



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

## Issued by the Chief Inspector

Name of designated centre:	Woodbrook Lawn
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0003776
Fieldwork ID:	MON-0032440

## About the designated centre

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

Woodbrook designated centre can support up to four residents with intellectual disabilities over the age of 18 years. Residents are supported to live in homely environment and to be active citizens in their local communities. The designated centre comprises of two homes. One home is a three bedroomed extended house for three residents, and one home is a ground floor apartment that caters for one resident. All residents are supported by a keyworker, and can avail of a range of supports such as psychology services, psychiatry services, social work services, physiotherapy and counselling and each resident has an individual personal plan. The designated centre is staffed with social care staff (9.6 whole time equivalent staff members), who are supervised and managed by a full-time person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 18 August 2021	10:10hrs to 16:15hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector met two of the three residents living in the designated centre on the day of the inspection, and spent time in one unit of the centre during the day time with residents, staff members and the senior services manager. The centre was registered to support four residents, and there was one vacancy on the day of the inspection.

On arrival to the unit of the designated centre, residents were up and ready for their planned daily activities. Two staff were on duty with two residents who had different activities planned out for their day. For example, one resident had plans in the morning to dog walk and another resident was planning on going to the post office and run errands. The inspector saw each residents' weekly plan which outlined their chosen activities each day, and residents told the inspector about the things that they liked to do each day and week.

The designated centre comprised two units; one unit was a house for three residents, and one unit was a single-occupancy apartment for one resident which was located close-by. Each unit had its own identified staff team to support residents on separate rosters, and both teams were supervised and managed by one person in charge. One unit of the designated centre was a privately rented property and there was a "sale agreed" sign in the front garden on the day of inspection. Residents spoke to the inspector about their plans to transition to a different location in the coming weeks, and were excited that they would soon get to visit the new location once some refurbishment works had been completed. Residents had been consulted and involved in the plan to move out and had a transition plan folder demonstrating their choices of colour for their bedrooms, furniture that they might need and photographs showing what the new location looked like. The inspector also saw that the transition was discussed at regular house meetings with residents, and also individual discussions with residents and the person in charge.

Residents spoke to the inspector about how nice the staff supporting them were and were aware that new staff would hopefully be joining the team soon, as there was often temporary agency staff working in the centre to cover staff absenteeism and vacancies. Residents felt that they could talk to the staff members, including agency staff about their feelings, or concerns or if something was bothering them, and that staff overall were very supportive.

There was a vacant bedroom in one unit of the designated centre, and residents told the inspector that once they moved to a new location a resident who had previously moved out, would hopefully join them again in their new home which would be better suited to cater for their needs.

The inspector observed a relaxed staff team, who demonstrated that they had a good rapport and relationship with residents. Conversations between residents and staff were warm and respectful, and demonstrated that staff understood residents'

likes and dislikes and how to support them to discuss their feelings or things that were on their mind. Documentation reviewed indicated that in practice, staff were following the written guidance in relation to supporting people proactively to manage their moods and feelings.

The unit visited during the inspection, was clean and homely and had photographs of residents along with personal art work and trophies of achievements on display. There was a nice garden to the rear of the building, which residents were seen to use during the day to have some space, or to take phone calls to friends. While the premises were pleasant, the move to a new location would better support residents' needs and ensure the provider had full control over the maintenance and adaptation of the building.

Information was available for residents in easy read format on display on a notice board. For example, information on the process for safeguarding, making complaints and accessing advocacy services. Residents were aware of these services and procedures, and how to access them if they required it.

Residents had access to technology to support them to stay connected to their friends and families, and having an active social life was important to residents living here. During times of higher restrictions, residents video-called or telephoned people that were important to them. Since the easing of restrictions, residents had returned to using the local amenities in the community, for example going to the hair dressers, nail salon, post office, shops and using public transport. Residents were supported and encouraged to spend time with their peers and friends out socially, or to visit each other safely in their own home for meals or tea and coffee, which was an important thing to do for residents. While formal day services had stopped for some residents during the COVID-19 residents had been supported with additional staffing to ensure they had adequate staff available to take part in at home, or local activities. For example, on-line activity classes and going for walks. The inspector saw residents making their own plans with friends for meet-ups in the coming days, and residents decided upon their own daily schedules and routines for themselves.

Residents knew where they would be moving to in the coming weeks, but had not yet visited the home due to renovation works being carried out. In place of this, residents had seen photographs of the building and were happy that they would still be located in the same town.

The provider had appointed a new person to participate in the management of the centre since the previous inspection. During the inspection, this manager was present in the designated centre and was familiar to residents and staff. The manager had visited the centre to hear the views of residents and staff, and to better understand the management of the day to day operations.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The previous inspection identified issues with the premises of the rented property, which were not well maintained and did not fully support the needs of all residents. In response to this, the provider identified the requirement to seek alternative accommodation arrangements that would better suit residents' needs now, and into the future. The purpose of this inspection was to follow up on the provider's plans to move out of one unit of the designated centre. The provider had previously submitted a written plan to the Office of the Chief Inspector, outlining the proposal for residents to be accommodated in another vacant designated centre operated by the provider, that was also in the Bray area.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a senior services manager, who in turn reported to the Chief Executive Officer. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge had a local system of audit, review and checks to oversee the care and support delivered in the designated centre. There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed through the quality department, on behalf of the provider on a six-monthly basis, along with an annual review on the quality and safety of care. Feedback from these monitoring tools demonstrated that the provider and person in charge took actions to address any areas in need of improvement. For example, there had been recent interviews to hire new social care staff to work in this location, and to reduce the use of temporary agency staff members.

The provider had systems in place, guided by policies and procedures to record information such as adverse events and complaints. This information was used by the provider to continuously improve the service being offered. For example, by making changes to support levels given by the team to residents, and additional training for the staff team in specific areas of health care needs. There was evidence that incidents, accidents and complaints were reviewed, and learning from such events was taken on board to promote safety and quality.

While the provider had made significant improvements to ensure there was a stable and consistent staff team identified to work in the designated centre, there was still a reliance on temporary agency staff to operate the designated centre. For example, in the month of July 2021, 233 Hours were covered by agency staff or temporary staff members due to a vacant post and unplanned leave. In one unit, the provider had put in place a team of permanent and consistent staff, with some improvements till required in the other unit of the designated centre. The person in charge maintained rosters to demonstrate the planned and actual hours worked.

Staff held qualifications in social care, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of people living in the designated centre. For example, training in the safe administration of medicines and training in specific health areas. There was good oversight of the training needs of staff, and training needs were identified in advance and scheduled for completion by the person in charge. There was a formal induction pathway for new staff members, to ensure they had the required mandatory training prior to working with residents.

Residents were aware of how to make a complaint, and felt comfortable talking to the staff team or person in charge about things that they were unhappy about. There was information in the designated centre on how to make a complaint and the formal process of how complaints would be managed. The person in charge had oversight of any local complaints that were raised by residents, and if they were satisfied with the outcome of their issue through a complaint log and complaint documentation.

Overall, the provider and person in charge were operating and managing the service in a manner that was resulting in a good quality and safe delivery of care and support to residents living there, with some minor improvements in stabilising the staffing resources to promote further consistency of care.

## Regulation 15: Staffing

There was an adequate number of staff on duty each day and night to meet the needs of residents.

Due to vacancies and absenteeism, there was still a reliance on temporary staff to work in the designated centre. This did not fully promote the continuity of care and support for residents.

The person in charge maintained a planned and actual roster.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training, as required.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.



Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an annual review of the quality of care and support.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements, and the provider was proceeding with their proposal to relocate one unit of the designated centre into a premises that would better meet residents' needs.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had put in place a complaint process and pathway to support residents to understand how to raise issues regarding things they were unhappy about. There was access to independent advocacy should residents require this, to assist them to raise issues. Residents understood how to make a complaint, and the process that would be followed through discussing this at resident meetings and information that was available in the designated centre.

There was a record maintained of complaints regarding the designated centre, and mechanisms for review and further escalation if the person making the complaint was not satisfied with the response or final outcome.

Judgment: Compliant

### Quality and safety

The provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, safe and of good quality.

The centre was managed in a way that identified and promoted residents' good health, personal development and well-being. Residents' needs were noted and assessed and based on these assessments, personal plans or care and support plans were written up. Residents had access to their own General Practitioner (GP) and health and social care professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals. Residents had their own key-worker staff to discuss their plans and goals.

Residents told the inspector about the things they enjoyed doing each week, and this was noted in a weekly schedule for residents also. Residents were supported to use local community amenities and facilities as much as possible, and were encouraged to be independent in their decisions and activities. Residents enjoyed meeting up with friends, going out for meals and coffees, swimming and had also taken part in various online classes such as relaxation classes through video link. Residents were supported and encouraged to find meaningful occupation, for example through paid employment or volunteering roles in their local community.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. Where risks had been identified and assessed, control measures to reduce or remove these had been put in place by the staff team. A risk register was maintained to ensure effective review of all known risks in the designated centre.

Residents appeared relaxed and happy in their home and comfortable in the presence of staff. There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. If required, safeguarding plans were put in place, to promote residents' safety. Personal safety was discussed through resident and keyworker meetings with residents to educate residents on self protection and awareness. Residents had access to psychology services and additional services to support their well being. Any incident of a safeguarding nature, had been appropriately recorded and responded to by the person in charge.

If required, residents had access to psychology services and had clear written plans to support them to manage behaviour positively. Staff were aware of the proactive and reactive strategies to support individuals. There was exploration of underlying causes of any behaviour of concern and any restrictive practices that were in place in the designated centre, had been reviewed and consented to by residents and their supportive team of health and social care professionals. Residents were encouraged to understand their rights, but also to understand natural risks associated with certain behaviour or activities.

Residents were protected against the risk of fire in the designated centre, through

fire safety systems and local procedures. Each resident also had a written personal evacuation plan that supported their safe evacuation in the event of an emergency. Residents were familiar with the process to be followed, through regular drills and practical exercises.

The provider had also 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 through formal risk assessments. Personal protective equipment was available along with hand-washing facilities and hand sanitiser. Residents were supported to understand the requirement of standard precautions when using public amenities.

Overall, residents appeared content in their home, and expressed satisfaction with the service they were receiving. Residents had choice and control over their daily lives and directed their own daily activities and social lives. The provider and person in charge were operating the centre in a manner that promoted person-centred care and a good quality of life for residents.

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their individual needs and wishes.

Residents were supported to remain active and occupied during national restrictions, with staff ensuring residents had meaningful activities to take part in, and safe access to community amenities and services. Residents were supported to understand their own safety when in public spaces, and had returned to utilise community services again since the lowering of restrictions. For example, hair dressers, nail salons and coffee shops.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider and person in charge were supporting residents to plan and prepare for a change in their living arrangements. Residents were involved in decisions and discussions about this change, and had been supported through meetings, information and photos of their new home.

Judgment: Compliant

## Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans and facilities in place to support residents to isolate if they were required to.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal evacuation plan which was reviewed following each fire drill or evacuation practice.

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.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to other health and social care professionals through referral to the primary care team, or to professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required, residents had clear plans in place to guide staff on how to proactively support them in relation to any behaviour of concern. There had been input from health and social care professionals in the creation of these plans.

If restrictions were in place to support residents' safety, these were consented to by residents and reviewed regularly with residents and their supportive teams.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge had ensured any safeguarding concern was recorded and reported in line with national policy, and actions were taken to investigate any incidents of concern and put measures 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Woodbrook Lawn OSV-0003776

Inspection ID: MON-0032440

Date of inspection: 18/08/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            As from the 13/09/2021 less reliance of agency staff is present. One staff member has now returned to work in the center from sick leave and has resumed her 80hr month contract.            One newly recruited staff member has now commenced her role in the Centre at a 120hr contract.            Interview was to take place on the 13/09/21 with one applicant interviewing for the outstanding 78hr contract, this however was rescheduled due to the interviewee being unwell and unable to attend on the day. Interview now scheduled for 16/09/2021 and if candidate is successful will commence compliance piece with HR and Recruitment.            SHS have a relief panel and have provided the CSM with a qualified staff member to help CSM manage the roster effectively to ensure residents receive continuity of care and support.            All new staff members have received a full induction prior to commencing their role as a community support worker within the centre.</p>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/10/2021