

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0005415
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Limited
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## 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 1 day(s).

**The inspection took place over the following dates and times**

From: 08 June 2016 09:00 To: 08 June 2016 20:00

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

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

**Summary of findings from this inspection**

**Background to the inspection**

This was the first inspection of this designated centre. This inspection was completed as a result of the provider submitting an application to register this proposed designated centre.

**How we gathered our evidence**

As part of the inspection the inspector visited the proposed designated centre, met with one proposed resident, proposed person in charge, four proposed family members and received one questionnaire completed by a family member. The inspector viewed proposed documentation templates such as care plans, person

centred support plans, recording logs, policies and procedures. The proposed residents for this proposed designated centre currently reside in another designated centre operated by the provider.

#### Description of the service

This proposed designated centre is operated by Sunbeam House Services Limited and is based in Greystones County Wicklow. There were no residents residing in the proposed designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the proposed service was not in line with the statement of purpose for example, resident's numbers were inaccurate. The proposed designated centre aimed to provide residential, day care and respite service within the one location for both male and female adults over the age of 18 with intellectual disabilities as outlined in the statement of purpose.

The proposed designated centre was a bungalow located to a nearby busy village. There was local access to public transport. It was a five bedroom house with the intention to use one bedroom as a staff bedroom.

#### Overall judgments of our findings

The provider had not put adequate arrangements in place in relation to staff numbers. The person in charge identified that the house would be nurse lead due to the assessed needs of proposed residents. However, only three staff nurses were identified within the proposed rota. The inspector found this would not provide adequate cover over a 24 hour period as identified in the statement of purpose. The proposed person in charge assured the inspector that appropriate staff numbers would be put in place and discussions with the human resource department within the organization would commence.

All 18 outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure the regulations were being met with the exception of the staffing requirements and fire containment measures.

Ten outcomes were found to be in full compliance. Five outcomes were found to be substantially compliant, two outcomes were found to be moderately noncompliant with workforce judged to be in major noncompliance. Other areas of improvement included the health and safety in relation to the lack of fire doors. A review of the location risk register to incorporate all risks and potential hazards within the proposed designated centre.

The person in charge facilitated the inspection along with a member of staff from the organizations quality, compliance and training team.

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the rights, privacy and dignity of proposed residents will be promoted and proposed residents choice will be encouraged. Improvements were required in relation to the complaints procedure.

There was a complaints policy and procedure in place for this proposed designated centre this identified the proposed person in charge as the local complaints officer. The inspector was shown the system for recording any complaints onto an electronic system, to which the local complaints officer will receive an alert. The inspector found there were clear time frames for the complaints officer to respond to any complaints in the proposed designated centre, and a system of review by the senior service manager. However, it was unclear who the nominated person, independent of the person nominated to deal with complaints was, in order to ensure all complaints were appropriately responded to and to ensure all records were maintained. This proposed designated centre was not yet operational, therefore the inspector had no complaints to view. The complaints flow chart with pictures of relevant staff members was displayed within the proposed designated centre.

Proposed residents were consulted in relation to the interior design of the proposed designated centre including the purchase of furniture for the living room and some items for their bedrooms. One proposed resident visited the proposed designated centre with family members during the inspection.

The proposed person in charge informed the inspector that residents' meetings will be held in line with residents' wishes and preferences. These meetings will include discussions on items such as menu planning and group activities.

Proposed residents and relatives will have access to an advocacy service. The relevant contact information will be made available and displayed prior to residents residing in the proposed designated centre.

Money management plans will be in place for each proposed resident as required. Appropriate records will be maintained in relation to managing the residents' finances. In addition weekly checks will be carried out to ensure that balances are correct. The proposed person in charge will also complete random audits as an additional safeguard.

The inspector found systems in place to consult with proposed residents in a manner suitable to their needs and abilities. For example the use of photographs to identify staff members. Records of meetings held between the proposed residents were viewed with a record of visits to the proposed designated centre being maintained. For example, the inspector read where proposed residents had visited the designated centre and had lunch on one occasion and on another had ordered in a take away. The inspector viewed photographs of residents viewing the proposed designated centre with staff members and some proposed residents visited the proposed centre with family members on other occasions.

**Judgment:**  
Substantially Compliant

### **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:**

The inspector found that proposed residents will be supported and assisted to communicate in accordance with their needs and preferences.

Proposed residents' communication needs will be identified in the personal planning documentation and supports put in place where needed. A communication passport will be developed and will include information such as 'how I communicate'.

The inspector found proposed residents would be supported in relation to augmentative and alternative communication needs within the proposed designated centre in a manner suitable to their individual abilities. The inspector viewed proposed individual plans these will clearly outline the individual's communication supports/interventions required by proposed residents. The documentation viewed in relation to communication

was person centred and outlined proposed resident's preferences "how you know what I like" and "how I express joy, excitement, sadness fear and anger. This was particularly relevant as proposed residents have limited verbal communication.

The inspector was informed that assistive technology in the form of a computer device would be used within the designated centre for one proposed resident to enhance their communication and Lamh (manual sign system used by children and adults with intellectual disabilities and communication needs in Ireland) would be used with two residents. One proposed staff member had completed training in this area and the person in charge confirmed another staff member was scheduled to complete training in the next number of months. The person in charge identified shared learning would take place from the staff member who had completed the training to ensure all staff were communicating effectively with the proposed residents in a consistent manner.

The inspector identified that the proposed designated centre would provide access to television, radio and wireless internet connection once the proposed designated centre was in operation.

**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:**  
From the information available the inspector found that families and friends will be encouraged to be involved in the lives of proposed residents.

Proposed person in charge outlined how staff will facilitate proposed residents to maintain contact with their families. This included access to telephones, transport home/ visits and family invitations to events in the proposed designated centre.

Regular contact will also be maintained between the staff and the relatives in accordance with proposed residents' wishes. The inspector viewed proposed transition plans within these plans was evidence of meetings held with family members pertaining to the move.

Visitors will be welcomed within the proposed designated centre and plans were in place in relation to building relationships among the local community including neighbours and local amenities such as, using to local swimming club.

**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:**

The inspector found that there was a system in place regarding admissions into the proposed designated centre. There were policies and procedures in place to guide the admissions process. Improvements were required in relation to residents' contracts and the identification of fee charged to each resident.

The proposed person in charge outlined the proposed plans for admitting proposed residents including the supports that will be available during the transition period. This included prospective residents looking around the premises and sourcing items for their bedroom and also furniture for the living area. The inspector also viewed a plan in place this will be reviewed weekly. The plan consisted of proposed residents spending time in the proposed designated centre with the duration increasing gradually resulting in the proposed residents having their dinner within the proposed designated centre.

Written agreements will be in place outlining the support, care and welfare of the residents' and details of the services to be provided and where appropriate, the fees to be charged. However, lack of clarity arose in relation to residential and respite residents and the fees charged to them.

The inspector viewed blank sample documents these did not clearly outline the fees charged and what services were going to be provided as required in the regulations.

**Judgment:**  
Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found when implemented, the care and support as described by the proposed person in charge will consistently and sufficiently reflect proposed residents' assessed needs and wishes.

The inspector viewed a sample of the proposed documentation and found that it will be comprehensive and if completed, will identify proposed residents' care needs and proposed plans to address those needs. Each proposed resident will be assigned a key worker who will complete the care plan reviews in consultation with the proposed resident to monitor progress against agreed goals.

The inspector found that the personal plans will contain important information about the proposed residents' lives, likes, dislikes, interests, family members and other people who are important to proposed residents.

The proposed person in charge discussed how proposed residents will be supported in transition between services. This plan was already in operation and evidence of visits and time spent within the proposed designated centre was maintained for the proposed residents.

The inspector determined from discussions with the proposed person in charge the care and support that will be offered in the proposed designated centre will be in line with the assessed needs and wishes of proposed residents'.

**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 inspector found that proposed designated centre will be suitable and safe for the proposed number and needs of residents. The building had recently been renovated and upgraded.

The proposed designated centre is a five bedroom detached bungalow, located in close proximity to the nearby village and has had extensive renovations these were nearing completion at the time of inspection.

There was an open plan kitchen cum dining room and separate sitting room this opened out into a spacious back garden. There were four bedrooms for proposed residents with shared access to a bathroom and one en suite bedroom for staff when on sleepovers. The proposed person in charge outlined plans to ensure facilities for items to be securely stored such as, files, money and medications will be installed.

The proposed person in charge outlined plans from discussions with proposed residents for a kitchen garden and flower garden to be developed in the future through the use of raised planters.

The proposed designated centre will have adequate space for parking.

The inspector found the proposed designated centre will meet the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation will be available.

**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:**

The inspector found that the health and safety of proposed residents, visitors and staff will be promoted however, improvements were required in the area of fire containment and risk management.

The proposed person in charge discussed plans in relation to routine checks and services of the fire detection, alarm system, emergency lighting and equipment being conducted by a fire professional. All proposed staff will have undertaken fire training prior to the designated centre becoming operational. There were provisions for weekly checks to be conducted in the proposed designated centre. The inspector was shown records for the fire detection, alarm system and fire fighting equipment all of which had been recently inspected. However, no fire doors were installed within the proposed designated centre.

The inspector viewed the risk management policies and procedures and found them to meet the requirements of the regulations. However, the system within the proposed designated centre required improvement in order to identify, examine and manage potential hazards in the proposed designated centre. On the day of inspection the inspector noted the hot water was excessively hot and this was not identified within the risk register and no control measures were in place. Both staff members confirmed this and provided assurances to the inspector this would be addressed prior to any resident moving into the designated centre. The inspector also identified that one proposed resident had visual impairments and no identification of risks in relation to this appeared in the location risk register nor was there evidence of any risk assessment being conducted in relation to the environment for this resident.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations.

The inspector viewed the emergency plan and was found that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as, flood or power outage.

Personal evacuation plans will be developed for each proposed resident and these will include any particular arrangements a resident may require such as, the use of mobility aids in the form of wheelchairs.

All proposed staff had attended training in moving and handling and a system was maintained centrally by the organization to identify when refresher courses were due.

From speaking with the proposed person in charge, and viewing documentation the inspector determined that there was a system of oversight in relation to any accidents, incidents and near misses in the proposed designated centre. The inspector viewed the on line system this had been set up to record these incidents.

**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 inspector found that measures were in place to protect proposed residents from being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff had received training. The proposed person in charge outlined the procedures to be followed should an allegation of abuse arise.

The inspector determined proposed residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector found that proposed residents will be provided with emotional, behavioural and therapeutic support. This will promote a positive approach to behaviours that challenge. There were policies in place guiding the management of behaviours that challenge. The proposed person in charge informed the inspector that behavioural support plans will be developed for resident's who required this intervention. The inspector viewed a template of this document. The inspector found the document if completed accurately would provide a consistent evidence based approach to the behavioural areas identified if the plan was implemented within the proposed designated centre.

**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:**

The proposed person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Plans were in place to maintain a detailed log of all incidents occurring in the proposed designated centre.

**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:**

The inspector found if the plans discussed were implemented, the general welfare and development needs of proposed residents will be promoted. Proposed residents' will be afforded opportunities for new experiences, social participation, education and training.

The proposed person in charge outlined how support will be provided to the proposed residents to pursue a variety of interests including art, horse riding, gardening and swimming. Individual plans and daily records will document the type and range of activities that proposed residents will participate in.

Proposed person in charge outlined further skills development that will begin for proposed residents across certain areas such as, meal preparation and gardening once proposed residents have settled into the proposed designated centre.

**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 found that proposed residents health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspectors determined proposed residents will have access to a general practitioner (GP) and viewed evidence of some proposed residents making arrangements to change to a local practitioner.

The inspector was satisfied if the proposed practices were implemented, proposed residents' nutritional needs will be met to an acceptable standard. The menu choices will be on display.

Care plans will be developed from a health assessment completed on each proposed resident this will identify healthcare needs.

The inspector found proposed residents will be supported to enjoy best possible health while in the proposed designated centre.

**Judgment:**  
Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the proposed medication management policies and procedures were satisfactory and safe. Improvements were required in relation to the practice of second dispensing within the designated centre.

There was no local guidance for staff members in relation to second dispensing. This is a practice used when a nurse dispenses medicinal products for administration at later time when another member of staff will be present who is not a registered nurse to administer the medicinal products to proposed residents. When staff discussed the process with the inspector this was not in line with the organization's policy. The proposed designated centre required a local guideline to guide all staff effectively to ensure a consistency in this aspect of care delivery.

The policy provided comprehensive guidance to staff on areas such as medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors.

The inspector found all proposed staff had undertaken a medication management programme. Safe storage facilities will be provided for medication within the proposed designated centre.

Audits will be undertaken to ensure compliance with the proposed designated centre's policy and that all required documentation is correctly completed.

**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 inspector found that the statement of purpose did not fully meet the requirement of the regulations.

The statement of purpose did not accurately describe the services that will be provided in the proposed designated centre. For example, occupational therapy was identified as a service provided within this proposed designated centre. The inspector viewed minutes

of meetings where this was discussed in respect of an occupational therapist assessment of the environment. This was not available and the senior service manager suggested that a private occupational therapist could be sourced for a specified fee. The inspector queried this approach as community occupational therapist support was specified within the statement of purpose.

The inspector also queried the provision of services from a speech and language therapist perspective and staff informed the inspector that speech and language therapists were available for swallow assessments only. The statement of purpose did not specify this fact.

The admission process contained in the statement of purpose was not reflective of the process staff discussed with the inspector on the day of inspection.

The number of staff and the whole time equivalents was not corresponding with the planned rota provided to the inspector.

The gender and age range was not specified within the statement of purpose.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the quality of care and experience to proposed residents' will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

Arrangements will be in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This will review the safety and quality of care and support provided in the proposed designated centre.

The proposed person in charge and other staff members had responsibility for carrying out regular audits in the designated centre. For example the proposed person in charge will carry out monthly financial audits and the results of these audits will be communicated to relevant staff through team meetings and results will be used to improve practices if required.

The inspector found there was a clearly defined management structure this identified the lines of authority and accountability. The proposed designated centre is proposed to be managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The proposed person in charge was a registered nurse in the division of intellectual disabilities and had also completed a diploma in health care management. The proposed person in charge was knowledgeable about the requirements of the regulations and standards. This proposed staff member will be the person in charge for two designated centres and one day services the inspector found this will be a suitable arrangement due to the effective systems that the proposed person in charge has in place.

**Judgment:**

Compliant

**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:**

The inspector found that the proposed person in charge was aware of the requirement to notify the HIQA of any absence over 28 days.

**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:**

There were currently no residents living in this proposed designated centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection.

The provision of transport was not clear as the inspector viewed documents where the provision of transport had been factored into the proposed designated centre. However this had not occurred as the proposed centre had applied to a lottery fund for a vehicle this was still outstanding on the day of inspection.

**Judgment:**

Substantially 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 inspector was unable to determine if there will be appropriate staff numbers and skill mix to meet the assessed needs of the proposed residents.

The inspector was presented with a planned rota however this did not contain sufficient staff numbers for example, three staff nurse were identified compared to five within the statement of purpose. The person in charge did not have the exact staff numbers available and contacted the human recourse department within the organization to ascertain what staff numbers had been allocated to this area. On the day of inspection this was not available.

Staff files were not reviewed as part of this inspection as the full compliment of staff were not available to the inspector.

Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with recruitment practice.

Supervisory meetings will be held with each staff member. The proposed person in charge will complete a competency review with staff on a yearly basis incorporating both self assessment and assessment by the proposed person in charge.

Records of staff training were maintained. There was evidence that the proposed staff had attended limited training in areas such as fire, people moving and handling and protection and welfare.

It was not expected that volunteers will be involved within the proposed designated centre. Should that change, the proposed person in charge was aware of the requirements of the regulations in this regard.

**Judgment:**  
Non Compliant - Major

**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 inspector found there will be systems in place to maintain complete and accurate records.

Written operational policies were in place to inform practice and provide guidance to staff.

The inspector found systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the proposed designated centre and a summary of the complaints procedure.

The proposed person in charge had access to an appropriate template for the directory of residents' which will be completed once the proposed designated centre is opened.

The inspector reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy until January 2017 in place for this proposed designated centre. The insurance policy only covered fire, lighting and explosion as the building was not occupied at present once the house is occupied with residents a more comprehensive insurance cover will be required.

**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:***

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Limited
<b>Centre ID:</b>	OSV-0005415
<b>Date of Inspection:</b>	08 June 2016
<b>Date of response:</b>	13 July 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The complaints procedure did not specify oversight of the complaints process through the appointment of a nominated person to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

<sup>1</sup> 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 (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:**

The provider will conduct a review of our current complaints policy and provide an update to the authority by September 15th.

**Proposed Timescale:** 15/09/2016

**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:**

The detail of the services to be provided for residents along with the fees to be charged was not available within the proposed designated centre.

**2. 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:**

Contracts of Care and Tenancy Agreements will be in place.

**Proposed Timescale:** 31/08/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The risk register for the proposed designated centre was not comprehensive for example, the physical environment was not assessment in respect of the assessed needs for proposed residents.

**3. 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:**

NCBI contacted to review proposed move of client who is blind to new location. Meeting with NCBI co-ordinator, arranged for Monday 25th July, at which initial review of location will take place. Unable to carry out comprehensive risk assessments for remainder of clients until they are actually residing in location.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

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

The temperature of the hot water was not regulated within the proposed designated centre.

**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:**

The Flow Switch has been replaced and is in full working order.  
Risk register based on activities prior to moving in permanently, will be in place.

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

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

Adequate arrangements for fire containment within the proposed designated centre was not evident.

**5. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

This is a local authority property, built by Wicklow County Council. The property is owned by the Council and rented to the prospective tenants. Cannot change any doors in this property without Local Authority consent.

Work is underway to review the current building regulations with regard to fire doors in such dwellings. Once confirmation has been received on the new regulations we will seek to adhere to these.

**Proposed Timescale:** 30/09/2016

## 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:**

No guidance for staff in relation to the process of second dispensing of medicinal products within the proposed designated centre was available.

**6. 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 policy/guidelines and training to be offered to all staff.  
Medication to be administered by only trained staff.

**Proposed Timescale:** 30/09/2016

## Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain the information as set out in Schedule 1 of the regulations.

**7. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

SOP to be amended

**Proposed Timescale:** 31/08/2016

## Outcome 16: Use of Resources

**Theme:** Use of Resources

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

Provisions for transport in the form of a vehicle for the proposed designated centre was not in place on the day of inspection.

**8. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Awaiting news from application for funding from Lottery Commission.

If unsuccessful with this application, will source funding for transport from within Sunbeam House Services Ltd.

**Proposed Timescale:** 31/08/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The correct number, qualification and skill mix of staff was not available during the inspection.

**9. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Recruiting 2x full time Staff Nurse positions and 1 x fulltime CSW position.

Complement of 5 full time Staff Nurse positions and 2 x fulltime and 1 x part time (34 hours) CSW positions.

Staff Nurse on duty 24/7, with a CSW on day duty 8am – 8pm.

Looking at options on how to cover CSW night duty .

The options open are either waking nights or sleepovers.

Holding final interviews to fill some of these posts on Tuesday 9th August.

**Proposed Timescale:** 31/08/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Insurance cover was not comprehensive to cover residents residing in the premises.

**10. Action Required:**

Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

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

Insurance cover is limited to fire cover at the moment because there is nobody in the residence. This will be upgraded to cover injury to residents when they move in.

**Proposed Timescale:** Appropriate insurance cover will be in place day prior to residents moving in.

**Proposed Timescale:**