Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rosanna Gardens
Centre ID:	OSV-0001711
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	John Hannigan
Lead inspector:	Karina O'Sullivan
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	13

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
30 March 2017 07:30	30 March 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This was the seventh inspection of this designated centre since the commencement of the regulatory process in the disability sector in November 2013. The previous inspections of this designated centre found the designated centre continued to operate in breach of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

This unannounced inspection was carried out to inspect against a representation submitted to HIQA (Health Information and Quality Authority) on the 09 March 2017 by Sunbeam House Services Limited by Guarantee. This arose following HIQA issuing the provider with a notice of proposal to cancel the registration of this designated centre on 09 February 2017. This measure was taken due to serious breaches of the regulations found on the previous inspection of this designated centre which put residents at risk. This inspection was conducted to ensure the actions taken by the provider as detailed in the appeal against the notice of proposal to cancel the registration of this designated centre were being implemented and was having a positive impact upon the residents.

How the inspectors gathered evidence:
The inspection took place over one day and the person in charge, deputy manager and the senior service manager facilitated the inspection. Inspectors spoke with the

person in charge, deputy manager and the senior service manager throughout the inspection, in relation to the needs of residents and the services provided in the designated centre to meet the needs of residents. Inspectors also spoke with three staff members.

Inspectors met with five residents. Some residents spoken with expressed their wish to move from this designated centre. Some residents stated they were unhappy and unsafe within the designated centre. One resident stated "I don't like it here, I have never liked it here, I want to move" another resident stated I don't like living with the people I live with". However, one resident was able to provide clear examples of improvements within their quality of life due to the increase in staffing support provided to them.

Documentation such as, personal plans, staff rosters, risk management plans, staff training records and internal audits were also reviewed.

Description of the service:
The designated centre comprised three units (houses) located on the same grounds. The designated centre was operated by Sunbeam House Services Limited by Guarantee (hereafter called the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr John Hannigan the CEO (Chief executive officer) nominated to act on behalf of the provider.

Overall judgment of findings.
Inspectors identified actions were being implemented by the provider which were having a positive impact on residents in the centre. Inspectors established residents identified as requiring one-to-one supports were now provided with this care provision. However, staffing issues remained an issue with 5.5 whole time equivalent post vacant on the day of inspection. This inspection focused upon five outcomes in response to findings from previous inspections and the representation received. The outcomes inspected are outlined below:

- Resident's rights, dignity and consultations - Substantially compliant
- Health and safety and risk management - Moderate non-compliance
- Safeguarding and safety - Major non-compliant
- Governance and management - Moderate non compliant
- Workforce - Moderate non-compliance
- Records and documents - Compliant

The reasons for these judgments are explained under each outcome in the report and the regulations not being met are included in the action plan at the end of this 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found improvements had occurred in relation to the complaints procedure.

The policy now identified a nominated 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.

Inspector reviewed the complaints log for the designated centre and found one complaint was recorded since 31 December 2015. Inspectors found the process outlined within the organisations policy was not implemented in practice. The complaint was made on the 22 August 2016, this was closed off despite no record of the level of satisfaction of the complainant in relation to the outcome of the complaint. Inspectors found the records maintained did not accurately reflect practice or the stage the complaint was at, as records identified the complaint was withdrawn. The person in charge identified the complaint was not withdrawn, however, that was the only option to select within the computerised system. Inspectors found this practice did not encourage or facilitate people to make complaints if the process outlined within the policy was not followed, as identified in previous inspections.

No other aspect of this outcome was inspected during this inspection.

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

Findings:
Inspectors identified improvements had occurred since the previous inspection in relation to risk management. A reduction of incidents for some residents had occurred, however, inspectors found some incidents continued to be unreported.

During this inspection, one inspector was speaking with a resident who identified an incident which arose on the previous night. The resident outlined they were informed that the incident was documented within their daily notes. The resident subsequently requested that the deputy manager show them the incident documented in the presence of the inspector. The deputy manager was unable to find the incident documented by the staff member. Inspectors requested follow up in relation to this incident following inspection, when relevant staff members were contacted. The person in charge contacted the inspector and identified an incident did occur, however, the staff member did not document this. Inspectors found this particularly concerning as this was identified during the previous inspection and also during a culture audit which was discussed with staff members on the 20 March 2017 at a team meeting. Inspectors found this impacted significantly in relation to this outcome, as incidents were potentially occurring without being documented. Inspectors were unable to assess this aspect of care delivery in relation to how risks were mitigated and what interventions were implemented to avoid reoccurrence.

Inspectors acknowledged the provision of one-to-one support in line with the assessed needs of residents had significantly reduced the numbers of incidents occurring in the designated centre.

Inspectors viewed risk assessments, some of these were reviewed and others were in the process of being reviewed and staff members were currently working on these.

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

Findings:
Inspectors found greater emphasis had been placed on safeguarding with improvements noted for two residents in particular. Improvements were required in relation to responding to allegations of abuse.

Inspectors followed up on two allegations of abuse notified to HIQA, as required by regulations, however, inspectors found the timeframe to complete preliminary screening to be excessive. Inspectors asked why there was a delay, and inspectors were informed this was due to a lack of designated officers, as only one social worker was available within the organisation. An incident occurred on the 06 March 2017, the deputy manager completed a draft preliminary screening and sent this to the designated officer. This document was returned to the designated centre on the 21 March 2017, for amendments and this was revised and resubmitted to the designated officer on the 28 March 2017. Inspectors asked if this had been sent to the HSE (health service executive) safeguarding team, however, this information was not available within the designated centre.

Inspectors viewed some behavioural support plans and found the specific issues identified on the previous inspection had been addressed. Inspectors found improvements in the guidance provided to staff members in the management of restrictive practice in relation to some residents requiring medication to alter behaviours. However, some behavioural support plans required clarity in relation to what interventions staff members were to engage in, as some aspects could lead to inconsistent practice.

Inspectors viewed two plans in place to guide staff members providing one to one support to two residents commenced on the 12 February 2017. As this was a new intervention and residents were currently transitioning into this new aspect of care provision. However, inspectors did identify this was impacting on the lives of resident's in a positive way. One resident visited their sibling, assisted with their one to one support staff. The other resident was able to spend the day in Dublin with staff away from the designated centre. Overall, inspectors found, from viewing staff member's entries within the computerized system and resident's activities record both residents were spending a considerable amount of time out in the community. Previously, these residents had to remain within the designated centre and this resulted in safeguarding issues for the remainder of residents as staffing levels were not available to facilitate

one-to-one support of the two residents to assist them to access the community on a daily basis. Both residents identified to inspectors previously how unhappy they were within this designated centre and both residents wanted to move out of this designated centre. Since the previous inspection, the provider had been in negotiations with the HSE to secure funding to assist in the decongregation of this setting in the long term with a date set for 2019. In the interim inspectors found the quality of lives for both residents had improved with a marked reduction in incidents.

Judgment:
Non Compliant - Major

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

Findings:
Inspectors found some progress had been made since the previous inspection in relation to the overall governance and management of this designated centre. However, inspectors acknowledged some interventions were in their infancy and would require a longer time frame to have a direct impact on all residents.

Inspectors viewed evidence of the provider taking action in relation to addressing the assessed needs of residents. Inspectors viewed minutes of meetings where the provider acknowledged the staffing issue within the designated centre with 5.5 whole time equivalent posts vacant. The provider also identified there was a resource issue and no consistency with agency staff members. The person in charge confirmed this was also the case on the day of inspection.

On the day of inspection, inspectors met with two new staff members, therefore, the recruitment had commenced to replace agency and relief staff members with regular staff members in an effect to provide consistent staff for residents. The provider had identified this action would not be completed until September 2017, however, inspectors were satisfied this process had commenced.

Other improvements were also evident in relation to safeguarding issues and concerns of staff members as agenda items within team meetings to ensure staff members were

able to voice concerns.

Additional audits had also commenced, this included a monthly incident and accident audit. Inspectors viewed one completed for February, as this auditing process had only commenced inspectors were unable to establish if the outcome of these audits will impact on the lives of residents within the designated. However, the person in charge identified how this initiative would directly enhance the quality of lives for residents within the designated centre, through implementing changes to mitigate reoccurrences of incidents and accidents.

Judgment:
Non Compliant - Moderate

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

Theme:
Responsive Workforce

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

Findings:
Inspectors found one of the two actions had been addressed since the previous inspection.

The number and skill mix of staff members had been reassessed with an increase in the number of staff members during the day and night. One resident assessed as requiring one-to-one staffing support had received this from the 02 February 2017, for 7 days a week, 24 hours a day. Another resident had received one-to-one for support for 12 hours a day, 7 days a week.

The person in charge and the senior manager outlined the recruitment process was on going and planned for this to be completed by September 2017, with a current vacancy of 5.5 whole time equivalent posts. Inspectors found some residents were not receiving continuity of care and support due to the over reliance on agency and relief staff members required within the centre due to the number of staff vacancies.

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

Findings:
Inspectors found Schedule 5 policies were in place for staff members. Inspectors also found agency and relief staff members now had access to these policies on line.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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[1]

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Company Limited by Guarantee
Centre ID:	OSV-0001711
Date of Inspection:	30 March 2017
Date of response:	18 May 2017

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 outcome of the complaint was not recorded accurately.

No record of the level of satisfaction of the complainant in relation to the outcome of the complaint.

[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) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
On Aril 6th 2017 communication has been sent to the family identifying the outcome of the compliant made in August 2016. The service user now has 1-1 support 24/7 All complaints going forward will be dealt with under SHS revised complaints policy.

Proposed Timescale: 31/08/2017

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:
Some incidents were not being recorded within the designated centre as identified within the culture audit and also as identified on the day of the inspection.

2. 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:
There is a monthly review of incidents.

The Deputy Manager discussed this incident on the day of the inspection with the relevant staff.

Further to this a discussion took place between the Senior Social Worker at SHS and the National Safeguarding Office in terms of designing an individual safeguarding plan for residents with whom there was an increased level of incidents. Recording of all incidents has been and will continue to be an agenda item at team meetings. Next meeting 30/5/17

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Some behavioural support plans required clarity in relation to chemical interventions to ensure this intervention was implemented in a consistent approach.

3. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
All Positive behaviour support plans have been updated to include person specific interventions in relation to PRN psychotropic medication. PRN protocols have been reviewed and include clearer guidelines for administration.

All Kardex's directing practice in the use of PRN Psychotropic medications are being reviewed.

Proposed Timescale: 30/06/2017
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found the timeframe to complete preliminary screening within the designated centre was excessive. To ensure appropriate action to any incident, allegation or suspicion of abuse is taken.

Lack of designated officers with the organisation to effectively completed to appropriate screening for allegations of abuse.

4. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The PIC is now one of the Designated Officers. The Deputy Client Services Manager (28/3/17) has attended the 'awareness' training and is awaiting a place on the next training course to become a DO. It is estimated that this process should be completed by August 2017. SHS locations all display a document identifying designated officers.

On the 24/04/17 The PIC and Deputy Manager Along with the Senior Services manager and Senior Social Worker, met with a representative of the local branch of the National Safeguarding Team to discuss implementation of a 'safeguarding plan' for the DC. This process is based on advice from the safeguarding team in terms of supporting individuals to reduce incidents and will be used a tool to promote rights in terms of choosing with whom they live. Representations have been made to HSE on

decongregation of the DC and these safeguarding interventions will hopefully strengthen the case for our residents.

Proposed Timescale: 30/09/2017

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:
The management system in place did not ensure that the service provided WAS safe, appropriate to residents' needs, consistent and effectively monitored due to the volume of staff vacancies, and the impact of additional systems, such as, auditing had not yet impacted on residents lives, as this was recently commenced.

5. 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:
Recruitment process ongoing to fill all vacancies, this will include recruiting a relief panel to reduce the reliance on agency staff. 4 vacancies have now been filled from the outstanding 5.5 vacancies at last regulatory inspection. As part of the Self Directed Living Programme two staff have been engaged to fill the remaining 1.5 vacancies. They are currently on induction.

From May 31st following induction there will be no outstanding vacancies in DC

Monthly audits are being carried out from Feb 2017 over 6-month period. This process will then be reviewed. Phase 1 of the DC's de-congregation plan is proposed for Sept 2017, this will impact positively on the lives of residents.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents were not receiving continuity of care and support due to the over reliance on agency and relief staff members required within the designated centre due to the number of staff vacancies existing.

6. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
All vacancies will be filled by 31st May 2017. A panel of relief staff is planned to reduce over reliance on agency staff. Recruitment has commenced for this panel.

Proposed Timescale:
proposed timescale to recruit panel: December 31st 2017

Proposed Timescale: 31/12/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre on the day of inspection had 5.5 whole time equivalent posts vacant.

7. 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:
4 staff have been recruited. The DC has 1.5 vacancies however interviews have taken place and staff are currently going through the induction process. One induction is completed there will be no vacancies in the designated centre.

Proposed Timescale: 31/05/2017