



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

Issued by the Chief Inspector

Name of designated centre:	Tús Nua
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	15 June 2022
Centre ID:	OSV-0005415
Fieldwork ID:	MON-0028167

About the designated centre

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

Tús Nua is a designated centre operated by Sunbeam House Services located in County Wicklow. It provides community residential services to four male or female adults with a disability. The centre is a detached bungalow which consisted of a kitchen/dining room, sitting room, four bedrooms, a staff sleepover room/office and a shared bathroom. There is a well maintained patio area and garden to the rear of the house. 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, nurses and social care workers. The person in charge divides their role between this centre and one other designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 15 June 2022	09:00hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each resident's needs, wishes and intrinsic value were taken in to account.

On the day of the inspection, the inspector met with the three residents living in this centre. Engagements between the inspector and the residents took place, as much as possible, from a two metre distance, wearing the appropriate personal protective equipment and in adherence with national guidance.

In advance of the inspection, all residents' families had been provided with Health Information and Quality Authority (HIQA) questionnaire and completed them either with, or on behalf of their family member. Overall, the families noted that they were happy with the support provided to their family member and the quality of service delivered to them. Families were happy with how often their family member participated in the wider community outside of the centre. All family members noted their satisfaction with the support the staff provided and that staff were very approachable. One family noted that their family member said "the staff look after my needs great". Families were aware of the complaints process and where they had made a complaint, were happy with the way it was dealt with and the outcome.

The physical environment of the house was observed to be clean and in good decorative and structural repair. There were a variety of artwork throughout the house which had been either painted or created by the residents. There were a number of large art and craft projects hung up on the wall of the kitchen which residents had being part of. Residents' bedrooms were laid out and designed in line with their preference and wishes and included family photographs, posters, activity plans and where appropriate, sensory and relaxation equipment. There had been improvements to the kitchen and dining area of the house since the last inspection. The area was no longer used as an office space, which meant that the kitchen now promoted a more homely environment for residents to enjoy their meals.

There was a patio area out the back of the house with a seating area. On the day of the inspection, the inspector observe residents relaxing in the area and appearing content and familiar in their surroundings. A new sensory garden project had commenced since the last inspection. Residents were consulted about the layout, design and development of the garden, which included, a wild flower garden, a water feature, seating area and flowerbeds. The garden also included a mural which was dedicated to the memory of one of their house-mates who had passed. Supported by staff, residents had discussed and chosen a theme they felt was most appropriate for the mural.

The inspector observed that the residents appeared relaxed and content in the

company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff could interpret what was being communicated by the resident. Where residents communicated through visual aids, these were regularly updated in line with allied health professionals recommendations.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre.

The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

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 to each resident living in the centre.

Capacity and capability

The inspector found that overall, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to the residents living in the designated centre. The inspector found that since the last inspection a number of improvements had been made which resulted in positive outcomes for residents, and in particular, regarding staff training and fire. Staff were provided with further up-to-date evidence based training which was specific to the residents' assessed needs and new external lighting and locking systems had been installed to ensure all fire evacuation routes were safe and easily accessible.

Governance and management systems in place ensured residents received the delivery of a safe and quality service. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The inspector found that there was a robust auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents. Residents and families were consulted in the running of the centre. The inspector was advised that feedback forms had been sent out to families as part of the annual review which was due to be completed June 2022. In addition, residents' families had completed Health Information and Quality Authority (HIQA) questionnaires either with, or on behalf of their family member, relaying their

feedback on the service delivery.

The governance and management systems in place in the centre included a local auditing system which was carried out by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example, the person in charge completed a housekeeping audit, a document audit and a resident's petty cash audit, but to mention a few. Team meetings were taking place regularly which promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents.

The person in charge divided their role between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Staff who spoke with the inspector demonstrated good knowledge of the needs of the residents and the support required to meet those needs. The inspector reviewed staff rosters and found that, for the most part, staffing arrangements included enough staff to meet the needs of the residents. However, on the day of the inspection, the inspector found that the number of staff employed in the centre was not in line with the statement of purpose. There was one staff vacancy in the centre. The provider was actively recruiting for the position. The person in charge was endeavouring to ensure that there was continuity of care. For example, where relief staff were required, the same five staff were employed.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. For example, a training matrix was maintained by the person in charge and the deputy manager, which demonstrated that overall staff were provided with a variety of mandatory and refresher training courses. Where there were training deficits identified on the previous inspection, the person in charge had organised training for the staff which was completed shortly after the inspection. However, on the day of inspection, the inspector found that a training course relating to the assessed needs of all residents had not been provided to all staff. For example, training relating to feeding, eating and swallowing (FEDS).

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. Schedule 5 policies and procedures were adopted, implemented and made available to staff through the provider's internal on-line system. Since the last inspection, there had been improvements to the system that ensured new policies and procedure had been reviewed and understood by all staff members.

Overall, policies were reviewed every three years, which was in line with the

regulatory requirement. However, on the day of the inspection, one policy, relating to the provision of information to residents, could not be clearly identified as a stand-alone policy.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

For the most part, staffing arrangements included enough staff to meet the needs of the residents. However, the number of staff employed in the centre was not in line with the centre's statement of purpose. There was one staff vacancy in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, the training needs of staff was regularly monitored and addressed to ensure the delivery of a high quality, safe and effective service to residents living in the centre. However, a training course relating to the assessed needs of residents, had not been provided to all staff. For example, training relating to feeding, eating and swallowing (FEDS).

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place ensured residents received the delivery of a safe and quality service. The inspector found that there were robust auditing systems in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief inspector had been notified. This included all uses of restrictive practices which had been notified on a quarterly basis.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall, policies were reviewed every three years, which was in line with the regulatory requirement. However, on the day of the inspection, one policy, relating to the provision of information to residents, could not be clearly identified as a stand-alone policy.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that, the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There was a strong and visible person-centred culture within the centre. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. The plans were regularly reviewed and residents, and where appropriate, their family members, were consulted in the planning and review process of their personal plans.

Residents were supported to choose goals that were meaningful and encouraged their independence and personal development. A new project had commenced in the centre since the last inspection. The residents were currently involved in developing a sensory garden, which included an area for wildflowers, a water feature, a den, a seating area and a variety of plants and shrubs. Some of the residents' goals related to the garden project. To support the planning, progress and achievement of the project, there was a large poster displaying photographs of the start of the project and some of the progression made to date. There was also a booklet which described the garden project and the steps to achieving its completion.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Appropriate healthcare was made available to residents having regard to their personal plan. The health care needs of residents had been assessed and each resident had access to a general practitioner and a range of allied health professionals. There were clear personal plans in place for any identified healthcare

need and incorporated recommendations of specialists where applicable.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and residents' modesty and privacy was observed to be respected. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There were a number of systems in place to ensure that residents were protected against financial abuse. The person in charge carried out monthly audits of residents' petty cash and where appropriate, financial records. Where the designated centre was responsible for managing residents' finance, additional monitoring systems were in place including audits of bank statement transactions. In addition, there were money management policy and procedures in place in the centre to ensure all residents monies were managed appropriately. A money management assessment form had been completed for all residents however, the inspector found that not all residents were provided with a money support plan. This was not in line with the centre's money management policy which stipulated that this form must be completed. In particular, where residents money was managed by a third party or family, this decision needed to be clearly documented in both the money management assessment form and the money management support plan.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. All staff had been provided with training in managing behaviours that challenged. The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. Where appropriate, residents were provided with positive behavioural support plans. On the day of the inspection, the inspector reviewed the two positive behavioural support plans which had recently been updated. The plans were informed by an appropriate professional and comprehensively guided staff in the delivery of care for each resident. The person in charge had put a signing system in place to ensure that all staff had reviewed and understood the positive behavioural support plans, in addition to discussing the plans at the monthly staff team meetings.

Restrictive practices were logged and regularly reviewed to ensure its use was in line with best practice. There was a monitoring system in place through the organisation's rights committee to support the removal or reduction of a restrictive practice at the earliest opportunity. In addition, the person in charge and deputy manager reviewed restrictive practices on a regular basis through-out the year.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. In addition, individual and location risk assessments were in

place to ensure that safe care and support was provided to residents. Furthermore, there were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Overall, the inspector observed the design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, and pleasant environment. The physical environment of the house was clean and in good decorative and structural repair. The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Since the last inspection, there had been some upkeep and repair works completed, including work to the layout of the kitchen so it presented as a more homely space.

Residents also expressed themselves through their personalised living spaces. Residents' living environment provided appropriate stimulation and opportunity for the residents to rest and relax. For example, some residents' rooms included photographs, paintings, posters of their daily plans, their goals and achievement and items of interest to the resident.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Residents had been provided with individualised self-isolation plans and risk assessments to ensure their safety and welfare in the event of an infectious disease outbreak. The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19.

On the day of the inspection, clean and maintenance of two pieces of equipment (a resident's bedroom fan and a bubble tube) required attention. However, during the inspection, the dust from the fan was removed and a cleaning schedule for both the fan and the bubble tube was put in place and included on the overall cleaning arrangements in the centre.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing with a fire specialist. All residents had individual emergency evacuation plans in place. Fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions, which were being completed in a timely and efficient manner. There had been improvements to the fire safety arrangements since the last inspection. For example, the provider had installed external emergency lighting and put a new locking system in place to ensure a side gate on a fire evacuation route. On the day of the inspection, the person in charge, improved the system further, to mitigate any potential risks that may of impacted on the effectiveness of the system.

Regulation 17: Premises

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and overall, homely environment. The physical environment of the house was clean and in good decorative and structural repair.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. In addition, individual and location risk assessments were in place to ensure that safe care and support was provided to residents.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing by a fire specialist.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plan. The health care needs of residents had been assessed and each resident had access to a general practitioner and a range of allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

Restrictive practices were logged and regularly reviewed to ensure its use was in line with best practice.

Judgment: Compliant

Regulation 8: Protection

Overall, the person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse.

However, improvements were needed to ensure that money management practice were in line with the organisation's money management and procedure's policy. In particular, where residents' money was managed by a third party or family, this decision needed to be clearly documented in both the money management assessment form and the money management support plan.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	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	Substantially compliant

Compliance Plan for Tús Nua OSV-0005415

Inspection ID: MON-0028167

Date of inspection: 15/06/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has recruited, and a new staff member will commence post on 05/09/2022.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The provider can now confirm that all staff have completed the FEDS training. Completed 06/07/2022	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The provider is currently writing a standalone policy on the provision of information to residents, and this will be completed by 30/09/2022	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Provider has completed the support plans re families managing residents' money. Completed 06/07/2022	

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 15(1)	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.	Substantially Compliant	Yellow	05/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	06/07/2022
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies	Substantially Compliant	Yellow	30/09/2022

	and procedures on the matters set out in Schedule 5.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	06/07/2022