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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ardbrae</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Sunbeam House Services Company Limited by Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Wicklow</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>01 October 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0001700</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0021473</td>
</tr>
</tbody>
</table>
About the designated centre

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

Ardbrae is a designated centre operated by Sunbeam House Services CLG. The designated centre located in a town in County Wicklow. It provides full-time residential service for up to four adults with an intellectual disability. The centre is a two storey dwelling comprising of two joined houses which consisted of kitchen, living room, each resident has their own personal bedroom (three of which were en suite), three individual living rooms for residents, staff sleepover room, office and two shared bathrooms. There was a small garden to the rear of the building. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 4 |

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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (hereafter referred to as 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 1 October 2020</td>
<td>09:40hrs to 15:30hrs</td>
<td>Ann-Marie O'Neill</td>
<td>Lead</td>
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</tbody>
</table>
### What residents told us and what inspectors observed

The inspector greeted three of the four residents that live in this centre and spoke in a more in-depth way to two residents.

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from one space in the house. The inspector also ensured physical distancing measures and use of personal protective equipment (PPE) was implemented during interactions with all residents and staff and during the course of the inspection.

Residents told the inspector they liked living in the locality and also liked their home and bedrooms and the additional living room spaces the provider had arranged for them to have in order to spend time alone if they wished. Residents said they were frustrated at times however, as they sometimes did not get along with their peers in the centre.

Residents told the inspector that staff were nice and helpful to them and supported them to engage in activities in the local community and hobbies they were interested in. Residents also discussed briefly COVID-19 pandemic and how they understood the importance of social distancing and following public health guidelines when out in the community. Residents also said they understood the importance of hand washing.

The inspector observed pleasant interactions between staff and residents during the inspection and observed residents being supported to leave the centre to go on a preferred activity. Residents also demonstrated a knowledge of the importance of wearing face coverings during social trips out of the centre by asking staff to remind them to bring a face covering when going out after speaking with the inspector.

Staff were observed to use appropriate PPE during the course of the inspection and in their interactions with residents as required.

### Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents. It was demonstrated the provider had addressed actions from the previous inspection.

A restrictive condition which related to improvement in governance and management arrangements, Regulation 23; formed part of the registration conditions for this designated centre. The inspector reviewed the matters of
Regulation 23 on this inspection to assess the provider's adherence to the restrictive condition. This inspection found the provider had adhered to the restrictive condition matters to a good standard.

A number of quality assurance frameworks were implemented in the centre which were effectively promoting compliance with the regulations and standards. Quality assurance systems were implemented within each line of management for the centre. The provider had completed six-monthly provider led audits which were of a good quality, identified areas for improvement and provided an action plan for completion. The provider had completed an annual report for 2019.

Regular quality, management meetings occurred between the Senior Services Manager and Person in charge. These were comprehensive meetings which identified areas of good practice and any areas for suggested improvement. The person in charge carried out a number of key quality indicator audits in the centre.

In addition, clear lines of reporting and responsibility were defined for the designated centre. At the time of inspection a deputy service manager was commencing induction and would form part of the overall operational management for this designated centre. This operational management role would further support the person in charge's supervisory management of the designated centre.

The inspector reviewed actions from the previous inspection in relation to staff training in mandatory areas. It was found on inspection all staff had received refresher training in mandatory training with further refresher training scheduled and arrangements made to provide some of this on-line in light of COVID-19 restrictions. Induction training was also made available for recently recruited staff, for example. Supervision of staff arrangements were in place in the centre and information reviewed indicated all staff had received a supervision meeting with the person in charge with further scheduled supervision meetings arranged.

Following a review of a sample of recorded incidents in the centre, all required notifications had been submitted to the Office of the Chief Inspector as required by the regulations.

The person in charge, appointed by the provider to the designated centre, met the requirements of regulation 14. They were also responsible for the management of another designated centre a short distance away. It was demonstrated there were effective governance arrangements in place to support the person in charge to effectively manage both designated centres.

A review of residents' contracts of care demonstrated actions from the previous inspection had been addressed.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made arrangements to submit an application to renew registration
for this designated centre within the appropriate time-line and in a complete manner.

**Judgment:** Compliant

**Regulation 14: Persons in charge**

The person in charge met the requirements of regulation 14.

**Judgment:** Compliant

**Regulation 16: Training and staff development**

Actions from the previous inspection in relation to mandatory training for staff had been addressed. There was evidence to demonstrate newly appointed or promoted staff engaged in induction processes and supervision with the person in charge. A suite of training was also made available to recently appointed staff and refresher training also available.

Staff had received supervision meetings with the Person in Charge during the year.

**Judgment:** Compliant

**Regulation 23: Governance and management**

The provider had met the matters of a restrictive condition of their registration.

The provider had enhanced their governance reporting and management structures and there was evidence to demonstrate this on inspection. A number of quality assurance frameworks were implemented in the centre which were effectively promoting compliance with the regulations and standards. Quality assurance systems were implemented within each line of management for the centre.

**Judgment:** Compliant

**Regulation 24: Admissions and contract for the provision of services**

Actions from the previous inspection in relation to contracts of care had been
addressed.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted by the person in charge.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre were in receipt of a good quality service.

The provider and person in charge had ensured residents were safeguarded as effectively as possible despite some behaviour support needs presenting in the centre from time-to-time. Residents spoken with expressed some frustration in relation to behaviours presented by their peers. However, they indicated they liked living in their home and were happy with the service provided to them and the pleasant home they had.

There was comprehensive evidence to demonstrate ongoing review of safeguarding matters in the centre was ongoing and in line with National and local safeguarding policies and procedures. In addition, it was also noted the provider had enhanced allied professional oversight and provision of positive behaviours supports within the organisation, which would further enhance and support the identified behaviour support needs of residents living in this centre to an improved, evidence based standard going forward.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. At an organisational level, the provider had created a COVID-19 committee for the oversight of operational and risk management systems in relation to COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution.
Actions from the previous inspection in relation to fire evacuation drills had been addressed. There was evidence to demonstrate effective learning from fire drills had occurred with practical system improvements put in place following the drills. There was also evidence to demonstrate there were effective arrangements in place for the servicing of fire extinguishers and the fire alarm.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection. For example, a risk register was in place and up-to-date with additional risk assessments for identified personal risks for residents. It was demonstrated risk assessments were reviewed and revised as required.

The previous inspection had identified some premises improvement works were required. The provider had made arrangements to clean an area that formed part of an evacuation route for residents. A small alcove had been made into a space to hang coats which improved the aesthetic of the space. Some further enhancements to the garden area to the rear of the property had also been carried out.

Personal planning for residents was maintained and reviewed to a good standard in this centre. Residents' personal plans were comprehensive and demonstrated reviews and recommendations by allied professionals. Where required support planning was in place to guide staff in the implementation of allied professional guidelines. Personal outcome goals were also identified in residents' personal plans with reviews occurring between the resident and their key worker noted. The person in charge carried out effective and comprehensive personal planning audits on a regular basis which contributed to the good standard of personal planning in place.

Some residents were identified with assessed needs in the area of behaviour support. Where required, behaviour support planning was in place. However, behaviour incidents did occur in the centre from time-to-time among the peer group which residents told the inspector caused them frustration on occasion.

At the time of inspection, a comprehensive behaviour assessment process was underway, led by an allied professional in the area of positive behaviour support. This was evidence of an enhanced quality approach by the provider in order to greater support residents' assessed behaviour needs in an evidence based way. While this process was underway, it was still at the initial stages and behaviour support planning arrangements, based on the in process assessment, were not yet in place.

The inspector, did however acknowledge the provider's improved approach to management of behaviours that challenge in the organisation, which would in turn enhance the quality of such supports in this designated centre going forward. This demonstrated the provider's improved capacity and capability to provide quality supports to residents in order to meet their behaviour support needs.

An action from the previous inspection in relation to restrictive practices had been addressed. All restrictive practices had been referred to and reviewed through a Human Rights framework. In addition, a restrictive practices register formed part of the oversight arrangements for restrictive practices in the centre, demonstrating
where some restrictive practices, following a review had been discontinued in some instances.

There was evidence of the implementation of National Safeguarding Vulnerable Adults policies and procedures in this centre. Staff spoken with demonstrated knowledge of reporting procedures. An overarching safeguarding plan was in place for the centre which was reviewed in liaison with National Safeguarding stakeholders as required and as an additional quality and safety oversight system. It was noted that improved behaviour support management planning and oversight would contribute to enhancing safeguarding plans currently in place in the centre

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
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<tbody>
<tr>
<td>The provider had addressed the premises issues identified on the last inspection.</td>
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<tr>
<td>Judgment: Compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 26: Risk management procedures</th>
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<tbody>
<tr>
<td>The provider had an up-to-date risk management policy in place dated July 2020. The provider had also incorporated COVID-19 pandemic risk control measures and associated risk management procedures as part of risk management processes for the designated centre.</td>
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<tr>
<td>A risk register was maintained in the centre and individual personal risks for residents were identified, reviewed and updated as required.</td>
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<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 27: Protection against infection</th>
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<tr>
<td>Infection control systems in place reflected Public Health guidelines. Good supplies of personal protective equipment and alcohol hand gel were observed in the centre. Staff were observed to adhere to social distancing and wearing of masks where required.</td>
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<td>Judgment: Compliant</td>
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### Regulation 28: Fire precautions

Actions from the previous inspection had been addressed. Residents had practiced using an evacuation route to the rear of the designated centre. There was documented evidence of learning from drills, with practical arrangements implemented to on foot of the learning from drills.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive personal planning was in place for residents. The person in charge carried out regular and comprehensive audits of residents personal plans.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Actions from the previous inspection had been addressed. Restrictive practices implemented in the centre had been referred to and reviewed through a Human Rights framework. A restrictive practice register formed part of the oversight arrangement for restrictive practices in the centre.

While behaviour support planning was in place, there were ongoing behaviour support needs in the centre that required ongoing management, oversight and review. At the time of inspection, residents' behaviour support needs were under assessment and analysis by a behaviour support specialist. While this was a positive improvement in behaviour management oversight arrangements in the centre, the process was in the initial stages.

Judgment: Substantially compliant

### Regulation 8: Protection

There was evidence of the provider and person in charge's implementation of National Safeguarding policies and procedures for vulnerable adults.

An overarching safeguarding plan was in place for the centre with documented evidence of regular and consistent liaison and review with National Safeguarding...
team stakeholders.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The behaviour support process will continue and the different stages are outlined below. The end result will be the creation of evidence based PBSP and training for the staff to ensure the successful implementation of same.

1. Ongoing analysis of activity choices by residents and scheduling information by Ardbrae staff to minimize opportunities for negative interactions between residents (already actioned).
2. Individual interviews with residents by Behaviour Support Specialist.
   a. Generate initial terms for house agreements (by end Oct 2020) and begin consultation and agreement process with residents (will be ongoing).
   b. Generate rating sheets for individual residents based on concerns identified in interviews; to be completed weekly with Ardbrae staff (by end Oct 2020)
3. Collect (already in process) and Analyse (by end Oct 2020) functional behavioural recordings relating to relevant residents Behaviours of Concern
   a. Generate hypotheses of function and make Phase 1 Individual BSP recommendations (by mid November 2020; subsequent phases will be determined by data collected in response to recommendation implementation).
   b. Initiate parallel Neuropsychology process (already in discussion with MHID team).
4. Begin functional behaviour recordings for relevant resident (by mid Nov 2020)
   a. Generate hypotheses of function and make Phase 1 Individual BSP recommendations (by mid December 2020)
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 7(5)(a)</td>
<td>The person in charge shall ensure that, where a resident’s behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident’s challenging behaviour.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
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