carried out in line with the Statement of Purpose. This centre provided day and respite support for two residents. The building was owned by the provider. The centre was found to be suitably furnished, heated and maintained.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector determined that the designated centre would be appropriately staffed to meet the assessed needs of residents. The person in charge informed the inspector that additional funding had been provided to raise the staffing numbers. The inspector reviewed the proposed rosters and found there would be 4 staff on duty with two residents each day, and 2 staff on duty during the night. This was to facilitate choice, and ensure effective supervision of residents' safety.

The inspector reviewed the training records for eight staff, and found that all staff had received training in the mandatory fields. For example, Manual handling, fire safety, safeguarding and challenging behaviour. A one day training was also planned with an external person in the area of autism, which would be developed specifically in relation to the two residents unique needs.

The inspector found that systems were in place for the effective supervision of staff. The person in charge had clear allocation of duties of all staff on each shift. The person in charge had a plan in place for the formal performance management of all staff.

Staff files were not reviewed as part of this inspection. However, the inspector had done a comprehensive review of staffing files across the organisation previously, and determined the staffing records were in line with the Regulations as outlined in Schedule 2.



**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector reviewed documentation submitted as part of the application to Register, and determined that there was an up to date insurance policy in place for this centre.

The inspector found that the policies as outlined under Schedule 5 had been reviewed and completed at the end of 2014, and these were all available to staff through an online system. The inspector was concerned that the policies and procedures in relation to the safeguarding of vulnerable adults were not clear enough to guide staff practice. The inspector found five separate policies available to staff in relation to safeguarding, some with differing information. These policies did not make reference to the new national policy which was implemented in December 2014 in relation to allegations against staff members. This was in need of review.

The inspector found that documentation in this centre was accurate, complete and reviewed regularly. Documentation offered clear guidance on the appropriate care of the proposed residents. The inspector found that information as required by the Schedules 3 and 4 were in place.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

## **Acknowledgements**

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

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0004919
<b>Date of Inspection:</b>	11 March 2015
<b>Date of response:</b>	01 April 2015

### 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 18: Records and documentation

**Theme:** Use of Information

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

The policies on Safeguarding vulnerable adults had not been updated to reflect change in national 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,

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

where necessary, review and update them in accordance with best practice.

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

The QCT manager and the Social work team will review the organisation safeguarding policies and make any appropriate changes in line with new national policy. The current safeguarding policies will be streamlined and a visual work-stream for adverse event escalation will be included.

**Proposed Timescale:** 30/04/2015

**Theme:** Use of Information

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

The policies and procedures in relation to Safeguarding Vulnerable adults was in need of review to ensure effective implementation in practice.

**Action Required:**

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

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

The QCT manager and the Social work team will review the organisation safeguarding policies and make any appropriate changes in line with new national policy. The current safeguarding policies will be streamlined and a visual work-stream for adverse event escalation will be included.

**Proposed Timescale:** 30/04/2015