

**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-0001687
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Limited
Provider Nominee:	John Hannigan
Lead inspector:	Louise Renwick
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 13 August 2015 10:00 To: 13 August 2015 16:30

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 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The application to register this centre is still in process and the purpose of this inspection was to monitor on-going regulatory compliance and follow up on the non-compliances found at the Registration inspection in July 2014. The inspector had concerns prior to this inspection that the action plan generated from the last inspection had not been fully addressed by the provider.

On the day of inspection, there was 1 resident living full time in the centre, 2 residents availing of a day programme who were also staying in the centre for a respite break, and 1 resident who was due to avail of respite that evening following an external day programme. On arrival the inspector found there to be one staff nurse on duty along with a social care worker. The person in charge attended the centre shortly after the inspector arrived.

Overall, the inspector found that while some regulatory actions from the previous inspection had been adequately addressed, some actions had still not been attended to in line with the action plan response submitted to the Authority by the provider in 2014. These actions had not been addressed, even though the time frames which the provider had committed to, had now expired. As a result there was a potential

for significant negative outcomes for residents.

The inspector also found further non-compliances in other areas that were now in need of address, most notably in relation to fire safety. The provider was required to take immediate action to address major non-compliances in relation to fire safety. These particular actions are highlighted in the Action Plan at the end of this report. The inspector received assurances that these failings were promptly addressed with documentary evidence submitted to the inspector the following day to evidence this. This is further discussed under outcome 7 health and safety and risk management.

Overall the inspector determined that the premises was not suitable for the assessed needs of the residents. The communal spaces remained too small for the number of residents as previously outlined in the report of July 2014. The inspector also found that the current staffing levels and resources of the centre was not sufficient to meet the needs of residents and ensure choice, control and adequate activation.

These matters are addressed in the report and in the action plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the actions under this outcome had been adequately addressed. The complaints procedure was now clearly on display in the designated centre, and a system of review was in place for any complaints received locally. The inspector was told that there has only been one complaint since the previous inspection a year ago. This was an open complaint that was first raised in April 2015 and was still ongoing and under investigation by senior management and the human resources department. However, information in relation to this complaint was not available in the designated centre or to the inspector. The inspector requested this information be forwarded post inspection, and on review of this the inspector was not satisfied with the maintenance of the complaints log or that complaints were being managed and investigated in a timely manner. This will be further discussed under outcome 14 Governance and Management.

The inspector found that the make up of the designated centre and the manner in which it was resourced and operated was not fully promoting the rights, dignity and choice of all residents. One resident lived full time in this centre and had a day activation programme from within his home. During the daytime three other residents availed of a day service within the centre, with two to three residents extending their day programme into respite stays on certain evenings in the week. This arrangement was not ideal for the resident who lived permanently in the centre. This was raised as an area in need of address through the provider's internal audit in December 2014. The inspector had concerns that the manner in which the centre was operated was fully promoting the rights and dignity of all residents, most notable the resident who lived in the centre on a full time basis.

The inspector determined that the routines, practices and facilities in the centre were having a negative effect on residents' choice making abilities. The current staffing ratios and resources were not ensuring residents had the choice and control over their daily activities as observed on inspection. For example, a resident who wished to go out could not be supported to do so, as another resident did not want to go. While staff informed the inspector that the resident would get the opportunity to go later in the evening, the inspector observed the resident indoors for the duration of the inspection. A bus was, at times, available to the centre when the day service located close by was not using it, however the day service operated seven days a week and access to the bus for the centre was limited, and not all staff could drive the vehicle. As a result residents could not always leave the centre when they wanted to. Due to the size and layout of the building, freedom of movement and space for privacy was limited for residents as will be discussed under outcome 6 premises.

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):

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

Findings:

The inspector found that written support agreements were now in place for residents, and this action had been adequately addressed.

The inspector gave feedback to the person in charge and the senior manager in relation to the contents of the contracts which were generic in nature, and did not reflect fully what residents were being offered. For example, the resident who lived in the centre full time had no mention in the contract that accommodation would be shared with respite residents. Some of the details in the contracts also needed review to ensure correct information, for example the provision of day services.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

During this inspection the inspector viewed a sample of residents' files and identified some gaps in need of improvement in relation to the documentation and the delivery of care. For example, one resident who had been risk assessed as having the potential to become frustrated due to poor communication did not have a communication care plan in place. There was no communication tools in use for the resident on the day of inspection. A second resident who had a similar risk assessment also did not have a communication care plan to guide staff, and a referral to the speech and language therapist had not been sent, even though this had been recommended last year by a clinical nurse specialist. This resident's personal plan goals also depended on staff receiving training and the creation of a picture exchange communication system for this resident which had never materialised.

Improvements were also required to ensure the centre was adequately resourced to promote residents' choice and control over their daily lives and be as social as possible, as discussed under outcome 1 and outcome 17.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

implemented.

Findings:

The inspector found that some actions had been addressed by the provider, however some remained in need of attention.

The ventilation draft in the small laundry room was now functioning, which assisted somewhat in reducing the heat in the small laundry room. The provider had installed an air conditioning unit in the communal space of the designated centre to assist with ventilation due to the limitations from the design and layout of the centre. For example, windows could only be partially opened due to the communal space being on the first floor and the location of the laundry/ drier closet in the small communal area.

The centre had been painted, and bedroom windows now had curtains and soft furnishings to make the centre feel more homely.

There was insufficient communal space available in the centre for residents. The living and dining room were of small proportion to accommodate at times four residents and two staff members. The small kitchen area was kept out of bounds for residents due to concerns staff had regarding risks in the kitchen, this further reduced the amount of space available to residents. There was no outdoor space available to residents for use, this was most notable on the day of inspection when the sun was shining and temperatures were high. The small entrance patio had some benches, however this space was also accessed and shared by people living in the two adjoining apartments, and included an access point to the day service centre below. The inspector also found that the floor plans submitted as part of the application to register were not a true reflection of the layout of the building. For example, it highlighted a second communal room with a door entering into the communal space, when in fact there was no door, and this room was now used as a bedroom. There was no additional room to facilitate residents to meet visitors or friends in private.

The inspector found that the building had not been reviewed to ensure it was the most accessible and promoting of residents' abilities. While staff spoke of ordering adaptive tools to help a resident with visual impairments, these were not yet in place, and with residents restricted access to the kitchen area, this was not promoting of accessibility and empowering residents to be as independent as possible. As evidenced at the previous inspection, the entrance to the centre was up 9 concrete steps. This was still the case. The providers response and time frames to address this within the previous action plan had not been implemented, and no structural changes made.

The inspector had concerns regarding the fire safety mechanisms in place in the centre, this will be discussed under outcome 7 health and safety.

Overall, the inspector determined that the premises were limited in the communal space available to residents and appropriate action had not been taken by the provider to address all previous failings.

Judgment:

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 inspector found that the staff that required training in fire safety at the last inspection had received training as outlined in the provider's action plan response. However, further training needs were identified with three staff requiring updated training in fire safety. The person in charge had requested training for two of these staff at the time of inspection.

The inspector issued an immediate action plan in relation to the risk of fire in this designated centre. During the inspection, the inspector found the internal fire doors were wedged open, and saw documentation from staff and the person in charge requesting the provider to review these doors dating back to 2012 to consider a locking release device or magnet close mechanism. To date this had not been addressed. On review of the fire documentation in the register, the inspector found no evidence of fire systems testing to show that all equipment was functioning and had been routinely serviced by a professional. The inspector reviewed the fire and evacuation procedures and found that they gave unclear guidance in the event of a fire or evacuation. Staff informed the inspector that they could get assistance from another designated centre located 5 minutes away, or the assistance of staff nearby working for another service at night time. However, no formalised plan had been arranged. While deep sleep drills had been conducted, these had been completed using unrealistic staffing numbers. The person in charge had identified this as a risk in May 2015 in a risk assessment and highlighted the over reliance on other staffing to assist the centre and the need for a realistic night time drill. This had not been adequately addressed. Personal evacuations plan were in place for each resident. However, they did not include what to do if a resident refuses to move or co-operate. Staff said some residents may refuse at times and this was also noted in drill records.

In response to this immediate action, the inspector received written assurances that these failings were addressed. Documentary evidence was submitted the following day to show that written fire procedures had been updated, fire doors had been assessed with a plan put in place to carry out any recommended works, and the provider had chosen to ensure 2 staff were now on duty at night time to facilitate the safe evacuation of residents in the event of a fire at night. The inspector determined that the immediate risk to residents had been addressed by the provider.

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:

The inspector followed up on the non-compliance found at the previous inspection in relation to the provision of staff training in protection and safeguarding.

From review of records available, the inspector found a minimum of 7 staff required training in safeguarding and protecting of vulnerable adults. As will be discussed under outcome 17 workforce, the inspector could not identify the exact number of staff who had not been trained as the required records were not maintained in the centre. This action has not been adequately addressed.

The inspector reviewed the policies in relation to the safeguarding of residents, and while new policies had been rolled out since the previous inspection, the inspector found that there was still a lack of clear guidance on how to prevent and respond to abuse and the reporting of same. The inspector found a disconnect between what staff said they would do, and the five policies reviewed to guide staff in this area. For example, the policies reviewed did not include details on the role of the social work team who play a key role in the investigation of allegations of abuse within the organisation. This is further discussed under outcome 18 records and documentation.

Judgment:

Non Compliant - Moderate

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 inspector determined that the management systems were not adequately identifying and responding to issues in relation to the safety and quality of care delivered in the centre. The inspector saw evidence that an unannounced visit had taken place as required by the Regulations. While the inspector was given the report generated from the visit undertaken on behalf of the provider in December 2014, and some local improvements had come about as a result of this, plans had not been put in place to address all of the concerns raised. For example, the December audit recognised that this centre was not an appropriate living arrangement for the resident living in the centre long term. However, it highlighted plans put in place were "subject to funding". As mentioned under outcome 16 this was a concern to the inspector. There was no documented plans or progress available for the inspector to review to determine if this concern had begun to be addressed by the provider.

As mentioned under outcome 1, the inspector was concerned with the management of complaints within the designated centre. Complaints were not addressed in a timely way. A complaint that was raised in April was still being investigated, and the systems of maintaining records and reviewing complaints raised at a local level were in need of improvement.

The person in charge informed the inspector that the deputy person in charge had completed the most recent unannounced visit (referred to in the centre as an internal audit) which was due to have been completed in June/ July 2015. However this was not available at the time of inspection, and this was not submitted to the inspector post inspection as requested.

The person in charge and senior manager were not aware if an annual review had taken place in the centre in the past year. This was being managed by another senior manager. At the time of inspection there was no annual review report available to the inspector or to residents and their representatives.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector had concerns regarding the provider's ability to adequately resource the designated centre. Some of the action responses to non-compliances with the premises identified at the previous inspection had not been carried out, with a lack funding cited as the reason why not. An issue regarding improvements to the fire door release had been initially raised by staff and the person in charge as an ongoing issue since 2012, however this had not been rectified by the provider at the time of inspection.

The inspector also found that transportation was not readily available for residents use in the designated centre as outlined in some residents' written support agreements. Staff and the person in charge informed the inspector that if a vehicle was available, the centre could avail of a bus belonging to day services nearby, however this service ran over 7 days a week and opportunities for the use of the bus were limited.

The inspector determined that the current staffing resources available were affecting the delivery of care and support to residents, along with hampering residents' ability to have choice and control over their daily lives. This was discussed under outcome 1, and will be discussed further under outcome 17 Workforce.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector reviewed the deputising arrangements for this centre, and found that

there was now a staff nurse appointed to assist the person in charge in a role of deputy for 8 hours a week. The deputy was available for the set days that the person in charge was not present and staff reported directly to this person on these days. For other times when neither the person in charge nor the deputy were on duty, there was a named nurse in charge in the centre, with additional support from the senior services manager.

The inspector reviewed training records available and identified gaps in mandatory fire safety training and protection training as previously discussed under outcome 7 and 8.

The inspector spoke with staff, reviewed rosters, and observed practices and determined that the staffing number in the designated centre was not adequately meeting residents needs or ensured residents could exercise choice and control in their daily lives as mentioned under outcome 1. On the day of inspection, the inspector observed residents not being facilitated to choose how to spend their day due to other residents not wanting to do the same activity. This resulted in a resident remaining in the centre for the duration of the inspection when he wished to go out. The inspector found that at times there was supervision of residents in place of meaningful engagement and interaction due to the staffing restraints in the centre. During the inspection, the staff nurse on duty needed to leave post to administer medication in another designated centre located close by.

Judgment:

Non Compliant - Moderate

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 inspector found that the policies as outlined in Schedule 5 of the Regulations had been reviewed, and put in place in September and October of 2014.

The inspector was concerned that the policies and procedures in relation to the

safeguarding of vulnerable adults were not clear enough to guide staff practice as previously mentioned under outcome 8. The inspector found five separate policies available to staff in relation to safeguarding, some with differing information. There was a disconnect between the practices staff outlined and the content of the policies available. These policies also did not make reference to the new national policy which was implemented in December 2014 in relation to allegations against staff members.

As mentioned under outcome 1, details of a complaint made about the service and the actions taken by the provider were not available to the inspector in the designated centre. These were requested to be submitted post inspection. At the time of report writing these had not been received.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Limited
Centre ID:	OSV-0001687
Date of Inspection:	13 August 2015
Date of response:	19 November 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 did not have the freedom to exercise choice and control in their daily lives.

1. 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:

Currently we are in the process of recruiting two Nurses. In the meantime, these vacancies are covered by Community Support Workers. An application for a flexible third staff member has been sent to the HSE. This will allow the residents to have more choice about what activities they would like to participate in.

However, in the meantime, SHS will create a new Sleepover Shift. This shift will provide the second person on nights along with their day hours as a third person to help. The hours will be:

- 3pm to 11pm
- 11pm to 8am
- 8am to 10am

These day hours will be flexible. This will be in place by 2nd December 2015.

Re Transport, Clients can continue to share the transport with Le Cheile and Villa Maria when it is free. Otherwise SHS will provide a taxi to accommodate them. This is in place from 9th November 2015.

Proposed Timescale: 02/12/2015

Theme: Individualised Supports and Care

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

Residents were not given equal opportunities to participate in activities due to the staffing and resources of the centre.

2. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Currently we are in the process of recruiting two Nurses. In the meantime, these vacancies are covered by Community Support Workers. An application for a flexible third staff member has been sent to the HSE. This will allow the residents to have more choice about what activities they would like to participate in.

However, in the meantime, SHS will create a new Sleepover Shift. This shift will provide the second person on nights along with their day hours as a third person to help. The hours will be:

- 3pm to 11pm
- 11pm to 8am
- 8am to 10am

These day hours will be flexible. This will be in place by 2nd December 2015.

Re Transport, Clients can continue to share the transport with Le Cheile and Villa Maria

when it is free. Otherwise SHS will provide a taxi to accommodate them. The provision of taxi's will be in place from 9th November 2015.

Proposed Timescale: 02/12/2015

Theme: Individualised Supports and Care

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

The investigation and conclusion of a complaint raised was not done so in a timely manner.

3. 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:

The provider's complaints policy has been revised and is available to all resident's families and staff and an easy to read version is on display in all locations. Every complaint is assigned to a complaints review officer and every complainant is informed of the SHS appeals mechanisms.

All complainants will be notified within 5 working days of receipt of complaint and investigation outlines and time limits will be given to the complainant. The provider will ensure that all complaint investigations are concluded within 30 days of acknowledgement of complain unless there are exceptional circumstances. All complaints are electronically logged and learning from complaints will be built into the organisations Quality Improvement plan.

Proposed Timescale: 28/11/2015

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:

The recommendation for an assessment by a speech and language therapist had not been followed for a resident.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Application for appointment for Speech and Language Therapy was made on 16th

October 2015 to local HSE Primary Care Team. Awaiting appointment.

Proposed Timescale: 16/10/2015

Theme: Effective Services

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

Residents with an identified risk of frustration due to poor communication did not have clear support plans or interventions in place to address this.

5. 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:

All Clients' Files, Care Plans and documentation will be reviewed and updated by Monday, 30th November 2015.

Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Access to the centre was up 9 concrete steps and there was a gate at the top of these leading to a small patio area. This was unsuitable for residents who required assistance with mobility.

6. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

SHS have a 5 bedroomed bungalow house located in Greystones that is wheelchair accessible and has adequate space. This will be a suitable location for the current Client group in Suaimhneas to move to. Details of this proposal attached. By 30th January 2016, SHS will have spoken to Clients, families and staff regarding this move and a more detailed Action Plan put in place. A Working Group will be in place by 17th December 2015 to help plan towards this move.

Should there be no unforeseen problems, the final move should take place in June 2016.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

There was inadequate communal accommodation for the number of residents availing of this centre.

There was inadequate communal space for residents suitable for their social activities considering this centre provided a day programme also.

7. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

SHS have a 5 bedroomed bungalow house located in Greystones that is wheelchair accessible and has adequate space. This will be a suitable location for the current Client group in Suaimhneas to move to. Details of this proposal attached. By 30th January 2016, SHS will have spoken to Clients, families and staff regarding this move and a more detailed Action Plan put in place. A Working Group will be in place by 17th December 2015 to help plan towards this move.

Should there be no unforeseen problems, the final move should take place in June 2016.

Proposed Timescale: 30/06/2016

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:

IMMEDIATE ACTION GIVEN:

Fire evacuations and safety plans were unclear to ensure safe evacuation of residents at day and night in the event of a fire or emergency evacuation.

8. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

New evacuation guidelines are now in place for staff. Updated PEEPS are now in place for all Clients. Attached is the evacuation guidelines for staff and an example of a PEEP for a Client.

Proposed Timescale: 18/11/2015

Theme: Effective Services

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

IMMEDIATE ACTION GIVEN:

There was no evidence that the fire alarm and emergency lighting had been routinely checked or serviced by a professional.

9. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Copies of fire service reports were sent to HIQA on 14th August 2015.

Proposed Timescale: 14/08/2015

Theme: Effective Services

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

IMMEDIATE ACTION GIVEN:

Fire doors were wedged open. Staff had raised an issue with the provider previously about the need for a release mechanism in the event of a fire.

10. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Magnetic fire closers on doors are in place.

Proposed Timescale: 18/11/2015

Theme: Effective Services

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

Some staff working in the centre needed refresher training in fire safety.

11. Action Required:

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

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

Other than one staff member who is booked to complete the training course on 24th November 2015, all other staff have completed the training.

Proposed Timescale: 30/11/2015

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:

Not all staff had received training in the safeguarding and protection of residents.

12. 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 booked in for training.

Proposed Timescale: 31/12/2015

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:

Management systems were not adequately identifying and responding to issues in relation to the safety and quality of care delivered in the centre.

13. 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:

1.SHS have a 5 bedroomed bungalow house located in Greystones that is wheelchair accessible and has adequate space. This will be a suitable location for the current

Client group in Suaimhneas to move to. Details of this proposal have been submitted to the regulator.

2.The Management structure in the existing centre is clearly defined and a Person in Charge is responsible for the overall management of the location. An escalation Management structure is also in place and all members of the Senior management team are available by phone and are notified by email immediately in the event of a serious incident. An Unannounced Health & safety audit was completed in 2015. Unannounced Provider audits are in place at this location and copies of the most recent audit completed in on 19/08/2015 are available on request.

3.There have been changes to the PIC at this location and an Annual Review that incorporates consultation with families and residents will be undertaken by the PIC as a matter of priority. A copy of this review will be submitted by 28th November 2015

Proposed Timescale: 1. 30th June 2016

2. 28th November 2015

3. 28th November 2015

Proposed Timescale: 30/06/2016

Theme: Leadership, Governance and Management

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

There was no evidence that an annual review had taken place.

14. 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 quality and safety of care and support will be conducted by the Person in Charge at the designated centre. This will be undertaken in consultation with families and residents at this location.

Oversight of this review will be undertaken by the Senior Manager with responsibility for this location by 02 December and it will be made available to residents and the regulator if required.

Proposed Timescale: 28/11/2015

Theme: Leadership, Governance and Management

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

There was no evidence that an unannounced visit had taken place in the last 8 months, and that there was a plan in place to address any issues raised.

15. 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 unannounced audit was conducted on the 19th August 2015. Please find attached. An Annual provider review with consultation with family and residents at this centre will be completed by November 28th 2015.

Proposed Timescale:

Unannounced audit Completed August 2015

Annual Provider Review will be completed by the PIC
November 28th 2015

Proposed Timescale: 28/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Gaps were identified in the staffing and transportation resources in the centre, along with the provider's ability to follow through on action plan responses to ensure compliance.

16. 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:

Currently we are in the process of recruiting two Nurses. In the meantime, these vacancies are covered by Community Support Workers. An application for a flexible third staff member has been sent to the HSE. This will allow the residents to have more choice about what activities they would like to participate in.

However, in the meantime, SHS will create a new Sleepover Shift. This shift will provide the second person on nights along with their day hours as a third person to help. The hours will be:

- 3pm to 11pm
- 11pm to 8am
- 8am to 10am

These day hours will be flexible. This will be in place by 2nd December 2015.

Re Transport, Clients can continue to share the transport with Le Cheile and Villa Maria when it is free. Otherwise SHS will provide a taxi to accommodate them.

Proposed Timescale: 02/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing numbers were not adequate.

17. 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:

Currently we are in the process of recruiting two Nurses. In the meantime, these vacancies are covered by Community Support Workers. An application for a flexible third staff member has been sent to the HSE. This will allow the residents to have more choice about what activities they would like to participate in.

However, in the meantime, SHS will create a new Sleepover Shift. This shift will provide the second person on nights along with their day hours as a third person to help. The hours will be:

- 3pm to 11pm
- 11pm to 8am
- 8am to 10am

These day hours will be flexible. This will be in place by 2nd December 2015.

Proposed Timescale: 02/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There were five policies on safeguarding residents which were conflicting and not fully implemented in practice.

18. Action Required:

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

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

The Protection of Vulnerable Adults Policy has been amended and submitted to the Authority.

Proposed Timescale: 18/11/2015

Theme: Use of Information

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

A record of a recent complaint and the response by the provider was not available to the inspector.

19. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

A record of this complaint was sent to HIQA on the 14th August 2015. This complaint is logged on the internal data base (CID).

Proposed Timescale: 18/11/2015