Health Information and Quality Authority
Regulation Directorate

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

<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-0005052</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Wicklow</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<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>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
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 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 October 2015 10:00</td>
<td>28 October 2015 19:30</td>
</tr>
<tr>
<td>29 October 2015 10:30</td>
<td>29 October 2015 15:00</td>
</tr>
</tbody>
</table>

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

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, inspectors met with managers, staff and residents. Inspectors 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.
The designated centre comprised eight self contained apartments surrounding a courtyard. Each apartment had a living room, kitchen, bedroom and bathroom. Apartments were decorated and equipped in accordance with residents' needs and preferences. There was evidence that the social needs of residents were being met, and that opportunities for new experiences and social participation were being suitably supported and facilitated.

However, improvements were required in governance and management, the management of complaints, contracts, the management of risk, recruitment systems and in healthcare. These issues are discussed in the body of the report and in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
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 a rights review committee was in place to which to refer any identified rights restrictions.

There was evidence of the privacy of residents being respected, each resident had a key to their own apartment, and staff did not enter apartments without the express permission of the residents. All residents engaged by the inspector said that they felt safe in their homes.

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, information relating to complaints made was not available in the designated centre, but was maintained in the head office of the organisation. Staff were not aware of the content of any complaints, or the information required in order to address any issues which fell within their remit.

In addition a complaint raised recently by a resident had not been dealt with in accordance with the centre’s policy. Complaints are dealt with in the first instance by the person in charge, and in the absence of this person the complaint had not been processed.
### Judgment:
Non Compliant - Moderate

### 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:**
Residents communicated freely, with both expressive and receptive verbal communication. Communication was encouraged, and all interactions between staff and residents were respectful and caring. One resident used a picture profile and inspectors found appropriate documentation and staff knowledge regarding this. Residents had access to media including television, computers and mobile phones.

Residents engaged with inspectors in accordance with their preferences, and discussed their homes and daily lives.

**Judgment:**
Compliant

### 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, and both family and friends of residents were a frequent presence in the centre.

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. Several residents engaged in either voluntary work in the community, or had jobs in local...
Residents were involved in various social and recreational activities in the community, including football, a local drama group and a community group.

**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:**
Inspectors were concerned that while there were written contracts of care in place for all residents, these contracts did not accurately reflect the services that were to be provided.

The contracts of care included a service level agreement and a personalised plan along with an easy read tenancy agreement. Each of these service level agreements stated that a furnished residence was to be provided. However, it was evident from talking to residents and their families that this was not the case and that furniture other than white kitchen goods was purchased by the residents or their families.

In addition, in one resident’s contract documents, inconsistencies were apparent between the personalised plan and easy read tenancy agreement. One of the documents stated that the weekly charge included food, and the other that it did not.

Inspectors were also concerned at the level of support provided to residents when signing contracts. While staff reported that they explained the content of contracts to the residents who then signed them, this was done in the absence of either family members or external advocacy support. Residents and family members expressed dissatisfaction with this process.

An admissions policy was in place and two planned admissions into the two vacant apartments of the designated centre were being appropriately managed. One incoming resident was due to take up residence in the centre the week following the inspection. This person had visited their new home on several occasions and some of their belongings had already been moved into their allocated apartment.
**Judgment:**
Non Compliant - Major

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

**Theme:**
Effective Services

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

**Findings:**
Personal plans were in place for all residents, they were in a structured format with clear sections and information was easily accessible. Each personal plan began with a 'my personal plan' document. This outlined the important pieces of information about the resident, including safety issues, likes and dislikes and preferred activities. There were then various sections including communication, likes and dislikes and healthcare.

Healthcare plans were in sufficient detail as to guide staff, for example, an epilepsy management plan included triggers to seizures, a plan to ensure staff had up to date knowledge, health promotion, as well as the management of seizures.

Personal plans were available in an accessible version for residents, either in the form of a large poster, or in pictorial representations of information, and residents kept their personal plans in their own possession.

Social care needs were also included in the personal plans, including requirements for a meaningful day for residents, and setting of goals in relation to maximising the potential of residents. There was evidence that supports were in place to ensure that residents had a meaningful day in accordance with their plans. For example, residents were being supported by staff to learn new skills appropriate to their needs and preferences. Residents told the inspector that they enjoyed their activities, both during the day and during their leisure time.

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

Findings:
The premises was found to be appropriate to meet the needs of residents in accordance with the stated purpose of the designated centre.

The designated centre comprised eight apartments surrounding a courtyard and adjacent to a day service operated by the provider. Each apartment had recently been refurbished and was decorated to a good standard, clean and of sound construction. Residents had personalised their own apartments and had chosen their own décor and curtains.

The apartments each comprised a living room, bedroom, a separate kitchen area with sufficient cooking facilities and a bathroom. There was sufficient storage for the use of 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):
This was the centre's first inspection by the Authority.

Findings:
There were some systems in place for the prevention and detection of fire, however improvements were required in the emergency procedure and in staff training.

Fire extinguishers and a fire detection system had been installed. Fire exits were unobstructed and emergency lighting was operational. Residents who required a personalised evacuation plan had one in place and a fire drill had been conducted.
week before the inspection. Daily checks on escape routes had been conducted and recorded. Residents told inspectors what they would do in the event of a fire.

However, the procedure to be followed by staff in the event of the activation of the fire detection system was not clearly documented, and staff could not clearly describe the exact procedure to follow in such an event. In addition, not all agency staff employed in the designated centre had received suitable training in the area of fire safety. This is further discussed under outcome 17.

There were various risk assessments in place, for example, in relation to activities, community access and challenging behaviour. 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.

There was a system in place for the recording and reporting of accidents and incidents, and a process for the escalation of risks to senior management. However, a recent incident whereby a resident who was not used to the current level of independence, had flooded their bathroom and apartment, had not been recorded or reported. There was no risk assessment or management plan in place relating to this incident or the risk of recurrence.

**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):**
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 present during the inspection 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. Inspectors
were satisfied that appropriate structures and processes were in place in relation to safeguarding residents in the event of allegations of abuse. However, not all agency staff employed in the centre had received training in the protection of vulnerable adults.

There were systems in place to ensure the safety of residents, for example, each resident had a mobile phone and there was a call system by which residents could call a staff member. There was a personal safety plan in each resident’s personal plan including missing person information, and a home access risk assessment had been conducted on each person. Where residents had specific needs in relation to familiar staff, or staff of a particular gender, this was facilitated.

Where residents required positive behaviour support there was a thorough assessment and behaviour support plan in place, which outlined actions required both to reduce the occurrence of behaviour and to manage any incidents of challenging behaviour. Staff engaged by the inspectors were aware of the information in the plans, and could describe the actions they would take if an episode of challenging behaviour was to take place.

**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:**
Management and staff were aware of the requirements in the legislation relating to notifications to the Authority.

**Judgment:**
Compliant

---

**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*
Theme: Health and Development

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

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s):
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) of their choice and an out-of-hours service. There was input from other healthcare professionals as required, for example, neurologist, pharmacist and dentist.

Each resident had an annual healthcare assessment. There were healthcare plans in place for the assessed needs of residents. For example a care plan in relation to epilepsy management outlined the guidance in sufficient detail as to guide staff. Staff engaged by the inspector were knowledgeable in relation to the healthcare support needs of residents.
However, a particular healthcare need for one resident reviewed by inspectors had not been managed appropriately. There was ambiguous information in relation to audiology needs and supports. In addition an appointment in relation to this issue had been missed and not rescheduled.

The inspector was satisfied that a plentiful and nutritional diet was offered to residents in accordance with their varying levels of independence. Staff described the way in which individual residents made choices and were supported in shopping and food preparation, and residents also described their various ways of managing meals and snacks.

**Judgment:**
Non Compliant - Major

---

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

**Findings:**
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.

Documentation relating to the management of medications for residents was in place for the most part, including prescription sheets and administration records. However, not all ‘as required’ (PRN) medications included the conditions under which the medication was to be administered. In addition, the dosage was missing from a prescription reviewed by the inspectors during the course of the inspection.

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. There was a policy in place in relation to the management of medications, and a local protocol relating to the particular issues in the designated centre. However, this protocol did not include guidance on the disposal of identifying information on the lids of blister packs, and had not been updated to reflect a recent change in the pharmacy used by the centre, and the associated change in practice.

Any medication errors were recorded and reported appropriately, and reviewed and trended by a senior management team.
Not all staff members had undergone training in the safe administration of medications within two years as required by the provider’s policies. This is further discussed under Outcome 17.

**Judgment:**
Substantially Compliant

### 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 designated centre had a statement of purpose in place which complied with the requirements of the Regulations.

**Judgment:**
Compliant

### Outcome 14: Governance and Management

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors were concerned about the lack of leadership in the designated centre at the time of the inspection. Both the person in charge of the centre and the deputy person in charge were on long term leave, and the area manager who was described as standing
in for the person in charge under these circumstances was also on leave. Staff, residents and families all stated that there was no current manager in the centre. Residents still referred to the absent person in charge as being ‘in charge’ and as being the person they would go to with any complaints. This was further substantiated by the fact that complaints were not being dealt with, as discussed under outcome 1. During the course of the inspection, while inspectors met with all the staff on duty, the two staff members allocated by the service to facilitate the inspection were not employed in the designated centre, but were based in another centre of the organisation.

Whilst staff reported that a team meeting had been held during the month, there was no record of this or any other team meetings, and no schedule for future meetings.

There was a system of audits in place including an unannounced audit on behalf of the provider based on the regulations. However, there was no annual review of the quality and safety of care and support available as required by the regulations.

**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:**
Staff and management were aware of the requirement to inform the Authority of any absences of the person in charge above 28 days. The absence of the person in charge had not exceeded this timeframe 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. The apartment were recently refurbished, and supplied with fitted kitchens and bathrooms. Staffing numbers were adequate to meet the assessed needs of residents.

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 staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. 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 training in the safe administration of medication, as discussed under Outcome 12, and fire training for agency staff as discussed under Outcome 7.

Inspectors were concerned that the organisations policy on recruitment of staff was not always adhered to. For example, this policy required the receipt of two references prior to the commencement of employment, in accordance with the regulations. The file of a staff member reviewed by the inspectors did not contain this information, as references had not been obtained, and did not contain photographic identification as also required by the regulations.
**Judgment:**
Non Compliant - Moderate

### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

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

**Findings:**
The policies and procedures required by regulations were in place in the designated centre. The residents’ guide and directory of residents were reviewed by inspectors and found to be compliant with the regulations. Resident records were appropriately maintained and easily retrievable. However as highlighted under Outcome 12, one resident's prescription sheet that the dose of tablets to be administered was not stated.

All other documents requested by inspectors were made available during both days of inspection.

**Judgment:**
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
# Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005052</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 January 2016</td>
</tr>
</tbody>
</table>

## 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:*

Complaints were not processed in accordance with the centre's policy and residents did not know who to complain to.

---

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 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

   **Please state the actions you have taken or are planning to take:**
   All residents have been informed of the process of making a complaint and who the appropriate person to complaint to is. This will be reviewed again by Jan 31st 2016. The complaint process will form part of CID (Client Information Database) review. This review will commence on 7th Jan and will be completed by March 26th 2016. The complaint raised by a resident was recorded on CID. This complaint was redirected to Senior Service Manager “Marie Farrell” and closed off to the satisfaction of the complainant on the 12th of November 2015.

   **Proposed Timescale:** 26/03/2016

   **Theme:** Individualised Supports and Care

   **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   There was insufficient information in order for staff to make any required improvements in response to complaints.

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:**
   All learning from complaints will be shared at staff meetings and all suggested improvements will be shared with the staff team at this location.

   **Proposed Timescale:** 30/01/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents were not given appropriate support by family or advocacy services when signing contracts.

3. **Action Required:**
   Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.
Please state the actions you have taken or are planning to take:
All tenancy agreements will be reviewed with each resident and their family/advocate. Terms of reference will be clearly defined and agreed for each individual.

Proposed Timescale: 28/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts did not provide an accurate reflection of the services provided to residents.

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

Please state the actions you have taken or are planning to take:
All agreements for provision of services and fees charged will be reviewed with all residents.

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:
One incident had not been recorded or appropriately followed up on.

5. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The incident referenced has been followed on by the individuals Key Worker. Recording and Reporting of the incident management process will be reviewed with all staff as part of a staff meeting.

Proposed Timescale: 30/01/2016
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedure to be followed by staff in the event of a fire detection system activation was not documented.

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

**Please state the actions you have taken or are planning to take:**
The Health & Safety officer will be requested to clearly outline the procedures necessary following the activation of the fire detection system.

**Proposed Timescale:** 30/01/2016

---

**Theme: Effective Services**

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

7. **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:**
Agency staff training – All regular agency staff will be required to undertake organisational training.

**Proposed Timescale:** 31/03/2016

---

**Outcome 08: Safeguarding and Safety**

**Theme: Safe Services**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff employed in the centre had received training in the protection of vulnerable adults.

8. **Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.
**Please state the actions you have taken or are planning to take:**
Agency staff training – All regular agency staff will be required to undertake all mandatory organisational training.

**Proposed Timescale:** 31/03/2016

---

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all appropriate healthcare was provided.

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

**Please state the actions you have taken or are planning to take:**
An audiology appointment was rescheduled for one client and a visual alarm is installed in the clients apartment as a Healthcare support.

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

---

**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:**
The local medication management procedure was not updated to reflect a change in pharmacy provider and to provide guidance on the disposal of disused blister packs.

10. **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:**
Blister packs can be disposed of in the bin as the information on the pack can be wiped off with a damp cloth.

Local medication management procedure will be updated, and suitable guidelines will be put in place for ordering, receipting, and prescribing medication.
Medication cabinets and safes are now in place for storage of medication.

**Proposed Timescale:** 15/02/2016  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Documentation was not all in place to ensure safe administration of medications.

**11. 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:**  
Local medication management procedure will be updated, and suitable guidelines will be put in place for ordering, receipting, and prescribing medication.

Medication cabinets and safes are now in place in each individual apartment for storage of medication.

All clients have changed over to a new pharmacist “Niall Roche” and he has updated the Kardex for each client and the include the conditions under which the medication was to be administered. This was carried out on the 16/2/16

**Proposed Timescale:** 16/02/2016

**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:**  
There was no person in charge at the time of the inspection.

**12. Action Required:**  
Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

**Please state the actions you have taken or are planning to take:**  
The regional manager has been the person in charge. An operational PIC will be in place in this designated centre from January 18th 2016.

**Proposed Timescale:** 18/01/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not appropriate management systems in place.

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

**Please state the actions you have taken or are planning to take:**
Management systems have been reviewed and a dedicated PIC will be in place by January 18th 2016.

**Proposed Timescale:** 18/01/2016

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 the quality and safety of care and support available.

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

**Please state the actions you have taken or are planning to take:**
The Centre was newly opened. An annual review of the centre will be completed by February 20th 2016.

**Proposed Timescale:** 20/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate recruitment procedures were not always being followed.

15. **Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.
**Please state the actions you have taken or are planning to take:**
The organisations recruitment policy will be adhered to at all times.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 01/01/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training in the safe administration of medications.

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

**Please state the actions you have taken or are planning to take:**
Training records will be reviewed for all staff and any deficits in training will be followed up on by the Head of training.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 28/02/2016</th>
</tr>
</thead>
</table>

**Outcome 18: Records and documentation**

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Use of Information</th>
</tr>
</thead>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The dosage of medication to be administered for one resident was not stated.

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

**Please state the actions you have taken or are planning to take:**
All Kardex’s will be updated and amended.

| **Proposed Timescale:** 15/01/2016 |