

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Limited
Centre ID:	OSV-0001690
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Limited
Provider Nominee:	John Hannigan
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 August 2015 08:30 To: 20 August 2015 12:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection of a designated centre operated by Sunbeam House Services which offers people with an intellectual disability short term breaks was conducted by the Health Information and Quality Authority (the Authority) in order to follow up on the agreed actions from the previous inspection conducted in July 2014 and the update to the original action plan which been submitted to the Authority on 26 November 2014.

The agreed actions relating to staffing levels, information in prescriptions, the management of residents' finances and the complaints procedure had been implemented by the provider. However, the agreed actions in relation to a schedule of audits had not been addressed and implemented and this continued to be a non compliance. Whilst the action relating to fire doors had been implemented by the close of this inspection, this was well outside the timeframes agreed with the Authority.

These issues are further discussed in the body of the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were structures in place to promote the rights of residents, for example, staff were aware of the rights of individuals and of what constituted a restriction of rights. A Rights Review Committee was in place to which any rights restrictions were referred, however, there were no rights restrictions identified during the inspection.

There was clear evidence of respect and dignity being afforded to residents, for example, staff asked permission of residents before entering their rooms, and staff spoke respectfully both to and about residents. Introductions to the inspector were managed appropriately, and difficult behaviour which arose during the course of the inspection was dealt with in a caring and respectful manner.

There was now a comprehensive policy on the management of complaints and the person responsible for the management of the complaints and appeals procedure was now identified. A complaints log was maintained which outlined the nature of the complaint, actions taken and a record to the satisfaction of the complainant. There were no recent complaints and staff described discussions with several families of residents which indicated satisfaction with the service provided.

The inspector requested evidence with regard to the ways in which residents were consulted and participated in the operation of the centre in line with the requirements of the Regulations. However, there was no process in place to facilitate this and no record of a forum for either residents or families to be consulted and participate in the organisation of the centre.

Judgment:
Substantially Compliant

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):

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

Findings:

The agreed action from the previous inspection had been implemented. The record of each resident examined by the inspector now included a written agreement of the services offered to residents and the charges incurred, and were signed by a family member who was the main care provider. In addition these agreements were in an accessible version for residents, including a pictorial representation of the information.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The agreed actions from the previous inspection had been implemented, although not all within the agreed timeframe. The conversion of wedged open fire doors between compartments to doors held open by a magnet, which would be released in the event of a fire, was taking place during the inspection, outside the agreed timeframe of 31 December 2014. However, the inspector was satisfied at the close of the inspection that this system had now been implemented.

Systems were in place in relation to the prevention and detection of fire. There were clear records of required checks. Daily checks of the alarm and fire exits were recorded. A weekly record of checks on the carbon monoxide detector was available. Monthly

checks of equipment including emergency lighting, extinguisher dates and exit signs were available. Regular fire drills had taken place on a six weekly basis, and records were maintained of the effectiveness of drills. Staff engaged by the inspector had received fire safety training and could describe the steps to be taken in the event of an emergency. There was a personal evacuation plan in place for each resident describing any difficulties which may be encountered and the management of such difficulties, with the exception of one recently admitted resident who had been availing of a respite service since April. The personal evacuation plan for this resident was put in place immediately, was submitted to the inspector for review and was found to be in sufficient detail as to guide staff in an emergency.

The infection control issue identified at the previous inspection had been dealt with by the introduction of a flat mop system whereby mop heads were laundered after use.

There were processes in place for the management of risk, for example, there was a risk register which included location specific risk management, and there were individual risk assessment in personal plans for any personal risks reviewed by the inspector. These included risk assessments relating to showering, use of stairs and accessing community facilities.

However, not all risks in the designated centre had been assessed or managed. There was no lone worker risk assessment or management plan in place. Frequently a staff member was on duty alone between the hours of 16.00 hrs and 10.00hrs the following morning, and there was no plan in place to mitigate this risk.

Judgment:

Substantially Compliant

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):

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

Findings:

There were systems in place in relation to the protection of vulnerable adults. Each residents' personal plan included a 'My safety plan' which was a detailed assessment of safety issues for that individual. For example, there was guidance for one resident about the need for supervision when using kitchen appliances, and for another the need for one to one supervision at all times.

Intimate care plans were in place for all residents who required assistance in this area in sufficient detail as to guide staff.

Training records were not reviewed during this inspection, however staff on duty, who were both recent employees of the organisation, had training in the protection of vulnerable adults scheduled. Both had received training in their previous positions and were knowledgeable in this area.

Significant improvements had been made since the previous inspection in relation to the management of residents' finances. There was now a system of recording and receipting all monies brought into the service by residents, including both spending money and payment of agreed charges. Agreed charges were now paid into the organisation's account and clear records were available. Of the three balances of both spending money and payment of charges reviewed by the inspector on this occasion, all were correct.

However, there was no evidence of audit of finances as further discussed under outcome 14.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in relation to the management of medication in the designated centre. The transfer of medication between the residents' homes and the respite facility was well managed. There were risk assessments in place for residents who managed their own medication and this was supported.

All prescriptions and recording sheets reviewed by the inspector now included all the requirements of the regulations. In particular, all 'as required' (PRN) prescriptions clearly indicated the circumstances under which such medication should be administered.

Where rescue medication for epilepsy was prescribed there was a detailed protocol in place which outlined the indicators of an imminent seizure, a description of the seizure, and the precise circumstances under which rescue medication was to be administered.

However, there was no evidence of medication management audits as discussed under Outcome 14.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood.

The person in charge of the centre was on leave at the time of this unannounced inspection, and there were satisfactory arrangements in place to cover this leave. On the previous inspection the inspector found that the person in charge of the centre was suitably qualified, experienced and knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

Team meetings were held sporadically, one in January 2015, two in April and one in June, and minutes were kept of these meetings. All of the actions agreed at these meetings had been implemented. These were the only meetings reviewed on this inspection.

The inspector reviewed the agreed actions from the previous inspection and from the follow up report from the provider in November 2014. Some of the actions agreed from the previous inspection had been implemented, for example, staffing levels were now appropriate to meet the needs of residents with challenging behaviour and there was now a robust system in place to manage residents' finances. PRN prescriptions now included all the requirements of the regulations. The complaints procedure now included the identification of the person responsible for the management of complaints. All intimate care plans reviewed by the inspector were appropriate and in sufficient detail as to guide staff.

However, several of the agreed actions had not been implemented. The provider had undertaken to introduce an audit schedule to review the safety and quality of care and support provided by 31 December 2014, but this had not taken place. A health and safety audit had taken place on 8 May 2015, but there was no evidence of any other

audits. Six monthly unannounced visits by the provider had not taken place, and there was no annual report of the quality and safety of care and support available to the chief inspector as required by the Regulations.

Whilst the actions relating to fire doors were in the process of being undertaken during the inspection, and were completed prior to its close, this had not been completed within the agreed timeframe.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Improvements had been made in staffing levels in accordance with the agreed actions from the previous inspection. Where residents had particular needs which required one to one staffing this was now facilitated.

Staff engaged by the inspector was knowledgeable about the individual care needs of each resident, including their needs and preferences in relation to which residents should avail of respite services at the same time.

Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

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):

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

Findings:

All the policies required under Schedule 5 of the regulations had been developed. However, during the inspection staff could not access these documents in a timely fashion. The folder of policies available in the designated centre was not current, the documents were incomplete, undated and there was no evidence of ratification. There was a delay of over an hour before staff could access the policies online and there was no contingency plan in place should they need to refer to the policies. The provider had not made written policies and procedures available to staff as required under the Regulations.

All records under schedule 3 relating to residents were in place and available.

Staff records were not examined during this inspection.

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:

Julie Pryce
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 report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Limited
Centre ID:	OSV-0001690
Date of Inspection:	20 August 2015
Date of response:	28 September 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 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:

Residents were not consulted in the organisation of the designated centre.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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:

It is now planned to have a coffee morning/coffee evenings on a quarterly basis. We will invite all residents, families, friends and other support persons to come and give their input into the organisation of the centre.

First meeting to take place the week starting 5th of October 2015, four monthly thereafter.

Proposed Timescale: 31/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was no lone worker risk assessment or management plan

2. 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:

There will be a plan in place from 28th September. The centre will be linked with the other centre in their cluster; regular phone calls will be made between the locations during shifts where one staff is on duty.

Proposed Timescale: 30/09/2015

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:

There was no system in place to ensure that the service provided was effectively monitored.

3. 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:

Auditing of finances has been incorporated as part of the internal audit template. These

are to take place on a six monthly basis

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The provider had not conducted six monthly unannounced visits to the centre.

4. 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:

An internal audit has been scheduled for the September 2015. Date cannot be given as it is unannounced.

The organisation is considering pooling resources with St Catherine's and Kare to carry out internal audits within the three organisations on a six monthly basis

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support.

5. 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:

An annual review of the location will be conducted by the 31st of October 2015

Proposed Timescale: 31/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Written policies were not easily retrievable when required by the staff.

6. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

The IT department have investigated the cause of the inability to access policies in electronic format on the day of the audit. This has now been rectified and all policies can be easily accessed electronically.

Proposed Timescale: 21/08/2015