<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Beeches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003322</td>
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<tr>
<td>Centre county:</td>
<td>Wicklow</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sunbeam House Services Company Limited by Guarantee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>24 October 2017 09:30</td>
<td>24 October 2017 17:30</td>
</tr>
<tr>
<td>25 October 2017 09:00</td>
<td>25 October 2017 15:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Background to inspection:

This was an announced inspection to inform a renewal of registration decision after an application to the Health Information and Quality Authority (HIQA) by Sunbeam House Services (the provider) to continue the operation of this centre.

The centre was first inspected in February 2014 where a number of minor non compliances were found in Health, Safety and Workforce. A registration inspection took place in June 2014 where issues were identified with Communication,
Admissions and Contracts for the Provision of Services, Safe and Suitable Premises and Records and Documentation.

A third inspection took place in May 2016 where it was found the centre had addressed some of the non-compliances identified in the previous inspection however, issues were found in Safe and Suitable Premises, Safeguarding, Healthcare Needs and Governance and Management.

This inspection (for the renewal of registration of the centre) found that while the person in charge, deputy team leader and staff team were caring and attentive in meeting the individual, complex and medical needs of each resident living in the house, the entity of Sunbeam House Services was not providing the centre with adequate oversight, support or resources which was impacting negatively on some residents.

How we gathered our evidence:

The inspector met with four staff members and spoke with three of them about the service being provided. The person in charge and the deputy team leader were also spoken with at length over the course of this inspection.

The inspector also met with the four residents and spent some time chatting with them over the course of the two day inspection process. Residents appeared very happy and relaxed in the centre and staff interacted with them in a professional, caring and supportive manner.

One family member were also spoken with as part of this inspection. They were extremely complimentary of the service being provided and spoke highly of the entire staff team.

Feedback from questionnaires was also complimentary about the centre and all staff working there.

A sample of documentation was also viewed such as health and social care plans, safeguarding plans, risk assessments, contracts of care and positive behavioural support plans.

Description of the Service

The centre was a five bedroom detached bungalow providing accommodation to four residents. While it was found to be homely and welcoming it was in need of redecorating and painting throughout. Issues were also identified with the gardens of the centre which were further discussed in the main body of this report.

The centre was in close proximity to a large nearby town and transport was provided so as to access local amenities such as restaurants, shopping centres, pubs and cafes.

Overall Findings
Of the 18 outcomes assessed the majority were found to be compliant or substantially compliant including Residents Rights, Medication Management, Healthcare Needs, Communication and Family and Personal Relationships. However, major non compliances were found in some key areas including Governance and Management, Safeguarding and Safe and Suitable Premises.

Overall it was found that that the person in charge, deputy team leader and staff team used the resources available to them so as to provide a good quality of care to the residents and residents appeared very content living in the centre. Family members also spoke highly of all staff members.

However, the entity of Sunbeam House Services had not provided the centre with adequate multi disciplinary support and had not addressed some of the issues identified in previous inspections which were having a negative impact on the quality and safety of care being provided to the residents.

This is further discussed in the main body of the report and in the action plan at the end.
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:
Overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents’ individual choice was supported and encouraged.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with and supported on an individual basis with regard to their care and support

A complaints policy was available in the centre and the complaints procedures were displayed on the notice board. A system was in place to record complaints however, it was observed that there were no recent complaints made in the centre. Of the family members spoken with, all were very complimentary of the service provided and told the inspector they never had any cause to complain.

The inspector chatted with all of the residents during this inspection. The appeared happy with the service provide and also appeared relaxed in the company of staff members.

The inspector viewed a small sample of residents' personal finances. All residents had a financial assessment in place which informed the inspector that where required, staff and/or family representatives provided support to residents with managing their personal finances.

From the sample of files viewed, it was observed that all monies could be accounted for
and there were robust systems in place to ensure the safeguarding of residents finances.

Access to advocacy services and information about resident rights formed part of the support services made available to each resident and the inspector observed that there were arrangements in place for access to an independent external advocate.

Throughout this inspection process it was observed that staff spoke and interacted with residents in a warm, caring and dignified manner.

Judgment: Compliant

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**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:**

Overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and individual preferences.

From a sample of files viewed the inspector observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. Each resident had a communication passport on file.

It was also observed by the inspectors that a lot of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the residents. Residents also had ample access to radios, TV’s and music centres

Overall the inspector was satisfied that the systems in place to support the residents' communication requirements were individualised and effective.

Judgment: Compliant

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**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:**
The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

From a sample of files viewed, the inspector observed that family members were kept informed of each residents overall health and well being in the centre.

Residents were also supported to keep in regular contact with family members and friends and to visit their family home as and when requested.

One family member spoken with informed the inspector that they were kept up to date and informed of their relatives' progress in the centre and could visit at any time of their choosing.

The inspector observed that residents were supported to use the local amenities in the community such as local restaurants, hydrotherapy pool and cafes.

**Judgment:**
Compliant

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

**Findings:**
There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents. However, and as found in previous inspections, the breakdown of costs to be incurred for services provided (to include additional costs) was not explicitly stated in residents
contracts of care.

Document was available in the centre which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. However, while the fees to be charged to each resident were stated in their contracts, the services provided for this fee were not documented.

It was also observed that some additional costs incurred by the residents was not stated in their contracts of care. For example, residents paid for some complimentary therapies from their own funds however, this was not evidenced in their contracts of care.

Judgment:
Non Compliant - Major

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

Theme:
Effective Services

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

Findings:
Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and relevant to the assessed needs of the residents. However, some plans required review and the inspector was not assured that there was adequate multi-disciplinary input or support.

The inspector found that the care and support provided to the residents was generally to a good standard and from a sample of files viewed, each resident had health, personal and social care plans in place.

Plans were informative of each resident’s likes, dislikes and interests and provided key information related to the resident to include, how they like to spend their day, safety issues, support requirements, health needs and important people in their lives.
The plans identified social goals that were relevant and meaningful to each resident and from the sample viewed by the inspector, it was observed that social goals were being identified and achieved for each resident.

For example, residents were being supported to go on individual holiday breaks, nights away in hotels, go to concerts, rugby matches and to experience best possible health.

Staff of the centre also supported residents to frequent local amenities on a daily basis such as pubs, shops, restaurants, hotels and parks.

However, it was observed that some personal plans required review and updating. For example some goals had been achieved over a year ago yet they stiff formed part of a current personal plan. There was also insufficient evidence available on the day of inspection of multi-disciplinary input and support into social care plans.

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

**Findings:**
The inspector found that the centre provided residents with a homely and caring environment however, the garden area required attention as it was not appropriate or safe for residents to avail of and the house was in need up updating, modernisation and painting throughout.

The centre comprised of one detached five bedroomed bungalow supporting four residents. Each resident had their own bedroom and they were observed to be decorated and personalised to residents individual likes and preferences.

Accommodation included two large bathrooms, a staff sleepover room, a separate utility room, two sitting rooms and a separate dining room. While the centre was observed to be homely and welcoming, as stated above it was in need to refurbishing and painting throughout. This issue had been highlighted in the last two inspections of this centre.
As identified in previous inspections, the external environment and gardens of the centre required attention. The gardens and grounds were not adequate or suitably safe for residents to use freely as there was a very steep slope on entrance to the centre which posed a risk to residents that used wheelchairs.

**Judgment:**
Non Compliant - Major

**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 inspector observed that while the health and safety of residents, visitors and staff was being promoted the systems in place with regard to the management of risk required review.

There was a policy available on risk management and the centre had a risk register which was made available to the inspector on the day of inspection. For the most part, where a risk was identified it was being appropriately addressed and actions put in place to mitigate it.

However, some areas with regard to the documentation and management of risk required review. For example, one resident was susceptible to verbal aggression from another. While staff were managing this situation, it was observed there was no risk assessment drawn up to guide practice or to mitigate the risk.

It was also observed that there was a risk with regard to the entrance to the centre and the garden area in general however, there were inadequate risk assessments put in place to mitigate these hazards.

The inspector also found that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers had been recently checked by a fire consultancy company. There was also emergency lighting, smoke detectors and fire doors installed.

Fire drills were carried out regularly and all residents had individual personal emergency evacuation plans in place. One recent fire drill informed that a resident had refused to leave the centre during the fire drill.
It was observed that their personal evacuation emergency plan had not been updated to reflect this. However, when this was brought to the attention of the deputy team leader and the person in charge, they set about to address it immediately.

It was observed that there was adequate hand sanitizing gels, hand washing facilities and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed all staff had the required training in fire safety however, one required refresher training in fire training. This was further discussed under Outcome 11: Workforce.

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

Findings:
The inspector found that there were arrangements in place to protect the residents from harm and abuse in the centre however, access to allied healthcare professionals was inadequate to support one resident presenting with behaviours of concern.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support however, it was observed that this policy required review.
That said, of the staff spoken with by the inspector, they were able to verbalise their knowledge of residents’ positive behavioural support plans.

However, it was observed that there was inadequate input and support from allied healthcare professionals (such as behavioural support specialists, psychology or psychiatry) to support one resident with behaviours of concern.

Another resident, who was being targeted with verbal abuse by one of their peers, had no safeguarding plan in place. However, it was observed that staff were managing this situation and made every effort possible to ensure the safety and welfare of both residents.

There were also guidelines in place on the use of restrictive procedures and it was observed that some restrictions were in place. However, it was also observed that they were only in use to keep residents safe.

As required (p.r.n) medicines were in use however, it was observed that they were not in use to manage behaviours of concern.

**Judgment:**
Non Compliant - Major

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**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:**
Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The area manager and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

**Judgment:**
Compliant

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**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:**
The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social activities based on their likes, interests and assessed needs.

The inspector observed that where requested, residents were supported and facilitated to access the community and use local amenities.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, residents were supported to avail of complimentary therapies and access their local community and amenities such as shopping centres, restaurants and pubs.

**Judgment:**
Compliant

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**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:**
The inspector found that there were arrangements in place to ensure that residents’ health care needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

From a small sample of files viewed, the inspector observed that residents had regular and on-going access to a GP as and when required, and a range of other allied health care professionals.
For example, appointments with dentists, speech and language therapists, occupational therapists and physiotherapists were arranged and facilitated as and when required.

A range of specialised equipment was also in available (as recommended by both physiotherapists and occupational therapists) in order to support residents experience best possible health.

Some residents also enjoyed complimentary therapies and it was observed that these were provided for as well.

Of the staff spoken with they were competent and able to demonstrate their knowledge of the residents' healthcare plans

The inspector observed that residents were supported to eat healthily and make healthy choices with regard to meals and staff prepared food in line with recommendations from a speech and language therapist. It was also observed that physical exercise was supported and encouraged for some residents.

The inspector also found that adequate arrangements were in place to meet the residents’ nutritional needs. Weights were also recorded and monitored on a regular basis.

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:
On the day of this inspection the inspector found that the medicines management practices as demonstrated and described by the staff were suitable and safe.

The centre had a locked medicine press in the staff room and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. Medicines were ordered on a regular basis to ensure there was adequate supply of the prescribed medicines available in the centre.
There was a system in place to record any medication errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure.

A recent minor drug error had been made however, the inspector saw that staff had managed, recorded and reported it in line with policy and procedures.

It was also observed that if non nursing personnel were to administer medication, they were suitably trained in the safe administration of medication.

As required (p.r.n.) medicines had protocols in place for their use and it was observed that the only p.r.n. medicines in use in the centre were for pain relief or other health related issues.

**Judgment:**
Compliant

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<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
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<tr>
<td><em>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.</em></td>
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**Theme:**
Leadership, Governance and Management

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

**Findings:**
While the statement of purpose met most of the requirements of the Regulations, some updating and review was required.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review. However, the Statement of Purpose required review with regard to the mandatory training required for staff and the staffing structures in place in the centre.

**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:
Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority and responsibility for the provision of the service at centre level. However, due to a lack of oversight, support, governance and management at organisational level, some major issues pertaining to the premises and safeguarding of residents were not being addressed.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified person participating in management (Deputy Team Leader). Both were qualified professionals with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the deputy team leader it was evident that they had an in-depth knowledge of the individual needs and supports of the residents who lived in the centre.

They demonstrated throughout the inspection process that they were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. As said above a qualified person participating in management supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

There were systems in place for the monitoring and auditing of the quality and safety of care provided to the residents. There was also an annual review completed for the centre. The inspector observed that actions were arising from these audits were being implemented.
For example, it was recommended that staff meetings should take place on a monthly basis and this was now happening. However, the timeframes for other actions arising from the auditing process required review. For example, gaps identified in staff training were not being prioritised in a timely manner.

Overall the cumulative findings from this inspection found that the systems in place for the oversight, governance and management of the centre require urgent review. For example, issues found with the premises had not been addressed despite the Provider being made aware of these concerns in previous inspections and as already identified in Outcome 8: Safeguarding and the centre was not being provided with adequate allied healthcare support for a resident presenting with behaviours of concern.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in her absence as there was a suitably qualified deputy team leader in place.

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 inspectors observed that sufficient resources were available to meet residents assessed needs and as required in line with the statement of purpose.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function.

Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels. For example, waking night staff were provided for a resident whose needs had recently changed.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspectors observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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

Findings:
The inspector found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team that consisted of a person in charge, a deputy team leader and a team of support care workers in the centre.

The inspector spoke with three support care staff and found they had an intimate knowledge of the residents needs and all spoke very positively about the residents they
supported. Of a sample of files viewed, many support care workers also held relevant third level qualifications.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a small sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and supports needs required by the residents. Feedback from one family member spoken with was exceptionally positive about the service provided and about all staff working in the centre.

The person in charge met with the team leader on a regular basis in order to support her in her role. However, while some gaps with regard to the supervision of staff were identified, the inspector was assured that the person in charge had systems in place to address this.

From viewing a sample of staff files and audits the inspector observed that some staff members required refresher training in fire safety and safeguarding. However, the inspector saw that there were plans in place to address this issue.

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

Findings:
The inspector found that systems were in place to maintain records in the centre however, some documentation, policies and procedures required review and updating.
The inspector found that records that related to residents and staff, were in place and maintained however some review and updating, particularly in relation to residents personal plans, was required.

It was also observe that some policies were out of date and required review and updating.

**Judgment:**
Non Compliant - Moderate

## 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:**

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Sunbeam House Services Company Limited by Guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003322</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 &amp; 25 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 February 2018</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some additional costs incurred by the residents was not stated in their contracts of care

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
Sunbeam house services has recently revised the format of the contract of care making it easy for our residents to understand in picture format. This is currently being rolled out and there is a plan in place to direct each key worker to update their key clients contract of care in this new picture format. Specific costs are identified in the new format so it is individualised to the person.

Proposed Timescale: 31/03/2018

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:
Some personal plans required review and updating

2. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The actions that will be taken to address the review and updating of the resident’s personal plans are as follows:
1. The PIC has devised a check list for each resident. This check list will contain details of the residents last personal plan review and the date for the next personal plan review meeting. The check list has been placed in each resident’s file for the staff team to review annually or earlier if any of the resident’s personal goals have been achieved. The PIC has introduced this check list and informed the staff team at a meeting on 07/12/17. The PIC will oversee that this is being fully implemented.

2. Six monthly planning meetings will be scheduled involving the resident, their keyworker, the PIC and all other stakeholders involved with the resident to discuss the steps that have been taken to fulfil the resident’s personal goals.

3. A review will be undertaken at the planning meetings to ascertain if the goals continue to be realistic and achievable for the resident. The stakeholders, in consultation with the resident, can discuss if the goals continue to be relevant to the resident. If not, this form will facilitate discussion around different goals that the resident would like or if their preferences have changed. The personal plan will be amended to reflect any changes and the plan updated. For some residents, a personal goal can be achieved but it could remain an ongoing maintenance goal for the individual resident. The planning meetings will be minuted and a copy of the minutes will be kept on the residents file.
4. The PIC will also incorporate a review of the resident’s personal plans as part of the monthly staff meetings. This will keep the staff focus on the resident’s personal plans and it will identify early reviews should any of the resident’s personal circumstances or preferences change.

**Proposed Timescale:** 31/03/2018

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient evidence of multi-disciplinary input and support with some personal plans

**3. Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

**Please state the actions you have taken or are planning to take:**
All residents at the centre receive multidisciplinary input from GP, physiotherapy, occupational therapy and psychiatry. One resident was due a psychiatric review and was seen by a psychiatrist on 09/11/17.

The psychiatry review indicated no changes to the resident’s medication. Psychiatrist recommended a speech and language therapist referral for assistive communication devices to assist the resident to communicate possible needs that are currently being communicated by verbal aggression. This referral was made on 23/11/17. The resident’s positive behaviour support was reviewed by the psychiatrist and she was satisfied that it sufficiently covered the approach to supporting the resident when expressing verbal aggression. The resident will be reviewed again by the psychiatrist in three months.

Six monthly psychiatry reviews will take place going forward or earlier depending on assessed needs. The planning meetings that will take place every six months for each resident will also reflect multidisciplinary support.

Proposed Timescale: 28/02/18 Completed

**Proposed Timescale:** 28/02/2018

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some parts of the premises were not in a good state of repair and the garden area required review so as the residents could safely access it.

4. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
To address the internal décor and external garden access for our resident, the PIC has sent a maintenance request to the maintenance department on 04/12/17 for ground works to begin in 2018 to make the garden more accessible with an open area in the front garden with a gazebo which will double as a new fire assembly point.

The provider has given funding towards the works to be done.

The following forms part of this request for maintenance works to upgrade the centre:
• A pathway has been identified for the residents leading from the gazebo in the front garden to the bottom of the garden.
• An extra shed is to be provided for storage of the residents’ equipment.
• The front and side door ways are to have smooth entrances with ramps and handrails for residents to exit and enter the building safely and easily.
• The hallway and kitchen will be painted and sensor light will be installed in the hallway before 31/12/17.

The PIC will regularly follow up on the progress of the above.

Proposed Timescale: 30/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The systems in place to identify, manage and mitigate risk in the centre required review.

5. Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
To address the risks associated with the entrance to the centre and the garden area, the PIC has contacted the maintenance department on 04/12/17. The provider has given funding towards the works to be carried out. The risks associated with the exterior of the centre have been identified in each resident’s risk assessment. A rights restriction regarding accessibility have been completed for all residents.

With regard to the resident subjected to verbal aggression from another resident, a risk assessment was completed on 25/10/17 for the resident who was specifically subjected
to verbal aggression from another resident. Rights restrictions have been completed for all residents living at the centre as they are also subjected to verbal aggression from the other resident.

The PIC convened a meeting with an independent advocate on 05/12/17 to discuss the safeguarding issues around the resident subjected to verbal aggression. A safeguarding report was completed following this meeting by the independent advocate. Safeguarding preliminary screenings sent in to the HSE safeguarding team for all four residents living at this centre.

All abuse events prompt an immediate response from team and management. Each event is assessed individually in line with safeguarding practice. Any escalation/spike in abuse events will result in a second event review by PIC with oversight provided by the social work team and senior management as required. Following this second review, a determination is made regarding further safeguarding support.

The staff team will follow all residents safeguarding action plans and report daily on our electronic reporting system what was done to safeguard the residents. The electronic reports will allow the PIC to run reports to review what measures the staff team are taking to safeguard the residents. This will form part of the monthly safeguarding review clinics.

The residents’ positive behaviour support plans have been updated. Safeguarding passports are being implemented and safeguarding clinics will be held monthly as part of the monthly staff meetings. Weekly activity planners are in place to ensure all residents are engaging in meaningful community activities.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Adequate support and interventions were not made available to a resident who was presenting with behaviours of concern.

**6. 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:**

The resident that presents with behaviours of concern was seen by a psychiatrist on 09/11/17. The psychiatrist has recommended a referral to a speech and language therapist to be assessed for assistive communication device as the resident may be
trying to communicate something. A referral was made on 23/11/17 by the resident’s GP to the speech and language therapist.

The psychiatrist has sent a letter to the resident’s GP to keep the GP informed of the resident’s mental health matters.

The resident’s positive behaviour support plan is up to date and it has been reviewed by the psychiatrist who was satisfied that it outlined the appropriate supports required to support this resident when he engages in verbal aggression. Weekly activity planners are being carried out every week to ensure that all residents are supported to be involved in their community and engaging in meaningful social activities.

This resident is supported to maintain good family contact and home visits.

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

**Theme:** Safe Services

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

One resident who was subject to verbal abuse from another did not have a safeguarding plan in place

7. **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:**

Preliminary screening sent to the HSE safeguarding team for all four residents as they are all affected by verbal aggression expressed by one of the residents.

Following the submission of preliminary screenings, safeguarding clinics implemented. This is incorporated into staff monthly meetings when reviewing residents. For discussion is the ongoing effectiveness of safeguarding actions plans and review going forward.

We will also put safeguarding passports in place for all residents so they and their families are informed about safeguarding.

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

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

Some parts of the Statement of Purpose required updating and review.
<table>
<thead>
<tr>
<th>8. <strong>Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

The Statement of Purpose and Function has been updated and sent to info@hiqa.ie on 08/11/17. The updated version is in place on the location.

**Proposed Timescale:** 12/02/2018

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<table>
<thead>
<tr>
<th><strong>Outcome 14: Governance and Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>While the local management systems in place were found to be responsive to the regulatory process, there was inadequate oversight and monitoring of the centre at provider level.</td>
</tr>
</tbody>
</table>

**9. 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:**

1. A maintenance request has been submitted on 04/12/17. Issues with the premises are planned for completion by 31/06/18 with ground works, accessible areas, gazebo, new fire assembly point and ramps and grab rails to front and side doors making it more accessible for all residents.
2. In relation to gaps in staff training, any outstanding staff training is scheduled and training updated. A training roster is implemented to ensure all training is kept up to date.
3. The resident presenting with verbal aggression was seen by the psychiatrist on 09/11/17. Since the psychiatry review, a referral was made to the speech and language therapist on 23/11/17 for assessment for assistive communication devices. Weekly activity planners are in place to ensure the resident is engaged in his community and stimulated though social engagement and activity. The resident’s positive behaviour support plan was updated and reviewed by our Head of Training, Health & Safety. The residents safeguarding action plan is regularly reviewed by the staff team and PIC. The staff team regularly communicate with the resident’s family and the resident visits his family at home twice every week.

**Proposed Timescale:** 30/06/2018

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| **Outcome 17: Workforce** |

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Page 28 of 30
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some gaps were identified in staff training

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

**Please state the actions you have taken or are planning to take:**
Staff are booked for fire training. A staff member is allocated to review all training throughout the year to ensure that all staff training is up to date. The PIC will oversee that all training is up to date.

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

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**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some gaps were identified in the process of staff supervision

11. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
A roster for staff supervision is in place to ensure regular and consistent supervision of staff members every three months.

**Proposed Timescale:** 31/12/2017

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some policies required review and updating

12. **Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.
Please state the actions you have taken or are planning to take:
A process is in place to review all policies that require updating. This process is under the remit of the Quality and Compliance Department.

Proposed Timescale: 30/04/2018
Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some residents personal plans required review and updating.

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

Please state the actions you have taken or are planning to take:
Residents personal plans will be reviewed by staff through monthly staff meetings and six-monthly reviews by PIC. A review will be undertaken at the planning meetings to ascertain if the goals continue to be realistic and achievable for the resident. The stakeholders in consultation with the resident can discuss if the goals continue to be relevant to the resident, if not this focus will facilitate discussion around different goals that the residents would like or if their preferences have changed. The personal plan will be amended to reflect any changes and the plan updated. For some residents, a personal goal can be achieved but it could remain an ongoing maintenance goal for the individual resident. The planning meetings will be minuted and a copy of the minutes will be kept on the residents files.

Proposed Timescale: 31/03/2018