<table>
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<th>Applewood</th>
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<tr>
<td>Provider Nominee:</td>
<td>John Hannigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Karina O'Sullivan</td>
</tr>
<tr>
<td>Support inspector(s):</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 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**

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<tr>
<th>From:</th>
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<tr>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

**Background to the inspection:**

This was the second inspection of this designated centre. This inspection was to monitor ongoing compliance with specific outcomes associated with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector visited the designated centre, met with four residents and three staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. One resident identified "staff are brilliant here and help me when needed, they do other work too such as, going out and about". Another resident identified "I'm very happy here I like having a big garden and a table and chairs outside to relax in".

**Description of the Service:**

This designated centre was operated by Sunbeam House Services (SHS) Limited and was based in Bray and Greystones, County Wicklow. There were four residents living
in the designated centre. The designated centre consisted of two houses. The provider had produced a document titled the statement of purpose, as required by regulation, this described the service provided. The designated centre aimed to provide residential support for both male and female adults over the age of 18 with intellectual disabilities. Residents with moderate support needs and also mental health support needs were accommodated within the designated centre to live as independently as possible within the community as outlined in the statement of purpose.

Overall Judgments of our findings:
Eleven outcomes were inspected against, three outcomes were compliant and three outcomes were found to be substantially compliant. Five outcomes were found to be moderately non-compliant. Areas of improvement included the complaints procedure, consultation with residents, information contained within residents’ files including behavioural support plan.

The person in charge facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector reviewed this outcome in respect of the action identified in the previous inspection. The inspector found the action remained outstanding.

There was a complaints policy and procedure in place, however, it was unclear within the complaints policy who was the nominated person independent of the person nominated to deal with complaints was within the organization. This was to ensure all complaints were appropriately responded to and records were maintained as specified under paragraph 34(3) of the regulations.

During the course of the inspection the inspector viewed a letter contained within one resident's file. This was dated 04 March 2016 from the national advocacy service. The letter identified an advocate spoke with the resident and the resident spoke about their annoyance of the removal of their own property. The inspector requested further information in relation to this. However, this was not available. The person in charge was not working within the designated centre at the time this occurred. The inspector was unable to see any evidence of why this occurred or what consultation occurred with the resident. The inspector was informed a member of senior management informed staff to take away the items belonging to the resident following an audit. The inspector requested to see this audit however, this was not available. The inspector also requested to view the resident's daily notes for this period however, inconsistence were evident for example, the inspector viewed documentation dated 03 March 2016 identifying the resident was happy for staff to hold the items for the resident in the staff office. The inspector found the documentation around this incident inconsistent and
unclear. The inspector requested evidence of this issue being discussed with the resident and if this had been identified as a compliant. The person in charge identified sought clarity from the member of staff who was managing the designated centre at the time. They confirmed this issue was not identified as a complaint. There was no evidence within the designated centre in relation to consultation with the resident or the steps involved in seeking resolution to this issue. It was unclear to the inspector why these items were taken away and given to staff members to keep in the office. At present these items were stored in a locked cabinet, the inspector did see evidence of the resident buying this storage unit with staff members. However no evidence was available if the resident was satisfied with the outcome and consulted in relation to the steps involved.

**Judgment:**
Non Compliant - Moderate

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**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 reviewed this outcome in respect of the action identified in the previous inspection. No other components of this outcome were reviewed. The inspector found the action had been achieved.

Residents had written agreements in place within their files.

**Judgment:**
Compliant

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**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:**
Resident’s social care needs were identified and residents had the opportunity to participate in activities appropriate to their interests and preference. These included areas such as, holidays, gardening and community activities such as, shopping and attending vintage car events.

The system of personal social plans within the designated centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment completed once every three years. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months. The inspector viewed all four residents' plans.

All residents had an up-to-date personal plan reviewed within the last 12 months. Goals were identified and clear progression in relation to achieving these goals was present. For example, planning a holiday abroad, with evidence of appropriate steps involved including saving for this event. The resident also spoke with the inspector about this goal. Three of the resident's spoken with were very knowledgeable in relation to what goals were identified in their plan and how these were progressing.

Residents spoken with identified how staff had supported them in significant life experiences including the death of a family member. Residents explained to the inspector staff members assisted with visits to the graveyard and to the church.

The inspector did identify one goal was outstanding since 17 October 2014 the resident also discussed this with the inspector and identified they would like more support to access the community. The inspector spoke with the person in charge in relation to this aspect of care provision. The resident chose not to avail of a day service and therefore, wished staff to support them within the community. The inspector did identify where the rota had been changed to have additional staff in the designated centre during some evenings and on two Saturdays per month. However, the resident sought more and the outcome had not been updated to reflect this.

Residents' family members were consulted in relation to the personal plans in line with residents and family members' preferences. There was evidence for this maintained within the resident's files.

**Judgment:**
Substantially Compliant
Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
The inspector reviewed this outcome in respect of the action identified in the previous inspection. No other component of this outcome was reviewed. The inspector found the action was achieved.

During the inspection residents provided the inspector with a tour of their homes, one resident resided in a two bedroom house in Bray town. This house was decorated and personalized by the resident with various artworks on display. The resident informed the inspector they were happy living in the house and staff helped them when needed.

The second house was located in close proximity to Greystones and residents identified they liked living in this location as they could come as go and they wanted. This house also contained a separate living area with a separate entrance for one resident. The resident spoke with the inspector and identified their preference for individual space to engage in their hobbies including trains and track building. This resident joined the main house for meals with other residents.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The inspector found the designated centre was suitable and safe for the number and needs of residents. Improvements were required in the area of fire containment, emergency lighting and safety plans.
The designated centre had fire doors and emergency lighting in place in one house however, these were not present in the second house.

There was certification and documentation to show the fire alarms, emergency lighting in one house and fire equipment were serviced by an external company as required by regulations. An annual service completed in December 2015 and the previous quarterly completed in June 2016. Staff members also completed checks on the exits, alarm panels and equipment.

The designated centre had an organizational risk management policy in place this included, the specific risks identified in regulation 26. The designated centre had a risk register and this recorded a number of risks within the house and the controls in place to address these.

There were individual risk assessments for residents in place these included fire, residing in the designated centre alone, self harm and unexplained absences.

Fire drills had taken place and documents recorded the time taken to evacuate and any issues identified along with residents who had participated in the drill within the designated centre. The inspector viewed a drill dated 18 June 2016. Residents also identified the process of evacuating the designated centre should the need arise.

The inspector also viewed resident's safety plans, these required updating, as inconsistent information about the resident was evident within these plans. For example, in relation to taking a bath the information was unclear within the safety plan and the residents profile in relation to staff support in this area.

The designated centre had a health and safety statement dated January 2016 this outlined the responsibilities of the various post-holders within the organization. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. The designated centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding, power failure and possible gas leakage. The plan identified specific alternative accommodation to be provided in the event residents could not return to the designated centre.

There was a system in place for recording accidents and incidents occurring in the designated centre. The person in charge outlined the process for dealing with these and ensuring learning from any adverse incidents or accidents occurred.

Judgment:
Non Compliant - Moderate

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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found appropriate measures to protect residents from being harmed were in place within the designated centre. Improvements were required in relation to behavioural support plans.

The inspector viewed behavioural support plans and protocols in place however, the inspector found these documents were inconsistent and did not guide staff effectively. For example, one behaviour support plan identified no restrictive practice was used despite the resident being prescribed medication to alter behaviour on an as required basis. The inspector found no clear guidance for staff members in relation to determining when this medication was required.

The inspector also identified the language used within the behavioural support plans were not person-centred. Specific examples of this were provided to the person in charge during the inspection and are not repeated here to protect the dignity of residents. The inspector read about interventions used within behavioural support plans but staff ensured the inspector these interventions were no longer in operation in the designated centre. The inspector also found different versions of behavioural protocols located in different places for example, residents' files and the induction folder.

There was a policy in place on the prevention, detection and response to abuse.

Staff members had received training in the area of prevention, detection and response to abuse. Some staff members spoken with by the inspector were unclear in relation to the management of an allegation of abuse. The person in charge identified this would be revisited during supervision.

The inspector found residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Judgment:**
Non Compliant - Moderate

**Outcome 11. Healthcare Needs**
Residents are supported on an individual basis to achieve and enjoy the best possible
Theme: Health and Development

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

Findings:
Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed.

Residents had access to allied healthcare professionals, the inspector viewed evidence of this including optician and dentist. The inspector requested to see evidence of mental health reviews and there was clear evidence of resident's receiving regular reviews.

Three residents had a completed healthcare plan with the fourth healthcare plan being reviewed. The inspector asked to view the previous healthcare plan however, this was not available within the designated centre.

Goals within some residents' healthcare plans were not based on any assessed needs, these were discussed with the person on the day of inspection. However, other goals such as, healthy eating contained clear progression and community integration through attendance in community classes. The inspector also viewed recipes associated with an health programme within the designated centre and staff members and residents used some of these when cooking.

Residents had access to a G.P. (general practitioner), all residents had received an annual review, including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition the inspector found residents participating in mealtimes within the designated centre in accordance to the residents' preferences in relation to food choices. Residents participated in cooking in accordance with their own preferences.

The inspector viewed user-friendly menu selection refreshments and snacks were available for residents outside mealtimes within the designated centre.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**
Health and Development

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

**Findings:**
The inspector found policies and procedures were in place for the safe management of medications. Improvements were required in relation to the stock balances within the designated centre.

The inspector crossed checked the balances of some medication and found these to be accurate however, the inspector found the system for p.r.n. (a medicine only taken as the need arises) stock balance required improvement as these medications were only counted when received by the designated centre.

The inspector also viewed guidelines in relation to the administration of psychotropic p.r.n. medication. The guidance available to staff was unclear for when this medication was to be administered for example, what indicators were available to staff to identify when this intervention was required. The process around administering the medication was also inaccurate for example, approval was not required from the person in charge or senior managers. The document also identified for staff to contact a Doctor who had agreed to this. The inspector queried this practice and was informed this information was no longer accurate as the Doctor was no longer working with the resident. However, the person in charge identified this information had been update and was located in another folder.

The inspector viewed medication plans, these contained person-centred information in relation to residents medication needs. Accessible information relating to each medication the resident required was included. This was present in both written and pictorial format.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines dated 01 September 2014. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received.

Administration sheets were in place for each resident, a number of these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication.

Staff signatures were present within the signature bank.

The inspector observed all medication was stored in a secure, locked cabinet and the keys to access the medication cabinet were held securely by staff.
There was a system in place for recording, reporting errors and reviewing medication, the person in charge presented some of these to the inspector one was dated 29 June 2016. Clear learning was evident in relation to the errors within the designated centre in order to mitigate future risk of reoccurrence.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found improvements were required in the monitoring of the quality of care and experience for residents, the completion of an annual review and regular team meetings.

There was no annual review of the quality and care completed in this designated centre for 2014 or 2015.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 14 and 15 January 2016 and another one was completed on the 04 and 08 August 2016. These visits were conducted within each of the two houses on separate days.

The inspector viewed minutes of the person in charge attending the senior management team meeting dated 26 July 2016 areas discussed related to the whole organization including training, budgets and safeguarding and protection.

The person in charge met with the senior service manager along with other persons in charge within the region (cluster meetings) dated 17 June 2016. Issues relating to transport, volunteers, complaints and incidents and staffing were discussed during this meeting.
The inspector viewed minutes of staff meetings within the designated centre. The inspector was informed these take place every six to eight weeks however, very limited evidence was available for 2016 for example, minutes dated 15 February 2016 and 21 June 2016. Another meeting had taken place however, staff were in the process of documenting the minutes of these meetings. The inspector found there was a clearly defined management structure with lines of authority and accountability identified. The designated centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The person in charge facilitated this inspection. From speaking with the person in charge in length over the course of the inspection it was evident they had an in-depth knowledge of the individual needs and support requirements of each resident. The person in charge was supported in their role by senior service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector observed all residents knew the person in charge and were very comfortable in approaching and speaking with them. The person in charge worked on a full time basis in the designated centre. The inspector observed very limited auditing of areas within the designated centre. The person in charge identified a checking process however, no formal schedule of audits were available within the designated centre. A sample of staff supervision records informed the inspector the person in charge provided supervision, support and leadership to the staff team.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found there were sufficient staff numbers with the right skill mix,
qualifications and experience to meet the assessed needs of the residents.

The person in charge informed the inspector all staff had completed mandatory and relevant training in line with regulation. From a sample 11 staff training records were viewed, staff had up-to-date training in safeguarding training, prevention, detection and response to abuse, manual handling, fire safety and medication management including epilepsy. Some staff also had additional training in first aid and diabetes management.

The inspector viewed the proposed and actual staff rota and found them to be accurately maintained. Consistence within the workforce was promoted with the support of regular relief staff used to provide cover for staff on unplanned leave. There was flexibility demonstrated within rota's to meet the needs of residents, for example, both houses had different commencement times in the mornings. The person in charge identified this was completed as residents in one house had a preference to get up early and do activities. In the other house residents had a preference to have staff present later in the day.

Staff files were not reviewed as part of this inspection as these are held within the organizations head office off site these were reviewed as part of the previous inspection.

The inspector observed residents received assistance in a respectful manner.

The inspector viewed supervision conducted by the person in charge with staff members clear evidence of items discussed impacting on the quality of care provided to residents for example, assessed needs of residents, performance issues and training were discussed. The inspector also viewed two performance and personal development reviews.

These were no volunteers within the designated centre.

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

**Findings:**
The inspector viewed this outcome in respect of the action identified from the previous inspection and found the action was achieved. During the course of the inspection other areas pertaining to this outcome was identified.

Over the course of the inspection the inspector found the retrieval of schedule 3 documents difficult. Some documents were present in duplicate versions for example, guidelines in relation to the management of behaviours was present in different versions within various locations such as, the residents file, medication folder and relief folder.

Schedule 5 documents were now available within the designated centre.

**Judgment:**
Substantially Compliant

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**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:**

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Centre ID:</td>
<td>OSV-0001702</td>
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<tr>
<td>Date of Inspection:</td>
<td>08 September 2016</td>
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<tr>
<td>Date of response:</td>
<td>06 October 2016</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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The system within the designated centre was unclear in relation to a resident retaining access to their own possessions and what consultation had taken place with the resident to ensure a safe resolution was sought.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
To talk with client and document agreeable and fair use of and storage of own possessions.

Proposed Timescale: 30/11/2016
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was unclear within the complaints policy who was the nominated person to ensure all complaints were appropriately responded to and a record maintained.

2. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
Follow up by SHS senior management currently in process

Proposed Timescale: 31/01/2017

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 timeframe for achievement for one goal was ongoing since 17 October 2014.

3. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
To support client for an additional part day in day services/ and or from their home.
### 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:
Information contained within a safety plan was inconsistent in relation to supports required.

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

   Please state the actions you have taken or are planning to take:
   To make clear safety plans which are consistent for clients in relation to supports for managing risk and responding to emergencies. And in include same in regular manager(CPI) checking systems.

---

**Proposed Timescale:** 30/11/2016  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Emergency lighting was not in place within one house.

5. **Action Required:**
   Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

   Please state the actions you have taken or are planning to take:
   Emergency lighting will be installed.

---

**Proposed Timescale:** 31/12/2016  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Adequate arrangements for containing fires were not evident within one house.

6. **Action Required:**
   Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.
<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The action submitted by the provider does not satisfactorily address the failings identified for this action.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Services</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Behavioural support plans did not provide staff members with appropriate guidance to support resident to manage their behaviours.</td>
</tr>
<tr>
<td><strong>7. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>To put in place clear guidelines for the use of restraint by staff when managing clients. Clear protocols in the support of behaviour appropriate to the situation for staff when supporting clients in challenging situations. To ensure staff have this knowledge and skills appropriate to their role.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/11/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Some goals set were not based on assessments completed. One resident had no healthcare plan with their file.</td>
</tr>
<tr>
<td><strong>8. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>To ensure all clients have up to date healthcare plans specific to their individual needs and consistent with their plans and needs.</td>
</tr>
</tbody>
</table>
### Proposed Timescale: 30/11/2016

#### 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:**
The system for p.r.n. (a medicine only taken as the need arises) stock balance required improvement as these medications were only counted when received by the designated centre.

**9. Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
A fortnightly checklist system for managing practices for correct and safe storage of PRN medication and all medications.

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### Proposed Timescale: 05/10/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The guidelines available to staff for the administration of psychotropic p.r.n. medication was unclear in relation to when this medication was required to be administered and also the process prior to and following administration.

**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:**
To put in place clear guidelines for the administration for psychotropic PRN medication including prior and following PRN administration by staff.

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### Proposed Timescale: 30/11/2016

#### 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:
No annual review of the quality and safety of care and support in the designated centre was conducted.

11. **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:**
To complete and ensure annual review of the quality and safety of care and support in the designated centre. To be completed annually.

**Proposed Timescale:** 30/11/2016
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Audits within the designated system was very limited to ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

No schedule of audits was present for completed or planner audits within the designated centre.

12. **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:**
To put in place regular, effective and consistent review systems for ensuring that the service provides safe and effective care appropriate to residents' needs.

**Proposed Timescale:** 30/11/2016
**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Limited evidence of staff meeting for example, three meetings had occurred in nine months.

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

**Please state the actions you have taken or are planning to take:**
To ensure regular staff meetings for the service with staff every 4-6 weeks.

**Proposed Timescale:** 05/10/2016

### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some schedule 3 documents were present in duplicated versions containing different information for the same interventions.

14. **Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
To ensure and maintain schedule 3 documents so that no unnecessary duplication is present for client information and care supports/ plans.

**Proposed Timescale:** 30/11/2016