



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

Issued by the Chief Inspector

Name of designated centre:	The Beeches
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	15 December 2020
Centre ID:	OSV-0003322
Fieldwork ID:	MON-0031322

About the designated centre

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

The Beeches is a designated centre operated by Sunbeam House Services Company Limited by Guarantee located in a town in County Wicklow. This designated centre provides community residential care for up to four adults (male or female) who are over the age 18 years. The designated centre supports people who have severe and profound learning disabilities and may also have physical disabilities. The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms and a staff office. Residents are supported to participate in their local town by using the local shops, barbers, and restaurants. The centre is staffed by a person in charge, a deputy client service manager, social care workers, care assistants and a household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 15 December 2020	10:20hrs to 16:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

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 during the course of the inspection.

The inspector had the opportunity to meet with the four residents of the designated centre during the inspection. Some residents chose not to engage with the inspector during the course of the inspection which was respected. Residents living in the designated centre communicated through alternative methods. For example, eye gaze, facial expression and vocalisations. The residents appeared comfortable in their home and in the presence of staff. The inspector observed aspects of residents' daily life as they prepared to engage with their daily activities which included accessing the community, preparing and enjoying meals and watching TV. The inspector observed the staff team engaging with all residents in a kind and supportive way.

Overall, it was observed that residents appeared relaxed, comfortable and enjoyed being in the company of staff members.

Capacity and capability

Overall, the inspector found that the provider and person in charge were monitoring the quality and safety of the care and support provided to residents. However, some improvements were required in governance and management.

There was a clearly defined governance and management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge had responsibility for two designated centres and was supported in their role by an experienced deputy client service manager. There was evidence of regular quality assurance audits taking place including the annual report 2019 and provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified actions to address areas for improvement.

However, improvements were required in relation to the effectiveness of the management systems in place. For example, improvements were required in the accessibility and maintenance of the garden. Since the previous inspection, it was evident that work had been completed to develop the garden. On the day of this inspection, the inspector was informed of issues encountered that have slowed progress in achieving an accessible garden for the residents. Overall, this issue

remained ongoing for a prolonged period of time.

The person in charge maintained a planned and actual roster. At the time of the inspection, there was an established staff team in place which ensured continuity of care and support to residents. The inspector reviewed a sample of the roster which demonstrated that there was an adequate number of staff on duty each day and night to meet residents' assessed needs. Throughout the course of the inspection, positive interactions were observed between residents and the staff team.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The centre was managed by a full-time, suitably qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The provider has ensured that the number and qualifications of the staff team were appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which contained all of the information as required by Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall. There was evidence of regular quality assurance audits taking place to monitor the safety and quality of the care and support provided. However, some areas for improvement remained ongoing for a prolonged period of time.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which contained all of the information as required by Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

The provider and person in charge demonstrated capacity and capability to operate and manage the designated centre in a manner that was meeting residents' needs and ensured a homely environment for residents living in the designated centre. However, improvement was required in assessment of needs and premises.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. The premises was found to be warm, clean and decorated for the Christmas period. The designated centre is a detached bungalow which consists of four individual resident bedrooms, kitchen, living room, conservatory, shared bathrooms and a staff office. However, improvements were required in relation to the maintenance and upkeep of the premises. For example, the inspector reviewed an environment report undertaken in November 2020 which outlined plans to upgrade the shared bathroom in the house to better meet the needs of residents and made recommendations for upgrading the kitchen. In addition, the inspector observed areas of scratched and peeling paint in the hallway and on door frames.

This designated centre has a large garden. As self-identified by the provider and in previous inspections of the designated centre, improvements were required in the accessibility and maintenance of the garden. It was evident the provider had completed some works including installing a ramp and new front door to remove barriers to residents' accessing their own home, installing patio doors in one residents bedrooms, installing a pathway around the premises and the removal of large trees However, the inspector was informed of issues encountered that have slowed progress in achieving an accessible garden for the residents. This issue remained ongoing at the time of the inspection.

The inspector reviewed a sample of personal plans. Each residents needs were identified through a 'personal plan' and a 'health and well being plan'. However, improvement was required in the assessment of need. For example, some residents had two separate assessment templates in place to assess healthcare needs while others had one. Also, the inspector found that, while healthcare needs were being met, some healthcare needs were not identified as part of the assessment. This meant that the assessment of need did not appropriately identify all health and social care needs. The inspector was informed that the provider was currently reviewing the assessment of need and personal planning process.

There was evidence that residents health care needs were being met. Residents were supported to access allied health professionals as required including General Practitioners (GPs), speech and language therapists and opticians. Overall, while improvement was required in the assessment of need, the healthcare plans reviewed were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Residents were provided with appropriate emotional and behavioural support and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. Residents were supported in accessing psychology and psychiatry as required. There were some restrictive practices in use in the centre on the day of the inspection. There was evidence that restrictive practices in use in the centre were appropriately identified. However, the inspector found that one restrictive practices in use in the centre was not reviewed by the provider's human rights committee.

There were systems in place to safeguard residents and there were safeguarding plans in place for identified safeguarding concerns. The inspector reviewed a sample of incidents and found that they were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register which outlined general risks in the centre and individual risks including behaviour and COVID-19. The risk assessments outlined the control measures in place to manage and reduce the risk

in the designated 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. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE) including hand sanitisers and masks were available and observed in use in the centre on the day of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting residents to evacuate. There was evidence of regular fire evacuation drills which demonstrated that all residents could be evacuated in a timely manner.

Regulation 17: Premises

The designated centre provided a comfortable and homely environment for residents. However, some improvement was required in the maintenance and upkeep of the premises as outlined in the report. In addition, some works were required to complete the garden.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

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

Judgment: Compliant

Regulation 28: Fire precautions
There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each residents' health and social care needs were identified through a personal plan and health and well being plan. However, improvement was required as it was not evident that these plans comprehensively assessed the residents' health and social care needs as outlined in the report.
Judgment: Substantially compliant
Regulation 6: Health care
Residents' health care needs were appropriately managed. Residents were supported to access allied health professionals as required
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were supported to manage their behaviours and there were positive behaviour support plans in place, as required. Residents were supported to access psychology and psychiatry as appropriate.
Restrictive practices in use in the centre were appropriately identified. However, not all restrictive practices in use in the centre were reviewed in line with the providers' policy.
Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Beeches OSV-0003322

Inspection ID: MON-0031322

Date of inspection: 15/12/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There is a scheduled plan of works in place which comprises of upgrades works within the center and the garden. <p>The garden works had been almost completed however a new issue arose in relation to the water pressure and drainage, works have taken place to correct this issue prior to the inspection.</p> <p>The Provider will continue with works to upgrade the center on a phased basis, the timeframe will be planned in order to minimize the impact for the residents and to ensure they are not experiencing distress or being overwhelmed by same.</p> <p>Major works will be prioritized.</p> <p>It is important to note during this time with Covid restrictions and supply chains from Covid and with Brexit we face some challenges with sourcing the materials and expertise required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • There is a scheduled plan of works in place which comprises of upgrades works within the center and the garden. <p>The garden works had been almost completed however a new issue arose in relation to the water pressure and drainage, works have taken place to correct this issue prior to the inspection.</p> <p>The Provider will continue with works to upgrade the center on a phased basis, the</p>	

timeframe will be planned in order to minimize the impact for the residents and to ensure they are not experiencing distress or being overwhelmed by same.
Major works will be prioritized.

It is important to note during this time with Covid restrictions and supply chains from Covid and with Brexit we are face some challenges with sourcing the materials and expertise required.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A full needs assessment has now been completed for the Residents to ensure all their needs and preferences have been captured and linked to their care plans.
- Residents Personal plans have been updated to minimize duplication within documents in a format that suits their needs.
- The PIC has arranged for a weekly review on residents plans to be conducted.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- A Rights restriction has been completed for a bell notification system on a residents bathroom and has been sent to the Human rights committee for review

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(1)(c)	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.	Substantially Compliant	Yellow	31/01/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	07/01/2021

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	07/01/2021