<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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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001711</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Sunbeam House Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>13</td>
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<tr>
<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 inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

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

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<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>27 November 2014 09:20</td>
<td>27 November 2014 17:00</td>
</tr>
<tr>
<td>28 November 2014 09:30</td>
<td>28 November 2014 16:45</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

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

The purpose of this inspection was to follow up on a previous inspection conducted in July 2014 which found substantial non-compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013, the 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 2013.
As part of this unannounced inspection the inspectors met management, residents, and staff members over a two day inspection. The inspectors observed practice, interviewed staff, residents and the person in charge as part of this inspection. The inspectors also spoke to the Senior Service Manager as part of this inspection. Inspectors reviewed personal care plans, assessments, health plans, medical records, accident and incident records, audits, equipment service records, medication management documentation, meeting minutes, staff supervision and training information, policies and procedures, resident meeting minutes and risk management protocols. Thirteen residents resided in this designated centre which was a campus based setting divided into three residential units on one site.

Overall the inspectors found that there was still substantive non-compliance with the Regulations in this designated centre. Inspectors found evidence to suggest that the governance and management of this centre was not implementing the significant improvements required in order for this centre to be compliant with the Regulations and Standards.

Due to the significant concerns observed on this inspection, the inspectors issued immediate action plans regarding:

- Inadequate supervision arrangements of residents assessed as a risk of injury/abuse,
- Continued non implementation of residents care planning, safety planning and risk assessment control measures. This concern had been highlighted to the provider on two previous inspections.
- Staff training in safeguarding residents in the prevention, detection and response to abuse. In addition, specialist training in this area (due to the risk profile of some residents) had not been provided to all staff. The inspectors were particularly concerned because this was an immediate action issued to the provider on the last inspection (July 2014).

Of all outcomes inspected against on this inspection, none were found to be in compliance with the Regulations and Standards.

Some of the areas that inspectors found required substantial improvement identified by this inspection included:

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

All areas for improvement are discussed in more detail later in 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

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

While there was some evidence of minor improvements regarding the promotion of residents rights, dignity and consultation, the inspectors were very concerned that the current complex and varied needs of residents and the mix of these needs impacted negatively on the quality of life of residents residing in the centre.

While inspectors found some evidence of a new checking system of residents personal planning (See Outcome 5) this was still not sufficient. The inspectors remained concerned that all resident’s rights, dignity and consultation needs were not being met in a meaningful way.

As highlighted in the previous inspection report the inspectors found various examples whereby the behaviour of residents with complex behavioural needs were continually negatively impacting on other residents. For example, residents who are assessed as posing a sexual and physical risk to other residents all living on a campus based setting and the risks and restrictions associated with this.

Inspectors found that privacy and dignity restrictions such as the centre design and layout were a clear difficulty in this designated centre. The inspectors found the designated centre was restrictive by design. For example electric gates, fencing, shutters on kitchens and extensive use of CCTV cameras. The inspectors found variance in the
Implementation of the rationale around these restrictions. For example residents going into other parts of the unit whereby they were not supposed to be, staff’s understanding of why certain restrictions were in place and staff language used when discussing residents were all found to be not promoting of residents rights and dignity.

Inspectors found routines and practices were not promoting residents independence and were largely resource determined, e.g. transport. As highlighted in the previous inspection the inspectors were concerned that a number of the residents in the designated centre did not want to live in the designated centre. While an action plan submitted to the Authority (following the last inspection) that highlighted a commitment to the ‘further development of our de-congregation plan’, inspectors were informed of some possible locations being considered, however there was not a tangible transition plan available to inspectors in this regard.

The inspectors found all actions issued by the Authority had not yet been satisfactorily implemented. For example:

- Not all residents had the freedom to exercise choice and control in their lives,
- Advocacy services had not been sought/provided or appropriately discussed with residents,
- All CCTV monitors had not been relocated (although a number of monitors had been moved),
- Complaints policy and protocol had not been communicated with all families
- All complaints were not in complaints records and insufficient evidence of complaints follow up.

The inspectors were concerned that despite these issues being raised by the Authority previously there was deficits in these areas. There was a resident’s forum and the inspectors read the minutes of these meetings. While there was evidence that some residents participated in these meetings the inspectors were concerned that they were attended poorly and some residents appeared to make requests that remained continually unchanged. For example, one resident looking to return to work.

Judgment:
Non Compliant - Major

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Overall the inspectors noted some good evidence of family and community links for some residents within the designated centre. However further improvements were required in this area to meet the requirements of the Regulations.

The inspectors found some good practice in terms of residents being facilitated to attend various day services, social outings, and recreation opportunities. For example residents attended the cinema and went for coffee and shopping with staff.

The inspector also saw evidence of good opportunities for some residents to maintain family links. For example one resident's personal plan highlighted the importance of his siblings in his life. However, the inspector noted that these opportunities varied for different residents. In reviewing correspondence in respect of one residents family and discussing this with staff the inspector noted one residents family who refused to attend a meeting as he felt he was 'not being listened to'. The inspector was also concerned that following the last inspection the person in charge had not yet written directly to all families inviting them to the designated centre and encouraging involvement.

As highlighted in the previous inspection, the inspectors found that while there appeared to be good communication and promotion of personal links with some residents families, this approach was not consistent for all residents in the designated centre.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
As highlighted in previous inspections the inspectors were concerned about the admission criteria and current resident mix within the designated centre. The inspectors found that this designated centre was originally established for a very specific profile of resident who display complex behaviours and pose a physical and sexual risk to others. The inspector found that such residents who are currently assessed as a risk to vulnerable residents are living in a designated centre with vulnerable residents.
Following the last inspection the Authority was assured by the provider that there would be no further admissions into this designated centre. In addition, the Authority was informed resident's transitions from this designated centre would be given priority. While some discussion was had with the person and charge and Senior Service Manager (at preliminary feedback) around resident transitions, there was no formal plan available to inspectors on inspection day.

The inspectors found no contracts were in place regarding the provision of services to residents. As residents did not have agreed written contracts of services (inclusive of fees that are charged) in place this does not meet the requirements of the Regulations.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Effective Services

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

**Findings:**
While some good practice was observed in terms of residents individualised assessments and social care needs being met. The inspectors found that overall this area had not sufficiently changed since the previous inspection.

The inspectors observed some residents going on outings and were informed that residents were going to the cinema on the evening of the inspection. The inspectors found some positive developments since the previous inspection. For example, a chicken coop had been purchased and some residents partook in maintaining this and collecting eggs.

Inspectors found that while some limited reviewing of personal plans had commenced/taken place this was not substantive or adequate. The inspectors found that some staff had updated personal planning key-working sessions but this approach was not consistent in the designated centre. The inspector found care plans and assessments that had not been updated or amended since the previous inspection.
despite specific action relating to this having been given by the Authority. The inspector found examples whereby assessed needs were not being sufficiently supported and further evidence whereby resident's plans were not being implemented. A resident spoken to highlighted to the inspector that things had in no way changed for them since the last inspection. The inspectors found stark inconsistencies in the quality of residents personal plans and found instances whereby appropriate planning reviews had not taken place. As highlighted in the previous report the inspectors found that the designated centre was not meeting the needs of each resident.

Judgment:
Non Compliant - Major

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

Findings:
Overall the inspectors found that the designated centre comprised of an enclosed campus based setting comprising of three units. The inspectors found some areas that require further improvement.

As highlighted in the previous inspection report the inspectors found that the designated centre comprised of adequate space and layout to meet resident's physical needs. For example, communal spaces and individual bedrooms with appropriate space for personal belongings. Inspectors found appropriate bathroom and toileting facilities. Some residents showed their rooms to the inspectors and stated they were happy with same. Since the last inspection the designated centre has been subject to considerable landscaping and garden works to the rear of the property. Residents and staff informed inspectors that over 200 people assisted in this completed work which was to a high standard.

Overall while residents appeared content inspectors noted there was not a homely atmosphere in the designated centre. The inspectors noted the following areas that needed to be addressed regarding the premises:

- Broken blinds on windows,
- Curtains torn from rails,
- Carpets heavily stained in a number of areas of the designated centre,
- Damaged couch in sitting room,
- Water/Leak stains on ceilings,
- Walls that needed painting and refurbishment,
- Call-bell system in place but not operation,
- Poor ventilation - strong smell of smoke (cigarette) in parts of the designated centre,
- Use of emergency exits as main door to the unit.

**Judgment:**
Non Compliant - Moderate

**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 inspectors were not satisfied that the health and safety of all residents was being promoted and protected by organisational policy, procedure and practice.

As highlighted in previous inspections, the Authority was not satisfied that an adequate system for the assessment, management and on-going review of risk was taking place within the designated centre. Inspectors found that this designated centre had a number of assessed risks and had a variety of formal and informal control measures pertaining to the management of these risks. Many of these risks related to residents behaviours and risks posed to other residents. However, the inspectors found that risks that were identified had unclear control measures that were not included in residents care plans. For example, behavioural risk assessments did not correlate with behavioural support planning. Furthermore, inspectors found evidence whereby risk assessments were completed and not implemented or adhered to by staff. The inspectors found other risk assessments that staff members were not aware of.

The inspectors were concerned that there was not a culture of risk awareness demonstrated by the person in charge or staff on duty. For example, a resident assessed as having a significant visual impairment who was assessed as requiring support and assistance when walking was observed by inspectors walking home from a bus stop in the dark without support or staff supervision. Inspectors viewed this resident's individual safety planning which stated he required support from staff while walking due to his sight deterioration. In addition, a resident who was risk assessed as 'a risk sexually to people with lower level intellectual disability' was observed by inspectors walking unsupervised with other residents with intellectual disabilities. This was not in line with the information and risk management protocols outlined in this
residents care plan. An immediate action was issued by inspectors in relation to these issues on safeguarding, safety and protection grounds (See Outcome 8).

**Judgment:**
Non Compliant - Major

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

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

**Findings:**
Overall inspectors were not satisfied that the provider had appropriately addressed areas pertaining to safeguarding and safety highlighted in the previous inspection report. In addition, inspectors did not find sufficient systems in place regarding the on-going management, implementation and review of residents safety plans, risk assessments and behavioural support plans.

The inspectors found some evidence of staff training in the prevention, detection and response to abuse and risk management and assessment regarding residents displaying specific behaviours of concern. However of the staff interviewed on inspection only one had completed this training. The provider informed the inspectors that agency staff were not provided this training. However it was evident that the provider heavily relied on long term agency staff, some of whom were working in the designated centre for over a decade. These agency staff were a continuous feature on the designated centres roster and worked with residents on a daily and weekly basis but were excluded from this training. Inspectors found that these staff had no training regarding the prevention, detection and response to abuse or specialist training in working with residents who display specific sexual and physical risks to others. This was a concern given the Authority issued clear actions to the provider in this area in July 2014 and was given assurance it would be addressed for all staff.

The inspectors were not satisfied with the systems in place regarding restrictions in the designated centre and behavioural support planning. As highlighted in the previous inspection, restrictive practices regarding some residents were deemed to be affecting all residents. For example, locks on kitchen doors and a locked (electric) gate onto the
premises. Inspectors found all staff were not clear regarding the use of certain restraints/restrictions within the designated centre. For example, the use of roller shutter doors in the kitchens. The inspector found that behavioural support plans were disconnected from multidisciplinary/clinical assessments and recommendations. For example, inspectors found instances whereby clinicians made recommendations regarding resident's behaviour management and this did not feature in residents behavioural support plans. The inspectors found behavioural support plans did not adequately provide details of de-escalation techniques, antecedents to behaviours and responses/reactive strategies necessary to support residents. In addition, inspectors found that restraints/restrictive practices were not appropriately monitored, guidance procedures were inadequate and least restrictive alternatives were not always considered. As highlighted in Outcome 7, inspectors were concerned at arrangements whereby a number of resident's safety was being compromised through lack of implementation of safety planning and staff supervision. Inspectors were required to issue immediate action in this regard to ensure residents safety.

Judgment:
Non Compliant - Major

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

Theme:
Safe Services

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

Findings:
The inspectors were not satisfied that the monitoring and review of incidents occurring in the designated centre were being effectively maintained and where required reported to the Chief Inspector. For example, inspectors found a number of instances whereby 'as required' (PRN) medication was administered to residents which was not notified to the Chief Inspector as required by the regulations.

Judgment:
Non Compliant - Moderate
Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

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

**Findings:**
The inspectors viewed some good practice regarding resident opportunities for new experiences, social participation, education, training and employment. However, as highlighted in the previous inspection report, this varied considerably between different residents within the designated centre.

The inspectors noted residents who were very happy attending their day services and appeared to enjoy different social activities. For example, going for coffee, going to the beach, eating out, shopping and going for drives. The inspectors reviewed some residents who had active programmes, attended day services and good opportunities for new experiences. However, the inspector also noted a number of residents who did not have this level of social activity, community integration and/or day time activities. As highlighted on previous inspection reports there were number of residents who did not have a day service or educational/vocational training opportunities and another resident who was still continually requesting to work/seek employment but could not pursue this due to his assessed staffing levels not being provided.

**Judgment:**
Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

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

**Findings:**
Inspectors were not satisfied that residents’ health care needs were being fully promoted due to gaps in documentation and records. For example, a resident who in recent weeks had particular health needs did not have this reflected in her recently reviewed health and wellbeing plan. Inspectors were not assured that the review of health care documentation was capturing all aspects of needs for residents, and therefore not guiding consistent practice.

Inspectors found evidence of good access to certain allied health care professionals, where required. For example, access to psychiatry, psychology and physiotherapy. However, inspectors found that due to gaps in documentation, inspectors could not be assured that the health care professionals were getting the most accurate information on the status of the residents. For example, a resident who attended a psychiatric review had been noted in her daily notes as having a "red incident" consisting of aggression and assault of a staff member. Due to inadequate reporting mechanisms, the psychiatrist had not been made aware of this recent event, and had been informed that the resident had only minor incidents since previous reviews. In addition, inspectors noted a resident referred to psychiatry services for possible thoughts of suicide. The psychiatrist in this instance stated the individual was not ‘depressed or suicidal’ but expressed concern that the individual's lack of access to appropriate day services was 'totally inadequate'.

Inspectors found that systemic change and effective oversight was required to ensure the promotion of the best possible health for residents.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Inspectors were not satisfied that practices in relation to medication management were adequate in the designated centre. Inspectors reviewed the medication administration records for the past two weeks and found six occasions where the nurse had not signed to evidence administration. Inspectors could not determine if this meant the medication was not given, or not recorded. This was discussed with the person in charge who had no knowledge that these errors had occurred.

Inspectors also found that a medication that had been signed as discontinued by the
General Practitioner had been signed as administered on three occasions after the date of discontinuation. This person in charge was not aware of this error.

Inspectors found that the use of PRN (as required) psychotropic medications to reduce behaviour were not guided by individual written protocols to assist staff in ensuring all alternatives were tried before administration, and that a consistent approach was taken to their use. The person in charge had template protocols, but these had not yet been completed.

Inspectors were not satisfied that best practice in relation to medication management was in place, or that a robust system to capture and learn from errors was evident.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
Overall the inspectors were not satisfied with the governance and management arrangements in place regarding this designated centre. Immediate actions were issued by the inspectors relating to ineffective management systems that failed to ensure that services provided were safe, appropriate to residents needs, consistent and effectively monitored. The provider responded to this immediate action within the required time-frame. It was very concerning that such immediate action (pertaining to governance and management) had already been issued to this provider on a previous inspection in July 2014.

Inspectors found that the person in charge was not in the designated centre at the time of inspection. Staff informed the inspectors that the person in charge was on leave. As highlighted under Outcome 15, inspectors were not satisfied with arrangements in place in the person in charges absence. Following the negative findings of the first day of inspection the inspectors contacted the provider nominee, persons participating in management and person in charge and highlighted difficulties in attaining information
and requested the person in charge and/or an appropriate manager/provider nominee attend the designated centre for a second day of inspection. This action was taken by inspectors to ensure the provider was afforded every opportunity to demonstrate the follow up that had been completed from the previous inspection. The person in charge presented to the designated centre at mid morning on the second day of inspection (Inspectors were informed the person in charge was in a meeting in another designated centre).

The inspectors found a number of failings from a governance and management perspective, some of which were highlighted to the provider from previous inspections. For example, concerns around:

- Safeguarding Residents,
- Lack of suitable training/clinical guidance and care planning direction regarding the management of sexualised behaviours,
- Individualised assessment implementation,
- Implementation of care plans and safety plans,
- Risk Management, Auditing and Review,
- Suitability of resident placements,
- Staffing.

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

The inspectors found the designated centre had not improved or implemented agreed actions and failed to demonstrate sufficient progress since the previous inspection. For example:

- The designated centre did not have a full-time person in charge despite assurances made to the Authority in July 2014,
- All staff were not supported and developed to ensure the delivery of safe and quality services,
- Appropriate governance and management systems were not in place to ensure the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

The inspectors found that given the levels of non compliance evidenced across a number of core outcomes on this inspection (See Outcome 1: Residents Rights, Dignity and Consultation, Outcome 5: Social Care Needs, Outcome 7: Health and Safety and Risk Management, Outcome 8: Safeguarding and Safety, Outcome 12: Medications Management) that the governance and management of this designated centre was continually failing to meet the requirements of the Regulations.

Inspectors determined that these findings were particularly concerning given this was the third inspection conducted by the Authority in a 10 month period of this designated centre, all of which have highlighted significant compliance failings in this designated centre.
Judge: Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
On arrival to the designated centre, the inspectors were informed that the person in charge was on annual leave. Inspectors were not assured that adequate arrangements were in place for times when the person in charge was not present. A staff nurse who had been working in the centre for four weeks, described herself as the most senior person in charge, as the other staff working were agency staff. In another unit of the centre, a second staff nurse was described as the most senior person in charge. Inspectors found that each person put forward to take charge, could discuss the needs of the residents within their unit and in particular the residents they were key-working. There was an absence of a person in charge of the overall designated centre, who was managing and monitoring the service provided to all residents in the absence of the person in charge. This was a concern as the Authority had previously been given assurances that arrangements were in place for any absence of the person in charge.

Inspectors also found that the person in charge had not begun covering the role full time in this location, as was assured to the Authority at a meeting held in July 2014. This will be discussed further under Outcome 14.

At the time of inspection, the person in charge was still managing another designated centre, and therefore was only a visible presence in this centre for two days a week. As evidenced across all outcomes inspected, this was resulting in ongoing non-compliances in this designated centre, and did not ensure the effective governance, operational management and administration of the designated centre.

The actions associated with this failing are categorized under Governance and Management.

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):**

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

**Findings:**

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

While the designated centre was large and spacious and had transport, there remained inconsistency in terms of outcomes for residents.

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

**Judgment:**

Non Compliant - Major

### Outcome 17: Workforce

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

**Theme:**

Responsive Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Inspectors were not satisfied that the training of all staff members was adequately ensuring the needs of residents were being met. On arrival to the designated centre, the inspectors found that half of the staff team on duty were long term agency staff.
Following the previous inspection in July, an immediate action was given to the provider to ensure that all staff received training in safeguarding of residents, and in the specific needs of residents with sexualised behaviour. Inspectors were therefore concerned to find that while this action plan had been responded to and assurances given, the training had not been offered to agency staff, some of whom worked regular hours in the centre over the past ten years. An immediate action plan was issued to the senior services manager at the close of inspection, to outline this failing and request that all staff working in the centre had the mandatory, and specialist training required to fully support residents. A response was provided to inspectors to the immediate action plan, which offered some assurances.

As evidenced under Outcome 10: General Welfare and Development, inspectors found that a resident assessed as requiring one to one support, did not have this available to him. The staffing numbers were therefore not reflective of the assessed needs of all residents.

Inspectors were also concerned, that adequate supervision of staff was not in place by the person in charge as evidenced in other outcomes. For example:

- Some agency staff demonstrated no knowledge of the content of risk assessments for residents, and were working in a manner outside of the controls specified in risk management protocols,
- The absence of a person in charge at all times in the designated centre,
- The failure to update, review and implement care plans, safety plans, risk assessments and personal plans,
- New staff being inducted to their role over two days, and not following a two week induction plan as outlined in the providers response to the previous action plan issued by the Authority,
- Agency staff did not attend staff meetings, formal communications, supervision or management appraisal (The inspectors found day one of inspection 50% of the staff were agency, the second inspection day was made up of 75% agency).

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

**Theme:**
Use of Information

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

**Findings:**
The inspectors were not satisfied that operational policies where being implemented and found discrepancies and omissions in the maintenance and accuracy of residents documentation. The inspectors found further improvements were required to meet the requirements of the Regulations.

The inspectors found that the designated centre had written policies and procedures on most of the items listed in Schedule 5, the implementation of which were poor as evidenced across outcomes. For example, medication management and risk management.

The inspector found that the issues highlighted in the previous inspection had not been progressed. The inspector found all information pertaining to residents was not maintained in a manner so as to ensure, completeness, accuracy and ease of retrieval. For example, the inspector found it particularly difficult to access information on the electronic system in place as staff did not present as familiar or confident with this system. In addition, inspector found residents care planning documentation that was not accurate, up to date and appropriately reviewed.

Regarding information provided to residents (as highlighted on the previous inspection) the inspector found that residents did not have a residents guide highlighting the necessary information required in the Regulations.

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

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

**Acknowledgements**

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

**Report Compiled by:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001711</td>
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<tr>
<td>Date of Inspection:</td>
<td>27 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 March 2015</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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:

1. All clients Personal Plans have been reviewed and up-dated. Audit and review of Personal Plans by PIC three monthly following feedback from key workers. Audit file will be available to view in location.

2. “Clients who are posing a sexual and physical risk to other clients on campus” – HSE have been applied to for funding to reallocate these clients. These clients need accommodation that is not near a housing estate, schools crèche etc. The timescale of this will depend on HSE funding. Additional funding for new D.C. essential.

Under the ‘Time to move on from Congregated Settings – Strategy for Community Inclusion June 2011. Three to four clients have been identified to move to a community house in Greystones. Working group of which includes clients, keyworkers have been put together to work with clients and families towards this move. Minutes and Action plans are kept in Location for inspection. Approximate timescale for this is December 2015.

3. Re electric gates contracted electrician has been contacted and a push release mechanism to replace code that all clients can access. This will be completed by 30/04/2015 and all risk assessments around this. Extra fencing over the wall of the gate has been removed. Shutters on kitchen only to be used in the event of fire. Cameras reviewed by Consultant Psychologist on 12/02/2015 and continue to be prescribed in The Pines and Elms. Some monitors have been re-located. Three redundant cameras removed. All other cameras have been reviewed by the Consultant Psychologist and identified to remain in situ. All other cameras have been deactivated and cameras are removed.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

Not all residents were provided with opportunities and information regarding advocacy services.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

An Independent Advocate from National Advocacy Service has attended a meeting with staff and residents in Rosanna on 16/01/2015. Each client was provided with contact details to the advocacy group. A letter has been sent to all families identifying the advocacy and complaints process. Literature will be provided to families with these details.

A representative from NAS will be speaking to all CSM’s as part of a training initiative.
Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

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

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

Please state the actions you have taken or are planning to take:
Re staff understanding of certain restrictions – all staff including long term agency have read clients profiles and are aware of certain restrictions that are in place.
Re staff language – this has been discussed with all staff at staff meetings 04/12/2014 and 11/12/2014.

SHS is not funded for transport as there is no specific driver allocated to the location. There are two vehicles in the location and the use is shared as equally as possible. This may mean that some days some client activities cannot be facilitated.

Resident’s forum is facilitated monthly. Some clients choose not to attend. A log of attendance is maintained at meetings. Issues that can be addressed locally are addressed. Macro issues i.e. one client looking to return to work depends on funding from the HSE.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents were not provided with appropriate care based on his or her support needs.

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

Please state the actions you have taken or are planning to take:
All resident care needs have been reviewed and support plans rewritten and reviewed by each keyworker in December 2014. Daily activity support checklist in place that staff
<table>
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<tr>
<th>Proposed Timescale: 28/02/2015</th>
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<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not evidence of appropriate response to residents complaints.

**Action Required:**
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
All complaints will be logged onto database and follow up as per current policy to appropriate personnel.

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<th>Proposed Timescale: 14/01/2015</th>
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<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all resident's families had been made aware of complaints procedures.

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

Please state the actions you have taken or are planning to take:
Letter sent to all families re complaints procedure. All families invited to planning meeting / key working session. Evidence of letter sent requesting meeting in Personal Profiles. Tab on CID data to evidence all contact with each resident’s family. Copy of letter that was sent has been submitted to the Authority.

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<thead>
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<th>Proposed Timescale: 28/01/2015</th>
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<tbody>
<tr>
<td><strong>Outcome 03: Family and personal relationships and links with the community</strong></td>
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<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not evidence of consistent follow up for residents families to engage and maintain links with residents.

**Action Required:**
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

**Please state the actions you have taken or are planning to take:**
All families have been and will continue to be invited to attend six monthly reviews of personal outcomes with key worker and this will be evidenced in personal profile. Information will be communicated regularly to keep families up to date and informed. Evidence of encouragement of on-going links with relatives will be identified on CID database and can be accessed for audit review.

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

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**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 did not have agreements of services (inclusive of fees to be charged) in place.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
All residents have been given tenancy agreements in easy to read and long version. The relevant charges are indicated on the easy to read version.

Re contracts: Sunbeam House Services is subject to a Service Arrangement with the HSE not with each individual service user. None of the service users have capacity to enter such an agreement in law. Sunbeam House Services has provided with the agreement of HIQA a Service Level Provision document for completion to each service user and their family. This is in the process of being completed and will be done by the end of March 2015

Further admissions: no admissions to residence since 2012

Re residents transitions:
Under the ‘Time to move on from Congregated Settings – Strategy for Community Inclusion June 2011. Three to four clients have been identified to move to a community
house in Greystones. Working group of which includes clients, keyworkers have been put together to work with clients and families towards this move. Minutes and Action plans are kept in Location for inspection. Approximate timescale for moving clients is December 2015.

Proposed Timescale: 31/03/2015 for Service Level Provision

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no agreements of services based on assessed needs of residents.

**Action Required:**
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Sunbeam House Services is subject to a Service Arrangement with the HSE not with each individual service user. None of the service users have capacity to enter such an agreement in law. Sunbeam House Services has provided with the agreement of HIQA a Service Level Provision document for completion to each service user and their family. This is in the process of being completed and will be done by the end of March 2015

**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:**
All plans reviewed were not comprehensive.

**Action Required:**
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All plans have been reviewed by staff. These plans were audited by three Client Service Managers and recommendations given. PIC is currently reviewing updates of plans and
will continue to do so every 3 months.

Proposed Timescale: 31/01/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were not in place to meet the assessed needs of all residents.

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

Please state the actions you have taken or are planning to take:
Some of the residents require 1-1 support and this is not always available due to recourses. Funding has been applied for.

Proposed Timescale: Timescale will depend on provision of funding

Proposed Timescale:
Theme: Effective Services

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

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

Please state the actions you have taken or are planning to take:
Clients who are posing a sexual and physical risk to other clients on campus” – HSE have been applied to for funding to reallocate these clients. These clients need accommodation that is not near a housing estate, schools crèche etc. The timescale of this will depend on HSE funding. There is a plan in place to move 3 to 4 other clients. Working groups documentation has been submitted to the Authority. .

Proposed Timescale: 31/12/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
There was not appropriate reviewing of all residents personal plans.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
Documentation audit every three months by PIC and evidenced in audit file.

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

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not effective review systems in place regarding personal plans.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
Documentation audit every three months by PIC and evidenced in audit file

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All areas of the premise were not found to be in a good state of repair.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
All repair works have been completed.

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

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All parts of the premises were not suitably clean and decorated.

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

**Please state the actions you have taken or are planning to take:**
Premises cleaned on a daily basis by domestic staff and check list signed daily.

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

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**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:
There was not adequate systems for the assessment, management and on-going review of risk in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
Risk assessments and care plans in place and completed and in residents file. The risk register is reviewed monthly and updated as required. Risk assessments are carried out when a new risk is identified.

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

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff did not have up to date knowledge regarding the management of residents behaviours.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is...
challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Each client has had a review and up-dated safety plans, risk assessments and behavioural support plans. These were carried out with each key worker. This was completed following HIQA inspection in November 2014.
All staff, inclusive of long term agency staff have read all clients files and up-dated knowledge on each client access to all residents positive behaviour support plans to support residents and manage behaviour.
All staff including long term agency has received training on the electronic database CID.
All staff have completed the Protection & Safeguarding Training.
Short term agency staff have access to resident specific information in the agency folder and their personal profiles.
Full time staff completed a Bespoke Training Course in Complex Behaviours with a Consultant Psychologist

Proposed Timescale: 31/03/2015
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraints in place that were not appropriately monitored, reviewed and suitable.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Rights restrictions are in place for restrictive procedures and recommendations carried out.
Kitchen not locked so all residents have access.
Behavioural plans reflect MDT input
Shutters only operated during alarm checks and if a fire present.
Staff have all up-dated risk assessments printed out in risk register folder and all staff evidenced that they have read resident assessments.

Proposed Timescale: 30/04/2015
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents were not protected from the risk of abuse. Immediate action issued.
**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
As per client care plan and risk assessments residents are accompanied to and from bus during day.

**Proposed Timescale:** 18/11/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff were not provided with appropriate training in prevention, detection and response to abuse. In addition, specialist training regarding specific complex behaviours had not been provided to all staff.

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

**Please state the actions you have taken or are planning to take:**
All staff including long term agency have completed Protection & Safeguarding Training on 7th and 8th Jan 2015. All location staff have completed a Training Course in Complex Behaviours. Long term agency staff will avail of specialist training when clinical Psychologist confirms a date.

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

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all residents had opportunities to access education, training and employment.

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

**Please state the actions you have taken or are planning to take:**
Residents who do not access the traditional Day Service have a Social Activity Programme in place to support them during the day and this is on-going. For clients that are requesting and require more specific opportunities in education training and work, the HSE has been applied to for funding in order to put this in place.
Proposed Timescale: Subject to HSE funding

Proposed Timescale:

Outcome 11. Healthcare Needs
Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents' health care needs were not being appropriately reviewed, managed and updated to ensure residents enjoyed best possible health.

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

Please state the actions you have taken or are planning to take:
All care plans reviewed and updated as required. All short term care plans implemented as required.

Proposed Timescale: 31/01/2015

Outcome 12. Medication Management
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication management was not in line with best practices.

Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
GP signs off on all medication prescribed. Discussed with all staff at staff meeting re compliance with best practice. Medication is audited monthly. PRN protocol guidelines put in place. Pharmacy audit carried out 09/03/2015.
**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 post of person in charge was not full-time.

**Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The post of PIC is now full time in the designated centre.

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**Proposed Timescale: 08/01/2015**

**Theme:** Leadership, Governance and Management

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

The person in charge is not sufficiently demonstrating that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Action Required:**

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

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

PIC is now full time in the designated centre and will ensure the effective governance, operational management, and administration of the designated centres concerned. In the absence of the person in charge there is a senior manager available to answer emergencies. The roster highlights senior staff nurse in charge.

As referenced all residents plans and assessments are reviewed and up to date. As referenced all staff have been trained in safeguarding and SHS staff have attended specific training around the complex needs of the residents in location.

For an increase in staff levels to meet certain residents supervision needs the HSE have been applied to for funding for this. This is subject to funding made available.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not clear lines of authority demonstrated in terms of governance and management of the designated centre on this inspection.

Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
Each house has identified on the roster a designated person in charge of their house which will continue to be practice. One of these staff nurses will be identified on the roster as the overall senior staff nurse in charge in the location.

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems in place were not ensuring services provided were safe, based on assessed need or effectively monitored.

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

Please state the actions you have taken or are planning to take:
A full time PIC is in place and regular monitoring will occur. In the absence of the PIC it is indicated on roster who is the senior staff nurse in charge in the location.

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No evidence of annual review in accordance with the Standards.

Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
Audit of personal profiles every three months by PIC who is now full time.

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No evidence of unannounced visits and written reports prepared on the safety and quality of care and support provided in the centre and plans in place to address any concerns regarding the standard of care and support.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
At a local level PIC will carry out unannounced visits and will audit different areas each time. Audit check list in place.
SHS internal audit unannounced visit took place on 03/02/2015

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff were not being provided with opportunities to be supported, developed and performance managed to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

**Please state the actions you have taken or are planning to take:**
Now PIC is in place full time since January 2015 Pic will continue to do staff supervision
and Annual Personal Evaluation and have regular team supervision meetings which are minuted.
Staff supervision for 2014 completed. 2015 is currently under way. Staff performance completed for 10 staff and remaining four is underway.

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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff were not facilitated appropriately to raise concerns about the quality and safety of the care and support provided to residents.

**Action Required:**
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Please state the actions you have taken or are planning to take:
Complaints policy available to staff and process outlined.
All staff aware and facilitated through monthly staff meeting and supervision that any concerns are highlighted and if required forwarded to appropriate personnel.

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<th><strong>Outcome 16: Use of Resources</strong></th>
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<td><strong>Theme:</strong> Use of Resources</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resources available were not appropriately meeting all residents needs.

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

Please state the actions you have taken or are planning to take:
In order to have the designated centre adequately resourced additional funding has been requested from the H.S.E.

Proposed Timescale: Timescale is subject to funding
### Proposed Timescale:

#### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number of staff was not in line with assessed need.

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

**Please state the actions you have taken or are planning to take:**
All current staff are qualified nursing staff - RNID RGN and RPN
Skill mix of staff is currently being reviewed.
S.H.S. has applied to the HSE for extra funding for additional support for some specific clients

### Proposed Timescale: 01/12/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff did not have access to appropriate training.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
All staff inclusive of long term agency staff have attended protection & Safeguarding Training. Completed in January 2015.
A client requiring 1:1 support SHS has applied to HSE for funding for this.
All agency staff have a folder available with identified risk assessment for residents and a signing off list to evidence that assessments have been read.
PIC is full time since January 2015.
All care plans, safety plans and risk assessments and personal plans have all been reviewed and up-dated since November 2014.
New staff induction is as follows: three shifts supernumery to work with experienced staff, one supernumery shift with PIC. Once shift allocated to reading social work files. This is over a two week period.
Re long term agency staff supervision and performance evaluations will be implemented.
Outcome 18: Records and documentation

**Theme:** Use of Information

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

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

**Please state the actions you have taken or are planning to take:**
A schedule 5 policy is discussed at each staff meeting and importance of adhering to policy.
Complaints policy will be discussed staff meeting on 30/01/2015

**Proposed Timescale:** 30/01/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have a residents guide.

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

**Please state the actions you have taken or are planning to take:**
Resident guide was available to residents in folder and on notice board but now each client has a copy in their rooms.

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

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All Schedule 3 documentation was not maintained to an appropriate standard and available on inspection.
**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
All documentation has been updated and re-formatted

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