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>Ard Na Mara</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>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28 August 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0001710</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0021523</td>
</tr>
</tbody>
</table>
About the designated centre

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

Ard Na Mara is a designated centre operated by Sunbeam House Services CLG located in an rural town in County Wicklow. It provides a residential service for four adults with disabilities. The centre is a large detached two storey house which consisted of kitchen/dining room, utility room, games room, sitting room, conservatory, five bedrooms, a staff sleepover room, a toilet and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. 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 |
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>Friday 28 August 2020</td>
<td>10:30hrs to 15:45hrs</td>
<td>Ann-Marie O'Neill</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### What residents told us and what inspectors observed

On the day of inspection, the inspector met with the four residents living in the designated centre and spoke for a period of time with two residents.

The inspector ensured physical distancing measures were implemented during interactions with residents, staff and visitors to the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

The two residents the inspector spoke with were due to go bowling that day and expressed excitement about this. They smiled and waved their hands with excitement when the inspector asked if they were looking forward to going bowling. They said yes and nodded when asked if they liked their home. They mentioned some activities they engaged in and enjoyed and mentioned the names of some of the staff members that worked in the centre and said they were nice. They said yes when asked if they liked their bedroom and the house.

Another resident was observed returning home from a healthcare appointment, they were observed relaxing and happy in their home. They were given the opportunity to choose their meal and to direct how they wished to spend their evening following their healthcare appointment.

The inspector observed staff engage with residents throughout the inspection, chatting and talking about their day in a kind and interested way. They were observed to be patient and supportive with residents and residents appeared comfortable and happy in their company.

### Capacity and capability

This inspection found improvements in the provider's capacity and capability to provide a quality and effective service for residents.

Some improvements that had occurred from the previous inspection included an increase in staffing resources which in turn impacted positively on the support arrangements for residents. Increased staffing resources had also improved safeguarding arrangements and supports for residents. However, some further improvements in relation to staffing were still required. The provider had also reviewed residents' contracts of care, addressing a non compliance found on the last inspection.

Some further governance improvements were required. While the provider had
improved and enhanced their oversight and quality review arrangements for the
centre, the provider had not made arrangements to review fire safety evacuation
arrangements when supporting some residents to move to a bedroom of their
choice.

This inspection was carried out in response to an application to renew registration of
this designated centre. The provider had submitted a full and complete application
to register within the appropriate time-frame.

A review of the statement of purpose found it contained all matters required in
Schedule 1 of the regulations. Some small revisions were required in relation to the
documentation of staffing whole-time-equivalents in the centre to ensure whole-
time-equivalents for both filled and vacant posts were included in the overall
numbers.

There was a clearly defined governance and management structure in place. The
centre was managed by a full-time person in charge who was appropriately qualified
and experienced and demonstrated good knowledge of the residents and their
assessed needs. The person in charge was responsible for the management of
another designated centre also. They were supported in their role by a deputy client
service manager, who formed part of the local management structure for the
centre. There were quality assurance audits in place including six-monthly
unannounced provider visits and an annual review for 2019. In addition, there was
evidence of local audits being facilitated on personal plans, finances and health and
safety. Quality assurance audits identified areas for improvement and developed
action plans to address these areas.

While it was demonstrated the provider had enhanced their governance and
management oversight arrangements, a review of fire safety precautions and
evacuation routes had not been carried out by the provider as part of their process
for supporting a resident to move to a different bedroom of their choice, leading to
a not compliant finding for Regulation 28: Fire Safety Precautions; on this inspection

To address a non compliance from the previous 2019 inspection in relation to
Regulation15; Staffing, the provider had improved the staffing resource
arrangements in the centre by increasing the hours of some current part-time staff
brining about an increase in the overall whole-time equivalent staffing for the
centre. In addition, a redeployed activity staff member had also become a
permanent whole-time-equivalent staff for the centre with a role in supporting
residents to self-direct their day and activities they engaged in.

While the provider had increased the staffing resources in the centre, a part-time
staff post was vacant at the time of inspection. The provider was required to fill any
staffing vacancies for this centre in a timely way as resident safeguarding
arrangements were aligned to increased staffing and supervision arrangements. It
was noted however, that interviews for staff vacancies were scheduled to take place
within a short time-frame following the inspection.

The provider had addressed a non compliance from the previous inspection in
relation to residents' contracts of care. Each contract of care have been updated to
reflect a change in rent rates.

<table>
<thead>
<tr>
<th>Regulation 5: Application for registration or renewal of registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider had submitted a full and complete application to renew registration.</td>
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<tr>
<td>Judgment: Compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 14: Persons in charge</th>
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</thead>
<tbody>
<tr>
<td>The provider had appointed a full-time person in charge of the centre. They had the required experience and qualifications to fulfil the requirements of Regulation 14.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulation 15: Staffing</th>
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</thead>
<tbody>
<tr>
<td>While the provider had increased the staffing resources in the centre, a part-time staff post was vacant at the time of inspection. The provider was required to fill any staffing vacancies for this centre in a timely way as resident safeguarding plans were closely aligned to increased staffing and supervision arrangements for residents.</td>
</tr>
<tr>
<td>It was acknowledged by the inspector that interviews for this post were due to take place within a short time-frame following the inspection.</td>
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<tr>
<td>Judgment: Substantially compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
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<tbody>
<tr>
<td>The provider had completed six-monthly provider-led audits of the safety and quality of supports in the centre as required by the regulations.</td>
</tr>
<tr>
<td>The provider had completed an annual report for 2019.</td>
</tr>
<tr>
<td>The person in charge completed a suite of centre based audits in key quality areas.</td>
</tr>
<tr>
<td>A review of fire safety precautions and evacuation routes had not been carried out</td>
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</tbody>
</table>
by the provider as part of the process for supporting a resident to move to a different bedroom of their choice in the designated centre. However, within a short time-frame following the inspection, the provider made arrangements for an appropriately qualified person to review the resident's evacuation route, make recommendations and provide a proposed plan to rectify the matters. This review was submitted to the Office of the Chief Inspector. The provider was required to address all necessary actions on foot of this review in a timely way.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had addressed a non-compliance from the previous inspection and had revised residents contract of care to reflect a change in rental charges.

Judgment: Compliant

Regulation 3: Statement of purpose

Some revision of the statement of purpose was required to ensure it accurately reflected the overall staffing whole-time-equivalent numbers for both filled and vacant posts.

Judgment: Substantially compliant

Quality and safety

Overall, residents living in the centre were in receipt of a safer and improved quality service since the last 2019 inspection. Improvements in the quality and safety of the service had been brought about for the most part as a result of enhanced staffing resources for the centre. The previous inspection had found a number of not compliant findings across a number of regulations which were attributable, for the most part, to inadequate staff resources in the centre.

This inspection found an improved quality service with enhanced safeguarding arrangements in place. In addition, residents had greater control of their daily lives and were supported to exercise improved choice and self-determination in the activities they wished to engage in with the appointment of an additional activity staff member to the centre since the last inspection.
The inspector met with the new member of staff and discussed how they supported residents to engage in meaningful and purposeful activities. They discussed the different preferences and interests each resident had and outlined a number of excursions residents had engaged in over the previous months. Some of these included visiting family graves, going on a train journey and eating out in a restaurant of their choosing. The staff member presented a very good knowledge of each resident's personal preferences and interests with an understanding of how residents would like to spend their day and in what way they would like to do certain activities. Residents were observed to be very excited to go bowling during the course of the inspection and were seen smiling and happy leaving the centre to go on the activity.

There was evidence of the provider and person in charge's implementation of National Safeguarding policies and procedures for vulnerable adults. All staff, including recently appointed staff, had received training in safeguarding vulnerable adults. To manage an ongoing compatibility safeguarding risk in the centre, the person in charge, in collaboration with the National Safeguarding team, had agreed an overarching safeguarding plan.

At the time of inspection it was noted this plan was effective in mitigating and reducing the frequency of safeguarding incidents which were as a result of compatibility issues between some residents. An increase in staffing supervision and support formed a part of the overall plan. It was noted that a resident had been identified that could benefit from transferring to an alternative location, however, this had not come to fruition at the time of inspection as a suitable placement had not yet been identified. Therefore, the safeguarding planning arrangements in place, at the time of inspection, were of critical importance for the maintenance of a safe home for all residents living in this centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with 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.

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. A comprehensive risk register was maintained with control measures to mitigate each risk outlined. In addition personal risk assessments for each resident were maintained and updated and reviewed regularly. Health and Safety audits were carried out by the provider as part of the provider's overall risk management system.
An action from the previous inspection in relation to personal planning and review of behaviour support plans had been addressed. Personal plans were found to be comprehensive and up-to-date. Behaviour support planning was in place as required and had been reviewed by an allied professional with relevant expertise in the area of behaviour support and mental health.

Overall, it was demonstrated appropriate fire detection and containment measures were in place in the centre. Fire compliant doors and an upgraded fire alarm detection system was in place. However, improvement was required with regards to one evacuation route in the centre. To support a resident’s choice they had been facilitated to move bedroom in the centre. The provider however, had not reviewed the evacuation route for the resident from this changed bedroom location in the centre. The provider was required to have a person appropriately qualified in fire safety review the evacuation route arrangements and on foot of this review make arrangements to address any recommendations made in a timely way.

Regulation 26: Risk management procedures

The provider had an up-to-date risk management policy in place with evidence of it’s implementation within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

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.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured appropriate fire detection and containment measures were in this designated centre. However, improvements were required in relation to one evacuation route in the centre. The provider was required to have a person appropriately qualified in fire safety review one evacuation route within the centre and make arrangements to address any improvement areas identified on foot of the review and any recommendations made.
<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and personal plan</th>
</tr>
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<tbody>
<tr>
<td>An action from the previous inspection had been addressed. Overall, it was demonstrated residents’ personal plans were comprehensive and reviewed regularly. Social care goals were also identified, recorded and monitored on a regular basis.</td>
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<tr>
<td>Judgment: Compliant</td>
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<tr>
<th>Regulation 7: Positive behavioural support</th>
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<tbody>
<tr>
<td>Where required positive behaviour support planning was in place for residents. There was evidence of review of such plans by allied health professionals with expertise in the area of behaviour support. A restrictive practices register was maintained with evidence of regular review and referral of all restrictions to a Human Rights Committee in the previous year.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
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<tbody>
<tr>
<td>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 an ongoing compatibility issue between some residents which was reviewed regularly with liaison arrangements between the person in charge and National Safeguarding team.</td>
</tr>
<tr>
<td>Judgment: Compliant</td>
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<table>
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<tr>
<th>Regulation 9: Residents' rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider had improved residents opportunities to exercise choice and determination in how they spent their day with the recent appointment of an activity staff member for the centre.</td>
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</table>
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>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 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not 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>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>
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, Measureable 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>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 15: Staffing: Providers Response:</td>
<td></td>
</tr>
<tr>
<td>The Provider has a recruitment process in place to fill the vacant post. Interviews are currently been organized for week beginning 14th of September. Available shifts on the roster are filled by existing staff or relief staff.</td>
<td></td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 23: Governance and management: Providers Response:</td>
<td></td>
</tr>
<tr>
<td>The providers Health and Safety officer conducted an assessment of the area outside the resident’s bedroom which highlighted recommendations to address the works required to provide the resident in Bedroom 1 with a safe evacuation route. A contractor has been appointed to carry out these works and works will commence within 14 days and completed by 23rd Oct. A detailed outline of this plan has been submitted to the HIQA inspector on 11/09/2020.</td>
<td></td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Providers Response: The statement of purpose and function has been reviewed and updated to ensure the WTE hours correctly reflect current staffing and vacant post. This is now complete and has been forwarded to HIQA registration.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
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</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Providers Response: The provider will undertake the construction of a protected corridor outside the resident’s bedroom comprising of a one-hour fire rated partition with FD30 door. This will ensure there is a protected corridor from the resident’s bedroom to the outside of the building. There is an addressable fire alarm system to IS3218 standard in place with smoke detection and sounder installed in the resident’s bedroom. Fire doors are installed throughout the house, with automatic self-closing devices fitted. On immediate competition of protected corridor, a talk through and then an emergency evacuation fire drill will be conducted. Monthly fire evacuations will be conducted, and a PEEP will be in place to identify what physical or verbal supports are required while the resident gains familiarity with the new route. The works are expected to commence within 14 days from today and will be completed before 23rd October 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 15(1)</td>
<td>The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 23(1)(c)</td>
<td>The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>23/10/2020</td>
</tr>
<tr>
<td>Regulation 28(2)(c)</td>
<td>The registered provider shall provide adequate</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>23/10/2020</td>
</tr>
<tr>
<td>Regulation 03(2)</td>
<td>The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/09/2020</td>
</tr>
</tbody>
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