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>Parkview</th>
</tr>
</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>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0001689</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0024525</td>
</tr>
</tbody>
</table>
About the designated centre

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

Parkview is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre provides residential services to people who are fully ambulant, with moderate support needs. Residents are encouraged and supported to live as independently as possible within their local community. The designated centre can provide for a maximum of four adults with intellectual disabilities, of mixed gender who are over the age of 18 years. This designated centre was originally two houses and they have been joined together to become a large home with six bedrooms. The ground floor comprises a kitchen, sitting/dining room, a bedroom with en-suite bathroom and a utility room. Upstairs has five bedrooms, one sitting room, an office and two bathrooms. The house has a large enclosed back garden and a decking area where residents can engage in gardening activities, for example. Residents are supported by a team of social care staff. There are two staff available in the centre to support people at evenings and weekends and one staff on sleep over each night. Sometimes additional staff are made available to meet specific needs of the residents. The centre currently has a whole time equivalent of 4.92 staff and is managed by a full-time person in charge, with support from a deputy manager.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 4 |
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 30 January 2020</td>
<td>12:45hrs to 18:35hrs</td>
<td>Louise Renwick</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met three residents during the course of the inspection.

Two residents spoke with the inspector about what it was like to live in the centre. They showed the inspector their bedrooms and spoke about their lives, achievements and social roles. Residents told the inspector that they liked their home, and were very happy with the support they received from the staff team. Residents told the inspector that they really liked sharing a house with each other, they were friends and enjoyed spending time together. For example, buying each other birthday presents and arranging to celebrate together.

The inspector observed residents leading the decisions throughout the day of inspection. For example, choosing when and what to have for meals and deciding on where they wished to go throughout the day. The inspector saw that staff respected residents' choices and wishes, for example, residents' requests to spend time alone.

Residents had active lives of their own choosing. Some residents returned from day services during the day, others decided to spend time out with friends in the evening and one resident was having a day off and spending the day with staff.

The inspector found that staff demonstrated, throughout the day, that their role was to support residents in a manner that they wished, in line with their needs and in a person-centred manner. Staff spoke with residents in a respectful manner, encouraging them to make good choices but respecting their right to make their own decisions.

Capacity and capability

The inspector found that the provider and person in charge had the capacity and capability to operate this designated centre in a way that was meeting residents' needs, was of good quality and ensured a person-centred approach to care and support.

There were clear lines of reporting, accountability and management. The designated centre was managed by a suitably qualified and experienced full-time person in charge, who had support from a deputy manager. There was a clear management structure in place in the designated centre, with the person in charge reporting to a senior services manager, who reported to the Chief Executive Officer (CEO). The senior services manager met with the person in charge every two months to review the designated centre using a governance, management and performance template. This ensured effective follow up of any issues and demonstrated accountability for
the quality and safety of the care being delivered in the designated centre.

There were monitoring systems in place which reviewed the standard of the care and support delivered to residents in the designated centre. The person in charge demonstrated effective oversight of the individual needs of residents, the care and support they received and the day-to-day operation of the designated centre. The person in charge carried out monthly audits in areas such as housekeeping, documentation, care planning, health and safety and staff knowledge. External audits were also carried out in areas such as medicine management.

The provider had made arrangements for an annual review of the centre in addition to six-monthly unannounced visits that assessed the standard of the care and support being delivered. The inspector found the findings of the most recent six-monthly review. The review was comprehensive and found that all areas were deemed to be compliant with the regulations and no actions were identified for improvement. The findings of this inspection also found compliance with the regulations and standards.

There was a transparent system in place to record accidents, incidents and other adverse events in the designated centre. There was evidence of effective oversight of adverse events, with the person in charge and the senior manager reviewing each individual incident. There was also a system in place to review adverse events on a quarterly basis, in order to identify any patterns or emerging trends. The inspector found that the person in charge and senior manager were collecting and evaluation information from adverse events, complaints and other areas in order to continuously improve the quality and safety of the service being provided.

In order to continuously strive for improvement, and to ensure the centre was operated in line with best practice, there was information of recent publications in fields such as rights-based approach to care, safeguarding and other articles of interest. Staff told the inspector that these were discussed at team meetings and used as tools to ensure they were implementing care and support in a person-centred manner.

The person in charge held responsibility for two designated centres located very close to each other. It was noted there were adequate operational management and oversight systems in place for this arrangement, for example, the person in charge was supported in their role by a deputy service manager and divided their time between the two designated centres that were situated across the road from each other.

Records of supervision, performance and management meetings between the person in charge and senior manager were maintained. The person in charge held regular staff meetings with the staff team that focused on key areas regarding residents' care and support. Staff were appropriately supervised, both in a day-to-day capacity and through formal one-to-one meetings by the person in charge.

There was a stable and consistent staff team in place. There was an adequate number of staff on duty each day and night to meet residents' assessed needs, in line with details of the written statement of purpose. The staffing hours were managed in a way that offered more choice to residents, and supported their daily
and weekly activities and social roles.

The inspector reviewed training records and spoke with some staff, and found that there was a system in place to ensure all staff received training in mandatory fields, as determined by the provider. Refresher training was available for staff, as guided by the provider's policy. Planned and actual rosters demonstrating who was on duty at day and night time were maintained by the person in charge.

Overall, this inspection found that the provider and person in charge were operating this designated centre in a manner that was promoting person-centred care for residents and was compliant with the regulations and standards.

### Regulation 15: Staffing

The provider has ensured that the number and qualifications of the staff team were appropriate to the number and assessed needs of residents, the statement of purpose and the layout of the centre.

Residents received continuity of care from a stable and consistent staff team employed by the provider.

The person in charge maintained a planned and actual staff roster, which clearly reflected the hours worked in the designated centre, along with any additional responsibilities of the staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training to enable them to best meet residents' needs.

Mandatory training was identified through the provider's own policies, and staff were offered refresher training after a set period of time.

The person in charge had ensured effective supervision was in place, both informal supervision of the day to day practice along with formal one to one meetings with each staff. Staff meetings were held on a regular basis.

Information on the Act, regulations and standards was available to the staff team in the designated centre along with recent publications on best practice.

Judgment: Compliant
### Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall.

The inspector found that there was good local oversight in the designated centre and effective systems of reviews and audits to monitor the quality and standard of the care and support being delivered to residents.

The provider had completed an annual review along with six-monthly provider-led visits, which were unannounced, to monitor the safety and quality of the care and support provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

On review of adverse events the inspector found that any incident requiring notification, had been submitted within the required time-frame.

Judgment: Compliant

### Quality and safety

Residents told the inspector that they really liked living in the designated centre, and were also happy with who they were living with. The person in charge and provider demonstrated capacity and capability to operate the centre in a way that was meeting residents' health, personal and social needs. There was evidence that residents were receiving good quality service and were supported through a rights-based approach to care and support.

The designated centre was a large two storey building and it offered residents their own private bedroom and adequate communal spaces. Some residents showed the inspector their bedrooms which were decorated with items and personal belongings that were important to them. Some residents had a television (TV) in their bedroom in accordance with their choice. At the time of the inspection, a spare room upstairs was being decorated for use as a second living space. This would offer residents more options to spend time alone or enjoy a visit from their family or friends in privacy if they wished. The designated centre was located within walking distance of a large town and amenities and residents' had use of a vehicle. Residents told the
inspector that there was good transport links close to the centre and they used these independently to get to their day services or to go out.

There was a system in place to assess and plan for residents' health, social and personal needs. From a review of a sample of residents' records, the inspector noted health issues, that were identified through the assessment process, had a relevant personal plan in place to outline the individual supports required to address them. Residents' personal and social needs and wishes were identified through the use of an additional validated tool, and residents' had identified goals that they wished to work on. Through these assessments, residents had determined the way that they enjoyed spending their time, and this was facilitated and supported by the staff team working in the designated centre. For example, attending healthy eating groups, planning trips away to hotels, visiting friends or family and attending day services programmes.

Residents were supported to promote relationships with their natural supports, through visiting family or friends or spending time with them during the week. The inspector observed residents having tea together and talking about their day and upcoming plans, residents described their house mates as friends and said that they liked who they lived with. The inspector observed residents being responded to kindly by the staff team and having their requests respected for example, if they changed their mind about what they wanted to eat.

The staff team were also promoting good health and well-being for residents. Residents had access to their own General Practitioner (GP), and were supported to avail of additional allied health professionals through referral to the primary care team or to allied health professionals provided by Sunbeam House Services CLG, for example, physiotherapy, social work and counselling. Residents had access to psychiatry services as required. Where applicable, residents had access to National screening programmes relevant to their age and gender.

All staff had received training in safeguarding vulnerable adults and there was a clear pathway to be followed if residents, staff or families had any concerns or suspicions regarding residents' safety. The person in charge was aware of the reporting responsibilities for safeguarding concerns, in line with National policy, and the provider's own safeguarding procedures. The designated centre was managed in such a way as to offer residents' choice and control over their daily activities.

Some restrictive practices were in place in the designated centre such as an external doors being locked, and access to the fridge was limited at for some residents at certain periods of time during the night. Restrictive practices were recorded and risk assessed. There was a Human Rights committee in place in the organisation that reviewed all restrictive interventions regularly, with an aim to reduce these, if possible.

The person in charge was promoting a restraint free environment in the centre and managing restrictions in line with best practice which is to ensure where restrictive practices are required they are the least restrictive measure and implemented for the shortest duration possible. The staff team had come up with alternative ways to
ensure best practice was followed. For example, there were two fridges in the designated centre. One fridge was freely accessible to all residents at any time. A second fridge, containing only foods that posed a risk to some residents, was locked at night time in order to manage the personal risk. Residents could however, still access appropriate food or snacks during the night from the other unlocked fridge without requiring support from staff to do so.

There was a risk management policy in place and the person in charge maintained a risk register for the designated centre. There was an escalation pathway so that identified risks which were at a particular risk rating was discussed with the senior manager and monitored and reviewed more frequently. From review of the risk register, and in speaking with the person in charge, overall risk was low in the designated centre, and appropriate measures were in place to manage and alleviate known risks. Similarly, there was a system in place to record, review and respond to any incidents or adverse events that occurred in the designated centre.

There were effective fire safety systems in the designated centre. A fire detection and alarm system was in place, emergency lighting, identified fire exits and fire fighting equipment were also in place. All fire safety management systems and equipment were seen to be serviced and checked regularly by a relevant professional, and records of these checks were maintained. Emergency evacuation drills were completed routinely which also included deep sleep evacuation drills to ensure all residents and staff knew what to do in the event of an emergency. Staff had completed training in fire safety. Residents told the inspector that they felt safe in the centre, and they knew what to do in an emergency situation.

Overall, the designated centre was being managed and operated in a person-centred manner, with effective systems of oversight to ensure residents were receiving care and support in line with their assessed needs and preferences. Residents appeared happy and content in their home, and were supported and encouraged to live a rewarding life.

**Regulation 13: General welfare and development**

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and preferences.

Residents were encouraged and supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

**Judgment: Compliant**

**Regulation 26: Risk management procedures**
The provider had put in place a risk management policy which offered clear guidance on the identification, assessment, management and response to risk in the designated centre.

In the designated centre, practice was reflective of the guidance in the risk management policy, with any identified risk assessed, reviewed and controls put in place to alleviate or reduce them.

There was a system in place to record adverse events or incidents and good oversight arrangements in place to ensure patterns or trends were identified, along with actions taken to reduce the likelihood of incidents reoccurring. There was a pathway in place to escalate risk to senior management and the provider, if necessary.

**Judgment: Compliant**

**Regulation 28: Fire precautions**

The registered provider had ensured that there were effective fire safety management systems in place. There was a fire detection and alarm system in the designated centre, fire fighting equipment, emergency lighting, emergency exit lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained.

Staff had received training in fire safety, and this training was refreshed routinely. Evacuation drills were carried out at different times of the day and night to ensure all staff and residents could be safely evacuated in the event of an emergency.

**Judgment: Compliant**

**Regulation 5: Individual assessment and personal plan**

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported in relation to it.

Assessments and plans in place were seen to be supporting residents to live a life of their choosing, with a focus on promoting independence and ability.

**Judgment: Compliant**
<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
</tr>
</thead>
</table>
| Residents were provided with appropriate health care as outlined in their personal plans.  
Residents had access to their own General Practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.  
Residents had access to national screening programmes in line with their age and gender. |
| Judgment: Compliant |

<table>
<thead>
<tr>
<th>Regulation 7: Positive behavioural support</th>
</tr>
</thead>
</table>
| The person in charge had ensured that staff had the knowledge and skills to respond to behaviour that is challenging, and to support residents to manage their own behaviour positively, if required. Staff had received training in de-escalation and intervention techniques.  
Restrictive interventions that were in place were well documented and reviewed regularly by the person in charge and the human rights committee and the person in charge was promoting a restraint free environment.  
Restrictive practices were implemented in line with best practice. |
| Judgment: Compliant |

<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
</tr>
</thead>
</table>
| Staff had received training in safeguarding residents and the prevention, detection and response to abuse.  
The person in charge was aware of their responsibilities to investigate any safeguarding concerns, and how to report any suspicions, allegations or concerns in line with national policy.  
Residents felt safe living in the designated centre, and knew how to raise any concerns. |
**Regulation 9: Residents' rights**

The designated centre was operated in a manner that was respectful and promoting of residents’ rights. It was observed that interactions between residents and staff were warm, kind and person-specific.

Residents were encouraged to exercise choice and control in their daily lives, and to be active citizens. For example, exercising their political rights.

Staff were aware of how to support residents in a person-focused manner, and information on an independent advocate was available should residents feel they needed support to advocate for particular issues or concerns.

Where restrictions were in place in the designated centre, this was referred to the internal human rights committee for review and scrutiny.

Residents' privacy and dignity were upheld in the designated centre.

---

**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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</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 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</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 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>