<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001689</td>
</tr>
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<td>Wicklow</td>
</tr>
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<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>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<td>08 September 2015 10:30</td>
<td>08 September 2015 19:00</td>
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<tr>
<td>09 September 2015 10:30</td>
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<tr>
<td>29 October 2015 10:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Summary of findings from this inspection

This inspection of a designated centre operated by Sunbeam House was conducted by the Health Information and Quality Authority (the Authority) following the application to register the centre.

As part of this inspection, the inspector met with managers, staff and residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and
management documentation and staff records.

There was evidence that the social and healthcare needs of residents were met, and that opportunities for new experiences and social participation were supported and facilitated.

The designated centre was a community home for four residents comprising two semidetached houses converted to one home. Whilst the design and layout of the centre was sufficient to meet the needs of residents, it was in a state of disrepair and uncleanliness.

The centre achieved compliance In 12 of the 18 outcomes, improvements were required in rights, personal planning, premises, infection control and governance. These issues are discussed in the body of the report and in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were structures in place to promote the rights of residents, for example, staff were aware of the rights of individuals and had identified issues which may have been a restriction of rights for individuals and referred them to the rights review committee. There was a ‘rights restrictions discovery’ document in place for each resident which identified any rights restrictions for residents.

However, as further discussed under outcome 6, the premises were unclean and in a state of disrepair, so that the rights of residents to a clean and comfortable home had not been upheld. Residents told the inspector that the curtains and lampshade in the living room had been put in place the week before the inspection, so that the inspector was concerned that this had been done solely in preparation for the inspection, and not as part of the normal maintenance of the residents’ home.

There was evidence of the privacy of residents being respected, each resident had a key to their own room, and staff did not enter rooms without the express permission of the residents. Confidentiality of residents’ information was respected and each resident had signed a document to indicate their choice as to who would have access to their personal plans. Residents all told the inspector that their permission had been sought for the inspector to view these plans.

There was a policy on the management of complaints and this was available in a format accessible to residents and displayed in the centre. A log of complaints was maintained which included details of the nature of the complaint, actions taken, and a record of whether the complainant was satisfied. However, no record of complaints made was
available in the designated centre to relevant staff including the person in charge. This information was maintained in the head office of the organisation, so that staff were not aware of the content of any complaints, the learning from these or the information required in order to monitor any issues raised.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
For the most part residents communicated freely, with both expressive and receptive verbal communication. Communication was encouraged, and all interactions between staff and residents were respectful and caring.

Residents were facilitated to use the house phone for their own private phone calls, and there was access to media including tv, computers and mobile phones.

However, where residents had difficulties in communication, while staff were knowledgeable about their needs, there was no assessment or plan of care documented in relation to these needs, as further discussed under outcome 5.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.
Findings:
Links with families and friends were maintained by the centre. Visits were welcomed and facilitated, including the provision of staff support if required. Residents were supported to visit their families in accordance with their needs and preferences, and families were invited to join some social events. Families were also involved in the development of residents’ personal plans where this was the preference of the resident.

Residents had friends other than their fellow residents, and links with these friends were also supported.

Links had been forged and maintained in the local community, for example, residents regularly used local facilities and shops, and were known in the community.

Judgment:
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):
This was the centre’s first inspection by the Authority.

Findings:
Written contracts of care were in place for all residents, which outlined the services offered and any fees charged. Contracts had all been signed by family members.

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):
This was the centre’s first inspection by the Authority.

Findings:
There was a personal plan in place for each resident, and a format had been introduced which included clear sections, beginning with a ‘my personal plan’ document. This outlined the important pieces of information about the resident, and the assessment of social needs, including safety issues, likes and dislikes and preferred activities. However these plans had only been fully completed for some of the residents.

There was a section in the personal plan in which to identify goals for residents, but for the most part these goals were either irrelevant or vague. For example, a goal had been identified for one resident as ‘saving to buy a car’. Staff reported that this was not in fact a goal for this resident, and that the information was ‘historic’. The goal set for another resident was to ‘lose weight’. However there was no baseline weight available, no target weight identified and no monitoring or recording of weight.

However, whilst the personal plans did not contain sufficient guidance, staff and residents could describe various steps being taken towards maximising the potential of residents. For example, some were learning pre-requisite skills towards snack and meal preparation, and one person was learning how to use their mobile phone to facilitate independence in the community.

Not all aspects of need identified for residents were included in the personal plans, for example, the communication needs of residents as discussed in outcome two were not referred to in the personal plan.

A healthcare assessment was available in the plans which identified healthcare needs for residents, including medical needs, emotional needs and medication management. These documents outlined the actions required to maintain health, and were in sufficient detail as to guide staff. For example, the plan in relation to the management of epilepsy for one resident identified potential triggers to seizures, and guidance as to how to avoid these triggers.

There was evidence that supports were in place to ensure that residents had a meaningful day. Residents told the inspector that they enjoyed their activities, both during the day and during their leisure time. Job coaches were available to residents, and many had jobs or engaged in voluntary work.

Personal plans were available in an accessible version for residents, either in the form of a large poster, or in pictorial representations of information.

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):
This was the centre’s first inspection by the Authority.

Findings:
The designated centre comprised two semi-detached houses which had been converted to become one home. Each resident had their own bedroom, and there was a living room and kitchen/dining area. There was also a utility room, and three bathrooms. The premises were unkempt, unclean and in a state of disrepair. Externally there were tall weeds growing up through the paving on the drive and the shrubbery was overgrown. The windows were so dirty as to impede the access of day light, and thick cobwebs hung around the window frames. The door frames were visible dirty, stained and scratched. It was clear that the dirt had accumulated over some considerable time.

The inside of the premises was also unclean. The windows inside were unclean and there were cobwebs hanging from the window frames. Surfaces in the hallway and living room were visibly unclean and the dirt was sticky to the touch, and there was a stale smell in the communal living areas. Throughout the home there were fixtures and fittings in a state of disrepair. For example, the curtain rail in one of the residents’ bedrooms was broken and only half attached to the wall, and the curtains in another were only attached to the rail by two curtain hooks. The blinds in the utility room were broken and cracked, and the window to one of the bathrooms had been covered with a ‘stick on’ sheet covering, and this had half peeled away and was black with dirt around the edges.

In one of the bedrooms there was no wardrobe, the only storage available to the resident was a broken set of drawers and some open shelving.

Throughout the house the doors were scratched and stained, door frames were unclean and scuffed and the painting of walls had not been maintained. Furniture in the living room was broken, stained and torn, and curtains and a lampshade had only been provided the week before the inspection. As discussed under Outcome One this also resulted in a dignity issue for residents.

The regional manager undertook to have the immediate cleaning commenced that week, and on the third day of the inspection conducted three weeks later this had been carried out.
Judgment:  
Non Compliant - Major

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):  
This was the centre’s first inspection by the Authority.

Findings:  
There were systems in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. However, not all staff had received fire safety training. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. All fire safety equipment had been maintained regularly, monthly checks of equipment including lighting, alarm and extinguishers was recorded, and daily checks of fire exits were documented.

There were risk assessments in place, for example, in relation to activities, and community access. Environmental risks had also been identified and included in the health and safety statement. A risk register was maintained in which identified risks were recorded and risk rated and control measures identified. A risk policy was in place which included all the information required by the Regulations.

Accidents and incidents were reported and recorded appropriately, and there was a process for the escalation of risks to senior management.

There were no adequate systems in place for the prevention and control of infection. There was a dirty dark grey mop stored outside, upside down in the mop bucket. Bins throughout the house, including sanitary bins in the bathrooms, were visibly unclean and sticky to the touch. There was debris on the shelves in the kitchen cupboards and on the shelves of the fridge, and the label of a can of food in one of the cupboards was mouldy. There was no recording of daily cleaning tasks and no hygiene audit had been undertaken.

The regional manager undertook to have the immediate cleaning commenced that week, and on the third day of the inspection conducted three weeks later this had been carried out.

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):
This was the centre’s first inspection by the Authority.

Findings:
The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. A policy was in place in relation to the protection of vulnerable adults, and a safeguarding committee was in place. There was evidence of individual safeguarding measures for residents who required them.

There was a financial management plan in place for each resident in relation to the management of their spending money. Any purchases were recorded with a receipt and a signature, a ledger was kept for each person and balances maintained were checked twice a day.

Any restrictive interventions had been identified and notified to the Authority appropriately. There were risk assessments in place relating to any identified restrictions. There was clear evidence of the introduction of a plan to reduce a restriction for one of the residents, and the first steps of this plan had been implemented.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
**Findings:**
All the required notifications had been submitted to the Authority in a timely manner.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 10. General Welfare and Development</strong></th>
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</thead>
<tbody>
<tr>
<td><em>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.</em></td>
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</tbody>
</table>

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence that the general welfare and development needs of residents were promoted. For example, residents were being supported to learn skills relating to promoting independence and self care.

Residents were supported by staff to pursue a variety of interests including shopping and eating out. The choices of residents in relation to activities was sought and respected. They were all involved in daily activities such as supported employment or voluntary work, and engaged in a variety of activities in their leisure time.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<tbody>
<tr>
<td><em>Residents are supported on an individual basis to achieve and enjoy the best possible health.</em></td>
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**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. Residents had...
access to a General Practitioner (GP) and an out-of-hours service. There was input from other healthcare professionals as required, for example, physiotherapist, pharmacist and dentist.

Each resident had an annual healthcare assessment and annual medical. There were healthcare plans in place for all of the assessed needs of residents. For example a care plan in relation to physical disability outlined the limitations required and the supports necessary. Staff engaged by the inspector were knowledgeable in relation to the healthcare support needs of residents. A particular healthcare need for one resident which could not be managed was dealt with by staff who sourced alternative treatment.

The inspector was satisfied that a plentiful and nutritional diet was offered to residents. The kitchen was well stocked, and snacks and drinks were readily available. Mealtimes were sociable occasions for those residents who wished to dine together. Staff described the way in which individual residents made choices, and this was observed by the inspector at mealtimes. Residents told the inspector that they enjoyed the meals.

**Judgment:**
Compliant

### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
While there was evidence of structures and processes in place in relation to the management of medications, for example, each resident had an individual medication management plan in place, including a self medication assessment where appropriate. An annual audit was conducted by the pharmacist, and monthly medication inspection checks were conducted.

Documentation relating to the management of medications for residents was in place for the most part, including prescriptions for ‘as required’ (PRN) medications and corresponding protocols. However, the recording sheet for the administration of medications did not include times, it only referred to morning or evening, so that there was no evidence of either consistency of medication administration times, or adherence to the prescriptions.
Medications were supplied to the centre in blister packs, all of these were checked on receipt and a stock record sheet was maintained. Storage of medications was managed safely.

Any medication errors were recorded and reported appropriately, and reviewed and trended by a senior management team.

**Judgment:**
Substantially Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
There was a clear management structure in place, and all staff were aware of this structure. There was a system of meetings within this structure, and a process for communication between the teams. Minutes were maintained of these meetings, and those reviewed by the inspector identified actions and monitored the implementation of them.

While the person in charge was on leave at the time of the inspection, a deputy person in charge was in place. The deputy person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had a clear knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation and provided evidence of continuing professional development.

There was a system of audits in place including an unannounced audit on behalf of the provider based on the regulations. Audits resulted in an action plan, identified a responsible person and completion date. Any actions reviewed by the inspector had been completed. However, there was no annual review of the quality and safety of care and support as required by the regulations.

Overall the inspector was not satisfied that the governance and management was satisfactory to ensure the quality of care provided to residents, given the state of disrepair and uncleanness of the centre. It was not clear where the responsibility for monitoring cleanliness lay, but it was clear that this was not a recent issue which had not been monitored over a period of time.

**Judgment:**
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a deputy person in charge in the centre at the time of the inspection.
**Judgment:**
Compliant

**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Staff and managers engaged by the inspector reported adequate resources were currently provided to meet the needs of the residents, and that any deficiencies in repairs, maintenance and decorating were not due to a lack of funding.

Staff confirmed that transport was available to bring residents to their home, the various day activities and leisure pursuits.

**Judgment:**
Compliant

**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Whilst there was a high turnover of staff in the centre, reasons for this had been identified, and a plan was on progress to address the issues. In addition a comprehensive induction was in place for any new staff prior to their first shift.
Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs. 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.

Staff training was up to date, with the exception of fire safety training for two staff members as discussed under Outcome 7.

Staff files were reviewed by the inspector and found to contain all the information required by the regulations.

**Judgment:**
Compliant

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### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
All records to be kept in the designated centre in respect of each resident under Schedule 4 were in place. The policies required under Schedule 5 were also in place, and the directory of residents was reviewed by the inspector.

**Judgment:**
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
## Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
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<td>Date of Inspection:</td>
<td>08 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 December 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:**

The provider had not ensured that residents' dignity was respected in relation to their living space.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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:**
A cleaning and hygiene audit was carried out on the 25th of September.
Bi monthly cleaning audits will be carried out going forward.
A maintenance audit was carried out on the 24th of November.
All maintenance jobs are recorded on the maintenance data base (Curo)

**Proposed Timescale:** 28/02/2016
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not have access to the information from which to implement any measures required for improvement.

2. **Action Required:**
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**
A review of the client information data base (cid) is to be carried out and the workflow for complaints is to be reviewed at this time.

**Proposed Timescale:** 28/02/2016

**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:**
Not all residents’ needs were reflected in the personal plans.

3. **Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
The personal plan for all residents will be reviewed. The communication needs and preferred method of communication will be clearly identified.
Care plans will be reviewed and details on prevention and management of health and medical needs will be identified.

**Proposed Timescale:** 31/01/2016  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Steps towards maximising the potential of residents were not recorded in the personal plans.

4. **Action Required:**  
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**  
The personal plans for all residents will be reviewed and updated. All residents goals will be identified and reviewed.

**Proposed Timescale:** 31/01/2016

**Outcome 06: Safe and suitable premises**  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The provider had not ensured that the premises were kept in a good state of repair.

5. **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:**  
Contract gardener to carry out appropriate works to front and back garden and to side area where bins are stored. All weeds and over grown shrubs to be removed. Plants to be placed at front door in keeping with neighbourhood ascetics  
Windows to be kept clean as part of household cleaning routine.  
Further deep clean required removing “built up” dirt around door frames/handles etc.  
Blinds to be replaced throughout the house.
Any stick on covering on windows to be removed.

A cleaning and hygiene audit was carried out on the 25th of September. Bi monthly cleaning audits will be carried out going forward.

**Proposed Timescale:** 28/02/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured that the premises were clean and suitably decorated.

6. **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:
Painting required in downstairs of premises – small communal areas so light coloured paint recommended.

New living room/dining room furniture to be purchased.

**Proposed Timescale:** 28/02/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured that suitable storage was provided as required in Schedule 6.

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:
It is noted that one of residents bedrooms the only storage available to the resident was a broken set of drawers and some open shelving. The broken set of drawers to be replaced/repaired, although the open shelves are the resident’s particular choice. Suitable storage will be purchased according to the residents wishes.

Storage of cleaning mops to be carried out according to good practice measures for infection prevention and control.

**Proposed Timescale:** 28/02/2016
**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:**
The provider had not ensured that appropriate infection control procedures were adopted.

8. **Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
Colour coding system of cleaning mops/cloths has been implemented.
All mops to be stored, once washed & dried, in separate basins based on colour codes.
Laundry of red mops at 60 degrees separate from all other mops
Laundry of yellow mops at 60 degrees separate from all other mops
General area mops can be laundered together at 60 degrees
Sink in utility room to be used as designated rinsing sink for these cleaning items.

A cleaning and hygiene audit was carried out on the 25th of September.
Bi monthly cleaning audits will be carried out going forward.

**Proposed Timescale:** Ongoing

**Theme:** Effective Services

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

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

**Please state the actions you have taken or are planning to take:**
All staff will have all mandatory training up to date by 31st January.

**Proposed Timescale:** 31/01/2016
### 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:**
There was insufficient evidence that medication was administered as prescribed.

10. **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:**
All medication recording sheets will be updated to include administration times, identification of residents. Clear guidelines in relation to ordering, receipting, storage disposal and administration of medication.

**Proposed Timescale:** 31/01/2016

### 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 did not ensure effective monitoring of the service provided.

11. **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 cleaning and hygiene audit was carried out on the 25th of September.
Bi monthly cleaning audits will be carried out going forward.
A maintenance audit was carried out on the 24th of November.
All maintenance jobs are recorded on the maintenance data base

**Proposed Timescale:** 28/02/2016

**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 safety and quality of care and support.
12. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The person in charge will carry out an annual review of the quality and safety of care and support in the designated centre.

**Proposed Timescale:** 31/01/2016

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**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resources were not managed appropriately to meet the needs of residents.

13. **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:**
A cleaning and hygiene audit was carried out on the 25th of September. 
Bi monthly cleaning audits will be carried out going forward.
A maintenance audit was carried out on the 24th of November.
All maintenance jobs are recorded on the maintenance data base (Curo)

**Proposed Timescale:** 28/02/2016