



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

Issued by the Chief Inspector

Name of designated centre:	Sunbeam Lodge Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2021
Centre ID:	OSV-0001932
Fieldwork ID:	MON-0030991

About the designated centre

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

Sunbeam Lodge Community Group Home is a bungalow situated in Carrick-on-Shannon, Co. Leitrim. It provides seven day accommodation and shared-care to male and female adults with a moderate to profound intellectual disability who also present with epilepsy, behaviours of concern, mental health diagnoses, hypothyroidism, osteoporosis, mobility impairment, cerebral palsy and autism spectrum disorder. Sunbeam Lodge can only accommodate four service-users at any one time. The service provides full-time care to two service users and shared-care to one resident during the COVID-19 pandemic. The house is staffed by nurses and healthcare assistants according to the dependency levels of the residents, and a waking night and sleepover cover is in place each night. The centre comprises of 4 bedrooms (one of which is en suite), a bathroom, kitchen, utility room, dining room and sitting room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
------------------------------------------------	---

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:

Date	Times of Inspection	Inspector	Role
Wednesday 28 April 2021	09:30hrs to 15:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health and wellbeing of residents who lived at the centre was promoted, and that care was delivered in a person-centred manner. Residents who the inspector met with during the day of inspection appeared happy and relaxed in their environment, and with staff supporting them.

During this time of the COVID-19 pandemic, the inspector spent time in a location that was not part of the designated centre while reviewing documentation and meeting with the person in charge and staff. At the time of inspection the designated centre was providing full-time care to two residents. During the COVID-19 pandemic, the shared care provision had reduced to providing care to one resident. This resident was not availing of shared care on the day of inspection. The inspector met, and spoke briefly with two residents towards the end of the inspection while adhering to the public health guidelines of the wearing of face masks and social distancing. In addition, the inspector met briefly outdoors with one family member who was doing a window visit on the day, and also spoke with another resident's family member via telephone call.

Families spoken with expressed satisfaction with the service provided to their family member. They were complimentary of the staff, management and the overall communication that they received about their family member's care. Families spoke about the window visits that they were doing at this time, and talked about how their family member was getting on in general at this time, with both saying that their family member was happy in the centre. They spoke about interests that their family member liked to partake in; such as helping with household chores, art, listening to music, going for walks and bus drives.

In addition, the inspector spoke with staff members who were working on the day in order to get a sense of what it was like for residents living in the centre at this time. Staff members appeared very knowledgeable about residents' support needs, likes and personal preferences. In addition, they were observed to be treating residents with dignity and respect, and residents appeared comfortable and happy around staff. Staff spoke about activities that residents enjoy at this time including; looking at photos on a digital frame, listening to and watching country music concerts, doing puzzles, having hand massages and going for walks. Staff spoke about how residents are supported to make choices in their everyday lives. For example, for one resident who did not communicate verbally, staff spoke about the use of objects of reference and visuals which supports the resident to make choices about their lives. The inspector observed a colourful visual rota and activity schedule located in the hallway of the house during the visit.

During the day the inspector observed a resident assisting staff with household tasks outdoors, and the inspector was informed by the resident's family member and staff that this resident loved to help out around the house. The resident was later observed getting their nails painted by staff, and they appeared happy and in good

form and interacted with the inspector in their own terms. Another resident was observed to be freely moving around the home, and were observed to seek staff out for support with an item of clothing. Residents appeared relaxed and comfortable around the staff supporting them, and it was evident through observations and discussions with staff that they knew residents' preferences and needs very well.

In addition, the inspector reviewed documentation such as support plans, incident reports, the annual review of the service and unannounced provider audits. The inspector noted that residents were supported with making choices about how they lived their lives and about what goals they wanted to achieve, which included learning new skills and organising social gatherings with family when the public health advice allowed for this. The inspector noted through documentation, discussions with residents' families and staff and observations that the staff team were supporting residents to try to maintain links with their family at this time of level 5 public health restrictions, and in line with residents' wishes.

Overall, residents appeared happy and content with the supports provided, and the service was found to promote individual choices and person centred care. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a good governance and management structure in place in the centre which ensured that the care provided to residents was of a high standard, met residents' individual needs and was delivered in a person-centred manner.

The person in charge worked full-time and had responsibility for one other designated centre, which was located nearby. She was supported in her role by a person participating in management and a team of front-line staff that consisted of a skill mix of nurses and care staff. There was a waking night and sleepover cover provided at night to support residents with their needs. At the time of inspection, the centre appeared to be adequately resourced to support both residents; however a proposal for increased staffing to meet the needs of all residents when the centre was at full capacity had been made by the provider to the funding body, and the outcome of this remained outstanding. There was a rota in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care. A sample of staff files were reviewed and found to contain all the information in line with Schedule 2 requirements of the regulations.

Staff received training as part of their continuous professional development and a review of the training matrix demonstrated that staff were provided with mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, use of personal protective equipment (PPE) and hand hygiene. A

review of records indicated that one staff was overdue some training; however the person in charge addressed this when it was brought to her attention and later confirmed that the staff had completed the identified online training.

There were systems in place for the oversight and monitoring of the centre by the person in charge and the provider. The person in charge carried out regular reviews of incidents that occurred and ensured that there were systems in place for regular auditing of the centre to include audits of fire management systems, health and safety, medication management and personal plans. Team meetings occurred which provided for consultation with staff and records reviewed demonstrated that a wide range of topics were discussed. Staff with whom the inspector spoke said that they felt well supported in their role and could raise any concerns to the management team at any time. In addition, a quality and safety and risk management committee was established, which met regularly and reviewed incidents, safeguarding, policy review and other health and safety issues. This demonstrated good oversight and monitoring by the management team.

The provider also ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with residents and families. The findings from audits identified areas for quality improvement for the centre and the inspector found that areas noted for improvement were kept under ongoing review for completion and had time frames and persons identified to follow up on the actions.

In summary, the inspector found that the systems in place in the centre promoted effective governance and oversight, which in turn ensured that the service delivered to residents was to a high standard and met residents' individual needs.

Regulation 15: Staffing

On the day of inspection, there appeared to be adequate staff in place to support the two residents with their care. A review of the roster indicated that there was a consistent team of staff in place to ensure continuity of care. Staff spoken with on the day of inspection had all worked in the centre for a number of years and appeared to know residents very well. A sample of staff files reviewed were found to contain all the requirements under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory and refresher training as part of their continuous professional development. A schedule was in place for staff supervision

and support meetings to be held throughout the year.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems in place which ensured that the provider and person in charge were effectively monitoring, and had good oversight of the centre. The provider ensured that unannounced six monthly audits and the annual review of the quality and safety of the service was carried out as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, person-centred service where rights and individuality were respected. Residents with whom the inspector met appeared to be comfortable in their environment and with staff supporting them, and family members with whom the inspector spoke were very complimentary of the care provided to their family member. However, the inspector found that a review of the documentation and plans regarding PRN (a medicine only taken as required) medicine required review, which would further enhance the quality of care and support provided.

Residents had personal profiles in place which included comprehensive information regarding their likes, dislikes, life experiences and communication preferences. Assessments of needs were completed to assess residents' health, personal and social care needs and plans of care were developed where required. Residents were supported to identify personal, meaningful goals and while it was noted that some goals had been put on hold during the Level 5 restrictions it was observed that plans to progress these were under review as restrictions lifted. Goals identified included; social events with families such as picnics and afternoon tea, and also other goals such as attending the beauticians. Family representatives confirmed that they were consulted about their family member's care and that communications with the staff team were good.

In addition, residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services where this need had been identified and recommended. This included facilitating appointments with a range of allied healthcare professionals such as general practitioners, dentists, opticians, dietitians, chiropodists and also included access to vaccines.

Residents who required supports with behaviours of concern had plans in place which had a multidisciplinary input. One plan reviewed by the inspector was noted to have been recently reviewed with the relevant multidisciplinary team member and outlined behaviours that required support and the reactive strategies for staff to employ. However, the inspector found that the support plans in place did not provide consistent information on the use of a PRN medicine. For example; the inspector was informed that the medication was prescribed for a dual purpose to support with a physical issue and also a behavioural issue; however there was no reference in the behaviour support plan about the use of this intervention and what the threshold was to administer the medication to support with behaviours. When this issue was highlighted, the staff nurse said that she would follow up immediately to get the plan updated. Also, the inspector found that it was not always clear from the records maintained on the use of this medicine, whether the medicine was used for the physical issue or behavioural issue and if the desired outcome was achieved. This required review to ensure that it's use could be effectively monitored to ensure that it was used as the least restrictive option and as last resort in the management of behaviours.

The inspector found that safeguarding of residents was promoted in the centre through staff training, discussion at management meetings about safeguarding and ongoing review of incidents that arose in the centre. Staff spoken with demonstrated knowledge about what to do in the event of a concern of abuse. In addition, residents had intimate care plans in place which provided comprehensive information on how to support residents while also aiming to promote their independence in this area.

Residents' rights were promoted through access to a range of easy-to-read documentation about COVID-19, complaints and about what a HIQA inspection would involve. In addition, residents were supported to be as independent as possible and learn new skills to enhance their independence, and the use of pictures and objects of reference supported residents who did not communicate through verbal means to make decisions about their day-to-day lives.

The provider ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans, hand hygiene equipment, posters, personal protective equipment (PPE) and staff training. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework, and an action plan had been developed where areas for improvements had been identified.

There were systems in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where risks had been identified. However, the inspector found that the risk ratings of some risks that had been rated as 'high' required review. The person in charge addressed this on the day and amended the ratings to reflect the actual risk following the control measures in place.

In summary, residents were provided with a high quality and person-centred service. Staff and management demonstrated their commitment to drive quality improvement, through the systems in place and the proactive response to actions identified to enhance the service and improve the quality of care for residents.

Regulation 26: Risk management procedures

There was risk management policy and procedure in place. Risks that had been identified had been assessed and were under regular review. However, some risk assessments had been risk rated as 'high' following the control measures put in place, and following discussion with the person in charge, they confirmed that the risk rating was inaccurate. This was addressed by the person in charge on the day.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels. In addition, HIQA's self-assessment tool for contingency planning during COVID-19 had been completed, with an improvement plan developed where areas for improvement were identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans developed where this was identified as being required. Support plans were under regular review and updated as required. Family members spoke about their consultation in the care of their family member.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, where

these were required and recommended.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found gaps in a behaviour support plan reviewed, as it did not reference the use of PRN medicine for supports with behaviours of concern nor did it include clear guidance about the threshold at which this medicine was required. In addition, records maintained about the use of the PRN medicine required review to ensure that it was clearly documented why the medicine was administered and if the desired outcome had been achieved. This was required due to the dual use of the medicine and to ensure effective monitoring of its use as a last resort in the management of behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were trained in safeguarding, and staff spoken with were aware of what to do in the event of a concern of abuse. Where concerns arose, the safeguarding procedure was followed and safeguarding plans implemented if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in their day-to-day lives in line with their communication preferences. A range of easy-to-read documents were available to support residents awareness of topics.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunbeam Lodge Community Group Home OSV-0001932

Inspection ID: MON-0030991

Date of inspection: 28/04/2021

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • Residents Behaviour Support plan will be reviewed by the Behaviour Therapist, to include clear guidance about the threshold required before the PRN medicine is administered. • This guidance will also be included in the protocol for administration of the PRN medicine. • Recording of Administration of this PRN medicine will be reviewed so that it clearly documents why the medicine was administered and if the desired outcome was achieved. 	

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 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	18/05/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	18/05/2021