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:	15 Abbey Manor
Centre ID:	OSV-0001710
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Sunbeam House Services Company Limited by Guarantee
Provider Nominee:	Kate Hopkins
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 October 2017 10:30	10 October 2017 18:30
11 October 2017 11:00	11 October 2017 14:30

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 fourth inspection of this designated centre. This inspection was conducted following an application from the Provider to renew registration. In 2014 the provider, Sunbeam, applied to register this designated centre to comprise of two residential units, houses. At that time registration of the centre as per the provider's application, was granted.

The provider applied to renew registration of the centre but had made the decision, in consultation with residents and at their request, to exclude one of the two houses

which made up the centre from the renewal application. This inspection report sets out the findings of the residential unit the provider had applied to renew registration for.

How we gathered our evidence:
As part of the inspection, the inspector visited the designated centre, met with four residents and spoke with the person in charge and one staff member. The inspector also met the acting CEO during the feedback meeting at the end of the inspection.

The inspector viewed documentation such as, care plans, person-centred support plans, recording logs, risk management systems, restraint registers and medication administration records. The inspector also carried out a visual inspection of the premises inside and out of the centre.
The inspector spoke with four residents during the course of the inspection and a number of family members that came in purposefully to meet the inspector and give feedback about the service. Their feedback was complementary of the staff and the service they received.

Description of the Service:
This designated centre is operated by Sunbeam House Services (SHS) Limited and is based in a town in County Wicklow. The designated centre had the capacity to provide services for up to four adult residents. The provider had produced a document called the statement of purpose, as required by regulation however, the statement of purpose did not accurately reflect the service provided as per the provider's application to renew registration and required updating.

Overall Judgments of our findings:
Overall good levels of compliance were found. Eighteen outcomes were inspected, 16 outcomes were found to be in compliance or substantially compliant while two were found to be moderately non compliant.

Good practice was found in relation to person centred planning, promotion of residents' rights and community integration and supporting residents' relationships with their families and friends.

Improvements were required in relation to residents' contracts of care as they lacked of description of services provided to residents and the fees residents were required to pay. The statement of purpose did not accurately reflect the designated centre the provider had applied to re-register. The provider had failed to submit a complete application to renew registration of the centre.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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):
No actions were required from the previous inspection.

Findings:
Residents living in the centre had their rights, privacy and dignity supported to a good standard. Residents' feedback was valued and sought. There was evidence of staff and the person in charge advocating on behalf of residents and supporting them to use the complaints procedure where necessary.

The complaints procedure was located in a prominent position in the centre and in an easy read format. The procedure was up-to-date and identified who the current complaints officer was and the person nominated to manage complaints in the centre also. The inspector reviewed the complaints log for the centre. There were no active complaints under review at the time of inspection. Staff had supported a resident to log a complaint following an issue that had occurred in the centre. Residents involved in the complaint were spoken with and measures were put in place to reduce the likelihood of the issue occurring again and ensuring residents were satisfied with how the issue was managed. This was evidence of compliance with the regulations in relation to complaints management and supporting residents to advocate their rights.

Residents had access an independent advocate if and when they required, for example for the purposes of using the complaints process or supporting them with an appeal to the outcome of a complaint. Information and contact details were available in the centre. There was also evidence of the person in charge advocating on behalf of residents, for example ensuring where residents were entitled a waiver on long term fees this had been applied to ensure residents paid only what they were required to.

The centre had adequate privacy options in place for residents. Each resident had their

own bedroom where they could store their personal items securely and safely. Each resident also had a key to their own bedroom and a key to their front door. Adequate privacy arrangements were also in place for all bathing and toileting facilities in the centre. Residents' personal information was securely and privately stored.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. Residents' independence and abilities with regards to managing their personal finances were assessed and where supports were required systems were in place.

Activities available to residents were suited to their age and interests outside of the centre. Residents were supported to go on planned trips and excursions, shopping, concerts and overnight hotel breaks, for example. There were also opportunities for residents to engage in personal interests and hobbies within the centre also. A 'games' room had recently been installed in the centre and some residents enjoyed spending time in this space engaging in their personal hobbies such as listening to music or using their computer.

Where rights restrictions had been identified a referral to the organisation's human rights committee had occurred and there was evidence that they had been reviewed and changes made in response to this review, if and where required.

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

Findings:
Residents were supported to communicate in the centre in a manner suitable to their individual abilities.

The designated centre provided residents with access to televisions, telephones, radios, computers and internet.

All residents living in the centre communicated through verbally. Each resident's communication skills had been identified through personal planning documentation.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain positive personal relationships and links with the wider community.

Residents' friends and families were welcome in the centre and were free to visit at any time. Policies and procedures were in place with regards to visitors to the centre.

The inspector spoke to a number of relatives during the inspection who stated that staff in the centre were very supportive and consulted with them on a regular basis regarding the care of residents. Relatives stated that there was good communication between staff and the families and this helped to facilitate regular family visits. Overall, family feedback regarding the centre was very positive.

Residents had friends both within the service and outside through work and other social activities. Residents regularly went out to restaurants, musical events and community organised activities to socialise.

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

Findings:
Each resident had been issued a revised contract of care and tenancy agreement. However, the contracts of care did not meet the requirements of the regulations.

The inspector reviewed if actions from the previous inspection had been followed up on with regards to residents' tenancy agreements. This action had been addressed. Each resident had been issued a revised tenancy agreement which set out clearly the responsibilities of the residents, the tenant, and the landlord, the provider.

While this action had been completed there were further non compliances found in relation to contracts of care for residents.

The contracts did not set out the services and supports the provider offered residents. Equally there was no information regarding fees payable by residents, for example, if residents were required to pay for private healthcare appointments, activities or other sundries.

Judgment:
Non Compliant - Moderate

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

Findings:
The care and support provided to residents was consistently and sufficiently reviewed. Where needs for residents were identified an associated support plan was in place to guide staff practice to ensure the needs of residents were met. Person centred planning was also well managed and evidenced action planning and goal achievement. However, in some areas there was a lack of evidence of allied health professional assessment, recommendation or review for some identified needs of residents, for example residents with behaviour support needs.

The inspector reviewed a sample of personal plans which were found to be comprehensive, personalised, detailed and reflected residents' specific requirements in

relation to their social care needs.

There was evidence of ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, money management skills and healthcare assessments. Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates.

While residents' assessments of needs had been completed, they lacked evidence of allied health professional assessment, recommendation and review in some areas to ensure evidence based practice. For example, all residents required behaviour support planning to meet their needs and while such planning was in place, it had been developed by staff working in the centre without oversight by an appropriately qualified allied health professional.

Person centred planning was well managed. Residents had identified goals they wished to work towards with the support of staff. Goals were documented and action plans devised for each goal with a person responsible for ensuring the goal was met.

Goals identified were meaningful and would ensure resident's skills repertoire and connections with their community and development or maintaining of friendships. For example, some residents had identified they wished to continue their friendship with some staff that had retired. At the time of inspection the person in charge and staff had put measures in place to support the resident in re-establishing their friendship with this person. Other residents had identified they wished to improve on personal skills and staff had liaised with a day service to ensure the resident was enrolled in classes to meet that goal.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The premises was well maintained, comfortable and homely and met the needs of

residents.

The centre was well located in an urban area close to Arklow town and a range of local amenities and public transport options were available. The premises consisted of a detached house which provided suitable and comfortable accommodation for up to four residents.

Bedrooms were spacious and comfortably furnished reflecting residents' personal taste. There were an adequate number of baths, toilets and showers to meet the needs of the residents. A good standard of hygiene was noted throughout and there was appropriate heating, lighting and ventilation. A separate laundry area was provided and suitably equipped to meet the needs do the residents. An exterior building was also available for storage.

There was satisfactory communal space in both houses. The house also had a separate conservatory which was comfortably furnished. A well maintained garden was provided to the rear of the house and was accessible to all residents.

The person in charge had undertaken a number of refurbishments works within the centre which enhanced the overall aesthetic and comfort in the centre. For example, a new wooden floor had been fitted to living room which was finished to a high standard. Repainting had also occurred throughout the house and lighting had been changed to a more contemporary style.

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

Findings:
The health and safety of residents, visitors and staff to this centre as promoted and met to a good standard overall. Improved risk management in relation to hot water and prevention of scalds was required. However, this risk was comprehensively addressed shortly after the inspection and therefore this outcome was found to be in compliance.

Appropriate fire compliance and containment systems were in place in the centre. Fire safety checks were carried out regularly and were up-to-date. Documentation relating to the servicing of fire safety equipment was maintained in the centre. Fire evacuation drills with residents had been carried out and each resident had an up-to-date personal

evacuation plan in place which set out supports required in the event of an evacuation of the centre being required. The centre was supplied with a functioning, up-to-date serviced fire alarm. Fire compliant doors were located throughout fitted with smoke seals to prevent the spread of smoke in the event of a fire. A number of up-to-date serviced fire extinguishers were located at key points in the premises and a fire blanket was located in the kitchen area.

A health and safety statement had been completed and a risk register was in place which detailed the risks and control measures specific to the centre and residents' personal risks also. While this was in place there were some risk control measures in place that had not been identified on the register, for example, potential hazards and their current control measures. The person in charge set about updating the risk register on the morning of the second day of inspection and had comprehensively identified potential hazards and the current control measures in place to mitigate them on the register. Therefore, a non compliance was not found in relation to this.

An electronic incident recording system was in place. The inspector reviewed incidents recorded which were reviewed in a timely way by the person in charge and follow up by the person in charge occurred where necessary through the implementation of risk assessments and identification of risk mitigation strategies to reduce the likelihood of the risk occurring again or lessen its severity impact.

The inspector noted hot water in sinks was very hot to the touch. This had also been identified through the provider led audit carried out July 2017 but had not been addressed by the provider. The person in charge assured the inspector that she would address this risk issue in a timely way and a number of days following the inspection the person in charge submitted comprehensive evidence to the inspector that a temperature control system had been installed this mitigating the scald risk from hot water in the centre.

There was a policy on infection control for the organisation. Cleaning schedules were also in place and completed by staff on an on-going basis, these schedules were checked by the person in charge regularly for the centre. This system ensured a good standard was maintained and was found on this inspection. Appropriate hand washing facilities were in place. The risk mitigation strategy regarding controlling the temperature of the hot water in sinks in the centre would encourage better hand washing practices for residents, staff and visitors.

All staff had attended up to date training. At the time of inspection no residents required specific manual handling supports.

Judgment:
Compliant

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

Findings:
Overall, there were appropriate measures in place to safeguard residents from abuse. All residents required behaviour support planning which was in place. However, as identified in this inspection report these had not been developed or reviewed by an allied health professional with knowledge, training and skills in this area. A non compliance relating to this has been assigned to outcome 5.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided guidance to staff on how to manage any incident of concern arising in the designated centre. The policy provided staff with knowledge on how to recognise abuse and their responsibility in reporting it.

The person in charge was also a trained designated officer. This meant, in addition to implementing policies and procedures as per the organisational safeguarding policy, they were also responsible to ensure all allegations or suspicions of abuse were reported to the HSE safeguarding team as required in a timely way and safeguarding plans were drawn up and implemented if required. At the time of inspection there were no such safeguarding concerns or allegations under investigation.

Staff spoken with during the inspection demonstrated a good understanding of safeguarding reporting procedures and signs of abuse. They also presented as committed and compassionate persons who would act in the best interest of the residents that attended the centre and would report any concerns to the person in charge if required.

Personal and intimate care plans were in place and provided guidance to staff ensuring, consistency, privacy and dignity in the practice of providing personal care provided to each resident.

An up-to-date restrictive practices policy was in place to guide the implementation of restrictive practices in line with National guidelines and evidence based practice. Overall, there were minimal restrictive practices in place. Those practices that were deemed a restrictive practice were identified through a restraint register which documented the date the restriction was implemented and reviewed by a Human Rights Committee for Sunbeam.

All staff working in the centre had received training in the management and response to

behaviours that challenge and the policies and procedures for safeguarding vulnerable adults. New staff members recently recruited were undergoing a suite of training and were scheduled to complete safeguarding vulnerable adults and management of behaviours that challenge training in the coming weeks.

An action from the previous inspection relating to behaviour support planning had been addressed. Each resident had a behaviour support plan in place which followed the principles of positive behaviour support outlining proactive and reactive strategies for staff to implement in the event such behaviours occurred. While these plans were comprehensive they were not based on a functional analysis or assessment by an allied health professional with knowledge, training and skills to ascertain the cause or reason why the behaviour occurred, for example. There was a lack of evidence based practice in relation to the management of behaviours that challenge.

An action relating to this is assigned to outcome 5 with regards to a lack of allied health professional assessment, recommendation and oversight of these plans.

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):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the requirements to notify the Chief Inspector of all notifiable incidents as set out in the regulations.

There were systems in place to ensure staff recorded and reported accidents, incidents and near misses if and when required.

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):
No actions were required from the previous inspection.

Findings:
Residents had opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and training much of which was provided through the Sunbeam House day service. Staff and residents' key-workers worked with the day service team in order to provide training which residents were interested in.

There were also systems in place to provide life skills training to residents when this was needed. Training was aimed at allowing residents to become more independent and covered areas such a travelling independently or managing money.

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

Findings:
Each resident was supported to achieve the best possible health. Support planning in place reflected the healthcare needs of residents and there was evidence to indicate residents were supported to attend their General Practitioner for checkups when required and for preventative health measures.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and/or support plan was developed. Some support planning required for residents living in the centre related to epilepsy management. Since the previous inspection there had been an improvement in the detail of such plans. Some residents' epilepsy was well managed and therefore did not require emergency medication for the management of seizures.

Residents each had their own G.P. (general practitioner), all residents had received an annual medical review. Where their doctor had recommended blood tests for example, these had occurred and follow up tests had also taken place. Staff had supported residents to undergo necessary checks of this nature to support their best possible health. The inspector also reviewed if actions from the previous inspection had been addressed and found they had.

Residents participated in cooking and or meal preparation in the centre. During the inspection residents made tea and coffee for themselves, staff members and the inspector. Snacks and drinks were available to residents outside of mealtimes and the inspector observed residents helping themselves to snacks when they wished independently. Some residents required close observation of their weight and dietary intake. A food diary was maintained for those residents and they had been supported to see a dietician. Recommendations from their dietetic allied health professional were maintained in their personal plans and residents' weights were monitored.

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

Findings:
The inspector found the medication management system were well managed and actions from the previous inspection had been completed bringing this outcome into compliance.

The inspector reviewed medication administration recording documents for residents. These were up-to-date indicating staff administered and signed for medication on each occasion medication was administered. Changes had been made to the medication charts to ensure the times specified on the administration charts correlated with those on the recording charges. An action from the previous inspection had been addressed.

There was now guidance available in relation to the administration of PRN (as required) medications. These set out the criteria for which medication should be administered. This also addressed an action from the previous inspection. The maximum dosage of in a 24 hour period for PRN medications was clearly documented on administration charts to guide staff.

There were written policies and procedures to guide staff in safe medication administration practices. Procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out regularly.

There was a system in place for recording, reporting errors and reviewing medication. The inspector viewed incidents which occurred within the designated centre and found preventative measure were put in place to mitigate the risk of future reoccurrences. All medications were stored in a secure, locked cabinet.

Staff spoken with during the course of the inspection demonstrated a good understanding of safe medication management policies and procedures.

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

Findings:
The provider had failed to submit a statement of purpose which reflected the re-configuration of the designated centre as submitted in their application to renew registration of the centre.

The provider had applied to renew registration of the centre comprising of one house only. The centre had originally been registered comprising two residential units.

The provider was required to submit a revised statement of purpose that included revised governance and management arrangements in the centre and the organisation, revised whole time equivalent staffing numbers, for example.

This was submitted to HIQA following the inspection, therefore this outcome was found to be substantially compliant by the inspector.

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

Findings:
On this inspection the inspector noted an improvement in management structures for the centre. There was now a defined management structure in place with lines of authority, accountability and responsibility for the provision of the service delivered for the designated centre identified in the application to renew registration.

Improvements were required however, in relation to the annual report as required by the regulations. The provider had failed to submit an accurate and complete application to renew registration of this centre. The led to this outcome being found moderately non compliant despite operational management in the centre found to be of a good standard.

As referred to in the summary of this inspection report, the provider, Sunbeam, applied to register this centre with two residential units comprising it. HIQA responded to this application and registered this centre in 2014 as per the provider's application.

Prior to this registration renewal inspection the provider contacted the Chief Inspector setting out their decision to apply to renew registration of this centre but not include one of the residential units. Residents living in the residential unit that had been included in the original application to register, had expressed their dissatisfaction with their home being included as part of a designated centre and the provider had also set out in their rationale that residents, in their assessment, did not require the provisions of the regulations.

On this inspection, the inspector took time to meet those residents to hear their feedback, choice and decisions. Residents expressed their dissatisfaction and a clear, unequivocal desire for their home not to be regulated and requested the regulator to not include their home as part of the registration renewal process. The inspector explained the decision to include their home in the registration of the designated centre was in response to the provider's registration application in 2014 and the residential units,

houses, they had included in the application.

The findings of this inspection report reflect the single house identified in the application to renew registration and do not set out any information or findings regarding the second residential unit or information relating to residents living there.

The governance structure of the centre comprised the person in charge who reported to a senior services manager and they in turn reported to the CEO for Sunbeam Services. The senior services manager was also the provider nominee.

The person in charge worked full-time and also managed another designated centre situated in South Wicklow. They informed the inspector that they visited both centres regularly to ensure they were adequately informed of how the centre was running and the practicalities of the service they were assigned to manage. Since becoming manager of the centre the person in charge had instigated some initiatives to improve the service, this included a refurbishment of the premises throughout to a high standard which the inspector noted during the course of the inspection.

The person in charge had also continued their professional development by recently completing designated person training, with regards to safeguarding vulnerable adults. They had also recently completed a FETAC Level 6 management course.

As required by the regulations, an unannounced visit by a person nominated by the provider occurred. During this visit a provider-led audit had been completed. This reviewed the safety and quality of care and support provided in the designated centre. The inspector reviewed the most recently completed audit dated 20 July 2017. It had identified a small number of improvements required and the person in charge had completed them. The audit had an identified action plan and due date for the actions to be completed by.

An annual report of the centre, as required by the regulations had also been completed. This had been completed by the person in charge. It was not evident that the provider had oversight or input into the process and the document had not been signed by the provider. Therefore, it was not demonstrated that this was an impartial review of the quality and safety of care in the centre.

There was evidence of provider-led auditing systems in place to meet the regulations. The person in charge completed a suite of audits of key quality indicators for example, a restraint register, medication management audits, audits of residents' personal plans, staff training and refresher dates identified and personal risk assessments.

This process had been implemented for a period of time and had ensured an overall operational management audit framework was in place which assured the person in charge that the centre was managed in line with the regulations and standards, ensured the safety and welfare of residents and also ensure policies and procedures were being implemented to a good standard. This process had been implemented by the previous person in charge and continued by the current person in charge.

While operational governance in this centre overall was met to a good standard the

provider had failed to submit an accurate, up-to-date and complete application to renew registration of the centre, therefore, this outcome was found to be moderately non compliant.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

A senior service manager was responsible for deputising in the absence of the person in charge.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a satisfactory standard and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

The person in charge retained control over the budget for the service and showed the inspector records which she maintained in relation to funding for the centre. The records indicated that sufficient funds were available for staffing and maintenance and decoration of the centre. The service had been provided within budget for the previous financial year.

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

Findings:
There was an adequate skill mix of staff to meet the needs of residents. At the time of inspection there were a low number of whole time equivalent staff numbers for the centre, but there were plans in the near future for this to improve and the person in charge had set out systems which would address this issue.

The inspector reviewed the staff rosters during the inspection. There was a planned and actual roster in place. As referred to in the opening paragraph there were a low number of whole time equivalent numbers of staff working in the centre. At the time of inspection only five staff worked in the centre. The inspector discussed with the person in charge how they managed unexpected sick leave, holidays or long term absences.

The person in charge indicated that at times it had been difficult to adequately cover staff shifts and relied on staff working extra hours in order to meet appropriate staffing quotas. However, there were plans underway to increase the staffing numbers for the centre through a review of staff shifts and new staff had been recently recruited. Overall, this would improve the whole time equivalent staffing ratio for the centre. Therefore, a non compliance was not found regarding staffing numbers, as the person in charge was able to demonstrate to the inspector, with evidence that this issue was improving and would be addressed.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed as part of a previous inspection of Sunbeam House Services and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid and epilepsy management.

Staff received one to one supervision meetings with the person in charge and all staff had received at least one supervision meeting in the last year. The inspector reviewed a sample of recorded meetings and noted they were supportive and addressed areas such as identification of staff skills and strengths, training requirements and reflective practice.

Feedback from residents and families spoken with during the course of inspection was very positive of staff. A number of staff had worked in the centre for many years.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to maintain complete and accurate records and the required Schedule 5 policies were also available.

A statement of purpose was available in the centre.
A residents' guide was also available.

Insurance for the centre was in place and up-to-date.

Records relating to residents were well organised and confidentially and securely maintained in the centre.

The directory of residents was maintained but required some improvement. Two residents moved from the centre and were living in other designated centres. However, this discharge information had not been entered into the directory of residents as is required by the regulations.

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:

Ann-Marie O'Neill
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-0001710
Date of Inspection:	10 & 11 October 2017
Date of response:	07 December 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 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 contracts did not set out the services and supports the provider offered residents. Equally there was no information regarding fees payable by residents, for example, if residents were required to pay for private healthcare appointments, activities or other sundries.

[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 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:
The PIC will draft and individualised document and attach to the existing Service Level Provision form, detailing services provided and what residents may have to pay should they require additional services.

Proposed Timescale: 31/01/2018

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence of allied health professional assessment, recommendation or review for some identified needs of residents, for example residents with behaviour support needs.

2. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A client psychologist has been contracted to Sunbeam House Services to ensure comprehensive assessments can take place going forward. All Positive Behavioural Supports plans will be reviewed in the first quarter of 2018.

Proposed Timescale: 30/04/2018

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 provider was required to submit a revised statement of purpose which accurately reflected the reconfigured designated centre.

3. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
A revised statement of purpose and function will be submitted to HIQA today via email to registration@hiqa.ie

Proposed Timescale: 07/12/2017

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 provider had failed to submit an accurate, up-to-date and complete application to renew registration.

4. Action Required:
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The re-registration application form has been submitted by the provider to HIQA.

Proposed Timescale: 07/12/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual report of the centre, as required by the regulations had been completed. It had been completed by the person in charge. It was not evident that the provider had oversight or input into the process.

5. 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 Senior Services Manager, on behalf of the provider will review and sign the completed annual audit for 2017 and going forward the provider led audit team will complete the annual audit alongside the PIC.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two residents had moved out of the centre, however their discharge information had not been entered into the directory of residents as is required by the regulations.

6. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:
The Directory of residents will be updated in the centre to include the discharge information of the two clients who have transferred to other SHS locations when the house was downsized.

Proposed Timescale: 31/01/2018