



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Vale Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 November 2018
Centre ID:	OSV-0004458
Fieldwork ID:	MON-0024843

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is set up to provide a service to a maximum of five adults. The provider describes the service as a residential service for people with disabilities and can accommodate people who have varying levels of need. The centre is located outside a town in Co. Wicklow. It is a detached, dormer-style bungalow on its own private grounds. All residents' bedrooms are located on the ground floor as is a sleep over room for staff. The staffing compliment is made up of a qualified person in charge, nursing staff, social care workers and health care assistants. The centre is staffed on a 24 hour basis with a minimum of four staff during the day and two staff at night. There are systems in place to ensure the residents health care needs are comprehensively provided for and residents are supported to use their local community and amenities such as shops, restaurants, cafes and other community based facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
01 November 2018	09:30hrs to 17:30hrs	Raymond Lynch	Lead
01 November 2018	09:30hrs to 17:30hrs	Conan O'Hara	Support

## Views of people who use the service

The inspectors met with and spent some time with all five of the residents over the course of this inspection process. Residents communicated by means of verbal and visual gestures and appeared happy and contented in their home. They also appeared at ease and comfortable in the presence of management and staff in the centre.

Three residents had a cup of tea with the inspectors and one was happy to show one of the inspectors their room and person centred plans. Their person plan detailed their likes and preferences and things that were important to them.

## Capacity and capability

This was a well-resourced centre with systems of governance and management in place that were supportive and responsive in meeting the individual and assessed needs of the residents in a safe and effective manner. The service was delivered in line with its statement of purpose and a high level of compliance was found on this inspection.

The inspection was to provide assurances that the controls and measures the provider had put in place (in response to a number of serious allegations of institutional abuse made against the centre in January 2018) remained in place and continued to ensure the safety and well-being of the residents.

There was a clearly defined management structure in place with clear lines of authority and accountability which in turn meant the service was being audited, monitored and effectively meeting the needs of the residents.

There was a qualified and experienced person in charge who worked on a full time basis with the service. She held third level qualifications in social care and in a management discipline. She was competent in her role and ensured that there was a skilled and qualified workforce in place so as to meet the assessed needs of the residents in a person centred and effective way.

She was supported in her role by an experienced senior services manager, who was an experienced, skilled and qualified professional. She provided support and leadership to the centre and person in charge and ensured it was appropriately audited, reviewed and monitored so as to bring about positive change for the residents. For example, a recent audit identified that there was a need to fill a staff

vacancy in the centre. This had been addressed at the time of this inspection.

The previous inspection found that senior management had effective mechanisms in place to ensure the residents voice was heard and respected in the centre and any issues identified were swiftly responded to. This remained the case and access to independent advocacy services now formed part of the service provided to the residents.

Residents (and or their representatives) were encouraged to express any dissatisfaction they may have and could make a complaint if they wished to do so. It was observed that there were no recent complaints on file in the centre however, staff had undergone specific training on making and managing complaints since the last inspection so as they would have the required knowledge to make a complaint on behalf of a resident if the need arose.

The person in charge had arrangements in place to provide supervision to her staff team on a regular basis. This process ensured that staff were being listened to with regard to any concerns they may have about the service and adequately supported to provide for the needs of the residents. From speaking with two staff members the inspectors were assured that they would raise any concern they may have with the PIC about any aspect of service provided to the residents.

The training provided to staff was comprehensive and from viewing a sample of training records, the inspectors saw that staff had received additional training since the last inspection to include reflection on practice and managing complaints.

The person in charge continued to be provided with supervision by the senior services manager. This enabled her to keep senior management informed on the progress of the centre, identify any issues and seek solutions to such issues in a collaborative and supportive manner.

Overall, this inspection found that there were effective systems of leadership, governance and management in place so as to ensure the service was adequately resourced, audited and monitored. This in turn meant that the individual assessed needs of the residents were being met in a safe and individualised manner.

## Regulation 14: Persons in charge

The inspectors found that there was a full time person in charge in the centre, who was a qualified social care professional (with an additional management qualification) with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. She was also responsive to the inspection process.

She provided good supervision and support to her staff team and knew the needs of each individual resident in detail.

She also had systems in place to ensure that the care provided to the residents was of good quality and safe.

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training files reviewed, staff were in receipt of required mandatory training and were appropriately supervised as required by the Regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe services.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

Since the last inspection a deputy team leader had been appointed to the centre so as to provide support to the overall governance and management arrangements.

The centre was also being monitored and audited appropriately so as to ensure the service provided was meeting the assessed needs of the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose did not meet the requirements of the Regulations as it did not outline the arrangements in place in relation to day services.

The service being provided to the residents was in line with the statement of purpose. 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 to be provided and the person in charge informed the inspector that it will be kept under regular review

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All required notifications had been submitted to HIQA as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The procedures to manage complaints met the requirements of the Regulations. In addition, staff had undergone training specific to the management of complaints

Residents also had access to independent advocacy services if required.

Judgment: Compliant

### Quality and safety

On the day of this inspection it was found that the quality of care provided to the residents was to a good standard and the centre was responsive in meeting their assessed needs. Additional managerial support had been deployed to the centre since the last inspection of the centre which in turn ensured enhanced the safety and quality of care.



The centre was warm and clean and provided a homely environment for the residents to live in. However, some aspects of the lay out of the premises required review as they were not conducive in meeting some of the assessed needs of some residents. It was also observed that there were some minor issues pertaining to the fire safety arrangements, risk management and medication management.

Residents continued to be supported to access their community and maintain links with their families. Residents were also supported to go on holidays and frequent local community facilities such as shops, cafes and restaurants. The last inspection identified that the process of recording individualised plans required some review and this work had commenced at the time of this inspection

Residents were supported to experience best possible health and regular (and as required) access to a range of allied health care professionals formed part of the service provided to include GP services and a range of allied healthcare professionals to include psychology and behavioural support and intervention where required.

Where required, residents had a positive behavioural support plan in place and staff had training in positive behavioural support techniques so as they had the skills to support residents in an effective, calm and person centred manner.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, the process of risk assessment required review as some environmental risks were not being adequately identified and some of the controls in place to mitigate risk were not documented.

There were systems in place promoting the welfare and safety of each resident and where required safeguarding plans were in place. Staff also had training in safeguarding of vulnerable adults and from speaking with two staff, the inspectors were assured that they would escalate any concerns they may have regarding the safety and welfare of the residents.

Some restrictive practices (practices which could be seen to limit personal freedom or choice) remained. However, it was found that they were only in use to keep residents safe and were they were kept under review.

The centre had systems in place for the management of fire. However, improvements were required. Inspectors found that the equipment such as extinguishers, emergency lighting and a recently installed fire alarm were in place and appropriately serviced. The centre had personal emergency evacuation plans in place for each resident which outlined how to support each resident in the event of an evacuation. While the centre completed regular fire drills, it did not demonstrate that all residents could be safely evacuated at night. The inspectors requested assurances from the provider that all residents can be safely evacuated at night. Post inspection, the provider completed a simulated evacuation of the centre and the health and safety officer made a number of recommendations to ensure that all residents can be safely evacuated at night.

The centre had a policy in place in relation to medication and there was established medication practices in place. The inspectors found that medication

was appropriately stored. Staff were appropriately trained in the administration of medication within the centre. However, inspectors reviewed a sample of residents' prescriptions and administration records and identified that improvements were required. In the sample reviewed, the inspectors identified one instance where it was not evident that one prescribed medication was administered as prescribed.

Overall this inspection found that systems remained in place to ensure the residents were adequately safeguarded and protected in the centre. The service had responded appropriately to a number of allegations of institutional abuse made in January 2018 and put systems and safeguarding plans in place to ensure each resident was safe and enjoyed a good quality of life in their home. These systems remained in place at the time of this inspection

### Regulation 17: Premises

While the house was observed to be warm, clean and welcoming some aspects of the layout of premises required review. This was because they were not adequate to meet some of the assessed needs of some of the residents.

For example, it was documented that one resident required the support of a specialised covering on their bedroom well. This assessed support was not in place at the time of this inspection.

It was also observed that the portable hoist had to be stored in the kitchen and/or between bathrooms as there was no other storage space available for it.

Judgment: Not compliant

### Regulation 26: Risk management procedures

While there was a risk register in place, and a system for the identification and assessment of risks, not all environmental risks had been included.

For example, an open fire was in use in one of the sitting rooms and had not been assessed as a potential risk. Therefore it was not demonstrated that the system to identify and assess risks was being implemented in full.

Each resident had a number of individual risk assessments in place so as to promote their safety. However, some of the controls in managing risk were not identified.

The person in charge informed the inspectors that all risk assessments were being updated at the time of this inspection and that the issues identified would be addressed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire drills were carried out regularly. However they did not demonstrate that all residents could be safely evacuated at night. The inspectors requested assurances from the provider that all residents can be safely evacuated at night.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had a policy in place in relation to medication and there were established medication practices in place. However, improvements were required in the practices relating to the administration of prescribed medication to residents. In the sample reviewed, the inspectors identified one instance where it was not evident that one prescribed medication was administered as prescribed.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process and residents were being supported to achieve personal and social goals.

Residents were also supported to enjoy a meaningful day engaging in activities that they enjoyed. An issue pertaining to the recording and updating of individual plans was identified in the previous inspection however, this was in the process of being addressed at the time of this inspection.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were being comprehensively provided for with appropriate input from allied health care professionals as and when required.

Residents also had regular access to GP services and hospital appointments were

being supported and facilitated as and when required
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
<p>Residents had access to emotional, behavioural and therapeutic supports that promoted a positive, non aversive approach to positive behavioural support. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists and psychology.</p> <p>Staff also had received specific training in positive behavioural support</p>
Judgment: Compliant
<b>Regulation 8: Protection</b>
<p>As found with the last inspection, there were policies and procedures in place on supporting vulnerable people. This was to ensure the residents were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.</p> <p>From speaking with two staff members the inspectors were assured that they would respond and report an issue or concern if they had one. Where required, residents also had a safeguarding plan in place.</p> <p>From a sample of staff files viewed by the inspectors, staff had training in safeguarding of vulnerable adults</p>
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
<p>A rights committee was in place in the organisation and an external advocate was made available to residents. It was observed that this independent advocate had visited the centre and spoke with the residents earlier in the year about their rights.</p>
Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Vale Lodge OSV-0004458

Inspection ID: MON-0024843

Date of inspection: 01/11/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose and function has been updated and sent to the HIQA registration.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The specialized wall covering was moved to client's bedroom the days following the inspection.</p> <p>The Provider has sought funding from the HSE in order to install ceiling hoists, there are mobile hoists currently in use at the Centre.</p> <p>The Provider has sought funding to provide additional external storage for this Centre, options are being explored.</p>	
Regulation 26: Risk management procedures	Substantially Compliant



Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 The risk register has been updated to include the open fire.  
 All residents have their individual risk assessments and are updated in line with the HSE risk management guidelines

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 A staged night time evacuation took place within the centre in the presence of the Sunbeam House Services Health & Safety Officer, his report was submitted to HIQA on 06/12/2018.  
 All recommendations from this report will be implemented by 31/01/2019

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The administration drug errors have been discussed with the staff team, a new auditing system has been implemented. A weekly random audit by PIC or Deputy will be conducted and will capture any drug errors promptly. Drug errors are also discussed at staff meetings.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	17/01/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks	Substantially Compliant	Yellow	17/01/2019

	identified.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/01/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/01/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/01/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is	Not Compliant	Orange	17/01/2019

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	17/01/2019