

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rosanna Gardens
<b>Centre ID:</b>	OSV-0001711
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Kate Hopkins
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	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 decision. This monitoring inspection was unannounced and took place over 1 day(s).

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

From: 28 September 2017 09:00 To: 28 September 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the eighth inspection of this designated centre, since the commencement of the regulatory process in the disability sector in November 2013. Previous inspections found this 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 monitor progress in relation to a representation plan submitted to HIQA (Health Information and Quality Authority). HIQA has issued a notice of proposal to cancel the registration of this centre on 9 February 2017. An inspection also took place on 30 March 2017 to establish if the measures as outlined in the representation plan were being implemented and were impacting positively on residents. At this point the provider submitted a decongregation plan to be implemented in phases to move specific residents to more suitable accommodation. The first phase of this plan was to be implemented in September 2017. This inspection found that this phase was not implemented and that residents continued to be subjected to incidents of aggression.

How the inspectors gathered evidence:

This inspection took place over one day, the person in charge and deputy manager facilitated the inspection. Inspectors spoke with the person in charge and deputy manager 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 seven residents and spoke with three residents. Some residents spoken with repeated their wish to move from this designated centre. Some residents stated they were unhappy and unsafe within the designated centre. 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 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 Nigel Locke acting as CEO (Chief executive officer) during this inspection and Kate Hopkins nominated to act on behalf of the provider.

#### Overall judgment of findings.

Inspectors identified that actions taken by the provider since the notice of proposal to cancel the registration of the centre had been maintained and was providing an enhanced quality of life to a small number of residents, the core issue remained in relation to the incompatibility of the residents which was impacting negatively on the majority of residents living in the centre. In addition, there was insufficient progress in relation to the implementation of the decongregation plan. This inspection focused upon seven outcomes in response to findings from previous inspections and the representation received. The centre remained in major non-compliance in relation to the safeguarding and safety of residents and in the governance and management of the centre. Other areas of non-compliance were identified as detailed within the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 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:**

Residents did have the opportunity to participate in meaningful activities in line with their interests and preference within the centre.

Resident's social care needs were now comprehensively assessed, with personal plans clearly outlining progress and were regularly reviewed.

The inspectors viewed three residents personal plans in place, these plans reflected the interests and capacities for residents. Personal plans included weekly activities, inspectors viewed records of activities taking place. Residents also spoken with outlined various activities within their plan such as, sporting events, day trips and other community activities.

**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):**

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

**Findings:**

The health and safety and risk management of all residents living within the centre could not be effectively managed due to the mix of residents within the centre.

Inspectors found 96 incidents were recorded within the centre within the last three months. Inspectors identified the level of incidents occurring within the centre was not reflective of a safe environment for residents to live.

Measures had been taken to help mitigate the risks through a location risk register and individual risk assessment, however, due to the current mix of residents incidents continued to occur. In addition the control measures now generally referenced the 'decongregation plan' as both a necessity and as a control measure. This was not an effective control measure as it had not commenced. The measure taken were not adequately protecting people from incidences of aggression and self-harm and were not keeping people safe.

Certificates and documents were present to show the fire alarm, emergency lighting and fire equipment were serviced by an external company.

**Judgment:**

Non Compliant - Major

**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:**

Measures to protect residents from being harmed or from suffering abuse were not in place due to the mix of residents within the centre.

Incidents were recorded within the centre in relation to physical and verbal abuse, this was an ongoing issue within the centre. However, measures implemented to mitigate

these risks were not always successful. Some residents spoke with inspectors and informed them that they felt unsafe within their home due to recurring incidents.

Environmental restrictions were in place in relation to closed circuit television monitors. Inspectors viewed the rationale for this system in place, however, this was dated 2015. There was no evidence of review and the number of monitors had increased since the previous inspection. Other environmental restrictions were also in place in relation to door alarms, however, the impact this had on other residents was not taken into consideration. Nor was there evidence that the least restrictive procedure was implemented for the shortest duration necessary. It was also not evident that all alternative measures were considered before restrictive procedures were used. Overall, inspectors found the centre had become more restrictive in nature despite two residents receiving one-to-one staff support. Rationales for the use of restrictions were unclear and guidelines for use were not regularly reviewed.

Inspectors acknowledged the improvements in relation to behaviour support plans and the guidance available for staff members to follow when the need arose.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

Each resident was supported to achieve their best possible health, however, improvements were required in relation to the information and implementation of some residents, healthcare plans.

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. Inspectors viewed three resident's plans.

Inspectors found interventions were in place for some healthcare conditions. The details contained within some care plans were not sufficient to ensure staff members could effectively implement the interventions. For example, one plan viewed contained interventions which staff members were to follow within the centre in relation to wound care. Inspectors discussed this with staff members, however, the interventions outlined within the plan were no longer taking place. Inspectors found this plan was not updated

to reflect the current healthcare needs of the resident.

Inspectors found healthcare plans contained generic information not relevant to residents. For example, the document stated "staff teach me personal care, eating well, being more active, smoking, alcohol and drug intake". Inspectors discussed this with staff members and some of these areas were not relevant to residents.

Inspectors viewed another plan in relation to the management of hypertension. This plan was not detailed enough to guide practice nor was there evidence of the interventions being carried out as specified within the plan in relation to blood pressuring monitoring. Inspectors also viewed a plan in relation to diabetes mellitus, however, the monitoring of this was not in accordance with the plan nor was it clear what interventions were taken for example, when blood glucose levels were high.

Inspectors found resident's participated in mealtimes in accordance with individuals preferences. One resident took part in a baking session within the centre during the inspection, other residents assisted staff in setting the table for meal times.

Residents had access to a G.P. (general practitioner), chiropodist and dieticians in accordance with the assessed needs of residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The medication management system within the designated centre required improvement in relation to the management and administration of medication.

No guidance was available in relation to the administration of some PRN (a medicine only taken as the need arises) medicine. Inspectors found staff members were not always guided effectively and consistently in the administration of medication.

Inspectors found accurate records were not accurately maintained in relation to stock balances for some medications stored within the centre.

Administration recording documents were in place for each resident and a number of

these were viewed by the inspector. These were found to be up-to-date and showed staff administered and signed for medication. However, the recording charts and the administration records did not contain the same time format.

There was a system in place for recording, reporting errors and reviewing medication. Inspectors viewed incidents which occurred within the centre and found preventative measure were not always put in place to mitigate the risk of future reoccurrences.

The centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines this was dated September 2014.

The inspector found the signature bank within the centre was completed.

**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):**

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

**Findings:**

Effective management arrangements were not in place to support and promote the delivery of safe and quality care services. Inspectors found the living arrangements for residents remained unchanged.

In response to the previous inspection completed on the 30 March 2017, the provider had submitted a detailed plan involving the decongregation of this setting. Inspectors were informed two separate properties had been identified, however, neither property had been acquired and phase one of the plan was not implemented. The centre continued to operate in significant breach of the regulations and effective management arrangements had not been put in place to support the delivery of safe, quality care services.

This inspection was completed to ensure the provider was implementing the plans

submitted to HIQA as this designated centre remained under a notice of proposal to close the centre. A representative of the provider was not available to meet with inspectors to discuss the progress of the plan. Inspectors discussed the plan with the person in charge and the deputy manager. However, it was evident the quality of life had not improved for residents as they continued to voice their concerns in relation to living in the centre. Some residents also outlined the negative impact the current mix of residents.

**Judgment:**

Non Compliant - Major

**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 were appropriate staff numbers and skill mix to meet the needs of residents.

Inspectors viewed the rotas these reflected the number of staff member within the designated centre over a twenty four hour period. There remained a reliance on agency staff members, however, this had reduced considerably. Six members of staff were present during the day and four members of staff were present during the night. One resident remained in receipt on one to one staff support over a twenty four hour period.

Inspectors were informed of the recruitment process which had taken place as 13 members of staff joined the team in the last nine months.

**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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0001711
<b>Date of Inspection:</b>	28 September 2017
<b>Date of response:</b>	30 November 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 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:**

Inadequate measures were taken in response to incidences of aggression and self-harm which were not keeping people safe.

#### 1. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

policy includes the measures and actions in place to control aggression and violence.

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

The actions submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

**Theme:** Effective Services

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

The system for the management of risk required improvement as a high number of incidents were recorded within the centre.

**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:**

The actions submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Environmental restraint was not applied in accordance with national policy and evidence based practice.

**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 restrictive practices are currently reviewed by the Human Rights Committee. In terms of environmental restrictive practice a review of 1 resident who now receives 1-1 support 24/7 has been sent to the (HRC) as of 24/10/17, requesting discussion and recommendations with a view to lifting the restriction in terms of this person. All other residents will be reviewed and the least restrictive practice explored.

Referrals have been sent from HSE Psychiatrist currently managing support of these

individuals to a forensic Psychiatrist which aims to direct practice in terms of risk management.

Proposed Timescale: November 30th 2017 for review of environmental restrictive practice

**Proposed Timescale:** 30/11/2017

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Evidence that all alternative measures were considered before a restrictive procedure was used was not evident.

Evidence that the least restrictive procedure, for the shortest duration necessary, was used was not evident.

**4. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Alarms on bedroom doors & the use of CCTV is reviewed for all residents regularly. A reduction of same, where applicable will be overseen by the Human Rights Committee so that the least restrictive practice will apply. Risk assessments pertaining to these restrictive practices updated accordingly.

**Proposed Timescale:** 30/11/2017

**Theme:** Safe Services

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

Residents were not protected from all forms of abuse due to the mix of residents within the centre.

**5. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The provider has engaged the HSE to access funding to meet with the above requirement for the centre

The PIC and deputy manager along with financial manager and a representative of the senior management team met with HSE CHO6 representatives on 17/10/17 to discuss

progress of Decongregation to date and the timeline for stages 1 & 2. Sunbeam House Services is consulting with the HSE regarding building works that need to be carried out. HSE requested revised costings for Decongregation which were provided to CHO6 on 18/10/17.

On 31/10/2017 confirmation has been given by the HSE re the acquisition of a property for Phase 1 of Decongregation. The acquisition process is scheduled to be completed within six weeks as solicitors have been appointed and contracts are being drawn up. Completion monies have been confirmed as available once the legal process is completed.

Recruitment process commenced. Vacancy analysis submitted in line with workforce planner.

Resident identified as transitioning in Phase 1 will move to temporary accommodation within another designated centre. On completion of temporary transfer for resident the remaining residents in the Oaks House will be engaged with to move within this house. The vacant apartment can be occupied by another resident. The aim is to support protection from abuse due to the on-going mix of residents and behavioural support that is required.

Extra Staff will be recruited to provide support from 4pm to 10 pm, Monday to Friday and 10am to 10pm on Saturday and Sunday to allow greater participation for clients and provide more safeguarding for residents.

**Proposed Timescale:** 31/01/2018

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Healthcare plans contained generic information not relevant to some residents.

Reviews did not assess the effectiveness of the healthcare interventions in place.

Some plans were not reflective of practice.

### **6. Action Required:**

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

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

The actions submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

## **Outcome 12. Medication Management**

**Theme:** Health and Development

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

Appropriate and suitable practices relating to the storing and administration of medicines that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

No guidance was available in relation to the administration of some PRN medicine.

Accurate records were not maintained in relation to stock balances for some medications stored within the centre.

The recording charts and the administration records did not contain the same time format.

Preventative measures were not always put in place following medication errors.

**7. 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:**

The actions submitted by the provider for this action did not satisfactorily address the failings identified.

**Proposed Timescale:**

**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 in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored required improvement.

**8. 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:**

Increase management support by PIC and deputy PIC presence across full 7 days. The provider has engaged the HSE to access funding to decongregate the centre.

The PIC and deputy manager along with financial manager and a representative of the senior management team met with HSE CHO6 representatives on 17/10/17 to discuss progress of Decongregation to date and the timeline for stages 1 & 2. Sunbeam House Services is consulting with the HSE regarding building works that need to be carried out. HSE requested revised costings for Decongregation which were provided to CHO6 on 18/10/17.

On 31/10/2017 confirmation has been given by the HSE re the acquisition of a property for Phase 1 of Decongregation. The acquisition process is scheduled to be completed within six weeks as solicitors have been appointed and contracts are being drawn up. Completion monies have been confirmed as available once the legal process is completed.

Recruitment process commenced. Vacancy analysis submitted in line with workforce planner.

On completion of Phase 1 residents in the Oaks House will be engaged with to move within this house. The vacant apartment can be occupied by another resident. The aim is to support protection from abuse due to the on-going mix of residents and behavioural support that is required.

Extra Staff are being recruited to provide support from 4pm to 10 pm, Monday to Friday and 10am to 10pm on Saturday and Sunday to allow greater participation for clients and provide more safeguarding for residents.

**Proposed Timescale:** 31/01/2018