



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	04 November 2020
Centre ID:	OSV-0007757
Fieldwork ID:	MON-0031031

## About the designated centre

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

This designated centre can provide support for up to four adult male residents between the ages of 18-90 years. Residents residing in Hillview designated centre have an intellectual disability ranging from mild to moderate and some require high support needs. All residents in the designated centre are mobile and generally independent in their care, with some low level staff support at times. Some residents require a high level of supervision.

The designated centre is a large dormer bungalow located in a town in County Wicklow. Each resident has their own bedroom with en-suite bathroom. There is a communal lounge, dining room, bathroom, kitchen and conservatory for residents to use, along with three other sitting rooms for residents to use as their personal space. The designated centre has a large garden with outdoor furniture and a shed. The designated centre is staffed with a team consisting of nurses and social care staff. There is always two staff on duty each day and night, and additional staffing during the week to support residents with activities. One to one support is available for residents who require this at particular times.

**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
Wednesday 4 November 2020	10:30hrs to 16:00hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with all four residents during the inspection.

Residents told the inspector that they had settled into their new home very well, and were enjoying living in the designated centre as it was much quieter and has less people living there than their previous home.

Residents said that they had familiar staff who knew them very well, and some had worked with them for many years. New staff had also joined the team in the past few months and residents spoke positively about their support.

While the restrictions in March 2020 and again in recent weeks had changed residents usual routines, residents spoke of the positive things that they had achieved during their time at home. For example, home cooking and baking and doing jobs around the house and garden such as painting the front gates and setting up bird feeders. Some residents had started new hobbies and activities such as wood burning to make signs and activities such as yoga. The inspector saw a photograph album of the different things that residents had done during the restrictions to keep them occupied.

Residents told the inspector that they had plenty of space in the designated centre, to spend time alone, if they wished. Some residents were working on goals to save up for big purchases, or to plan for holidays. Residents told the inspector that they had gained more independence since moving into this designated centre. For example, there were less restrictions in the designated centre than their previous home and residents had learned how to manage their own medicine and finances.

Residents told the inspector that they used the local amenities and services, which were only a short walk away. For example, the post office, the chemist and local shops. Residents liked to go to the local pub and restaurant when open.

Residents felt that they could talk to staff or their key-worker if they had any concerns, worries or problems and knew how to make a complaint or raise a concern. Residents were kept informed of the current situation with COVID-19 and government restrictions through the news and education sessions with staff.

The inspector observed positive interactions between residents and staff and on the day of inspection some residents were making a cake with staff support, playing pool in the dining room or spending time in their own living rooms. There was a positive atmosphere in the designated centre during the day and residents were content in their home.

## Capacity and capability

The provider and person in charge demonstrated the capacity and capability to deliver a person-centred service to the residents living in the designated centre, which was safe and of good quality. There were appropriate systems and processes in place to promote safe delivery and oversight of the service.

As the designated centre was not yet opened a year, there was no annual review completed. However the provider had made arrangements for this in the future. The provider had ensured six-monthly unannounced visits had taken place that assessed the standard of the care and support being delivered. These visits carried out on behalf of the provider, found high levels of compliance with the regulations and standards.

The person in charge carried out regular audits in areas such as finances, housekeeping, documentation, care planning, health and safety and staff knowledge. Audits were also carried out by external personnel in areas such as medicine management and health and safety. The person in charge arranged regular staff meetings which had clear agendas and actions plans. These had been facilitated through video conferencing since March.

The designated centre was managed by a suitably qualified and experienced full-time person in charge. In the designated centre, there were clear lines of reporting, accountability and management, with the person in charge reporting to a senior services manager, who reported to the Chief Executive Officer (CEO). The person participating in management met with the person in charge regularly to review the designated centre in areas such as risk management, incident review, staffing, care and support and auditing tools. Information gathered through audits, reviews and observations was being collated, evaluated and responded to, in order to sustain and improve quality.

Overall, there were strong monitoring systems in place to ensure the care and support being delivered in the designated centre was safe, good quality and in line with the regulations and standards.

There was a stable and consistent staff team of nurses and social care staff in the designated centre. There was an adequate number of staff on duty each day and night to meet the current residents' assessed needs. The provider and person in charge had increased the staffing available in the designated centre, by providing an additional part-time post to support residents with activities and occupation. Residents spoke positively about the impact of this additional support in their daily lives. While some staff working in the designated centre were not directly employed by the provider, all staff who worked in the designated centre attended staff team meetings, provider training and were known to residents for many years. Any gaps due to absenteeism or leave, were covered by the person in charge and existing staff team to ensure consistency of care and support. Planned and actual rosters demonstrating who was on duty at day and night time were maintained by

the person in charge.

The inspector reviewed training records and found that there was a system in place to ensure all staff received training in mandatory fields, as determined by the provider. Refresher training was available for staff, as guided by the provider's policy. While some refresher training was required for a small number of staff, this had been affected due to the COVID-19 restrictions. However, training needs had been identified by the person in charge, and arrangements made for this training in the recent and coming weeks.

The inspector reviewed information in relation to a new admission into the centre, and found that the resident had opportunities to visit the centre prior to their move. Transition planning had taken place with support and input from allied health professionals and residents already living in the centre, had been consulted and included. The provider had agreed in writing the terms and conditions on admission to the designated centre.

Overall, this inspection found that the provider and person in charge were operating the designated centre in a manner that was safe and providing a good quality of life for people living there.

## Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents. There was adequate staffing in place to ensure effective support and supervision of residents, as assessed.

Nursing care was available to residents who required it.

The provider and person in charge had ensured continuity of care and support through a stable and familiar staff team who were well known to residents and were trained in their specific needs. Any gaps due to absenteeism were covered by the existing team or the person in charge.

There were planned and actual staff rosters in place to demonstrate who was on duty during the day and night.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training and there was a

system of oversight in place to identify and provide for any training needs.

The person in charge had ensured specific training to cater for residents' needs was included in the induction process, and new staff were linked with more senior staff members on commencing employment.

There was a system in place to supervise staff, both informally and formally through routine documented meetings.

Information on the Health Act 2007 (as amended), regulations and standards were available in the designated centre, and discussed as part of the agenda item for staff meetings.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall.

The inspector found that there was good local oversight in the designated centre and effective systems of reviews and audits to monitor the quality and standard of the care and support being delivered to residents.

The provider had completed six-monthly provider-led visits, which were unannounced, to monitor the safety and quality of the care and support provided, and had planned for an annual review once the designated centre was opened long enough.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had ensured that each admission was on the basis of clear criteria, which was fairly applied.

Prospective residents had an opportunity to visit the centre, prior to a move.

Procedures and practices around admissions took account of the need to protect all residents from harm or abuse from their peers, and admissions were done through a risk management and assessment system.

The provider had agreed in writing, the terms on which they shall reside, including



details on any costs involved.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose was up-to-date and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

The provider and person in charge demonstrated that they had the capacity and capability to operate and manage the designated centre in a manner that was resulting in a good quality and person-centred service for people living there.

The location, design and layout of the designated centre was suitable to meet the needs of residents. Each resident had their own bedroom with en-suite bathroom. There was a communal lounge, dining room, bathroom, kitchen and conservatory for residents to use, along with three other sitting rooms for residents to use as their personal space. The designated centre had a large garden with outdoor furniture and a shed. Residents told the inspector that they had recently gotten a pool table, which they enjoyed. The designated centre was nicely decorated in line with residents' taste. Some residents had pet fish in an aquarium, and residents' had put bird feeders around the garden.

While formal day services outside of the home had stopped for some residents, there were measures in place to ensure residents were occupied and had activities to take part in that they enjoyed. The provider had hired additional staff to support residents during the day with skills teaching, cooking and baking, personal projects and community involvement. Some residents had started learning new skills and were trying new activities at home, that they were enjoying. Residents told the inspector about different projects that they had been involved with over the past few months, such as writing music, taking up yoga, starting wood burning and taking part in video meetings for advocacy groups. Overall, residents were content with how they were spending their days, and taking part in projects, activities and tasks that they enjoyed.

The person in charge had ensured that there was comprehensive information gathered to support residents' specific needs. There was a system in place to ensure residents' needs were assessed and their supports drawn up in written plans. From the assessments and plans reviewed, the inspector found that they were clear and

specific to each individual resident. Support plans were reviewed and audited regularly to ensure they were effectively meeting residents' needs. Residents had an identified key-worker, who ensured their needs were met through their personal plans. Advice from allied health professionals had been incorporated into residents' assessments, plans and reviews.

Staff had received training in safeguarding vulnerable adults and there was a clear pathway to be followed if residents, staff or families had any concerns or suspicions regarding residents' safety. The person in charge was aware of the reporting responsibilities for safeguarding concerns, in line with national policy and the provider's own procedure. There was evidence that national policy was followed for any safeguarding issue and residents knew who to talk to if they had any concerns.

There were some restrictive practices in use in the designated centre. Any restrictive practice implemented in the designated centre had clear rationale for their use, and were done in consultation with residents and other allied health professionals, where appropriate. Restrictions were reviewed regularly to ensure residents' rights were not being restricted unnecessarily, and residents were consulted and in agreement with any restrictions that were in place.

There was a risk management policy in place and the person in charge maintained a risk register for the designated centre. There was an escalation pathway so that identified risks which were at a particular risk rating were discussed with the senior manager and monitored and reviewed more frequently. There was a strong emphasis on risk management in the designated centre, and measures that were in place to manage and alleviate known risks were effective at keeping residents safe. Similarly, there was a system in place to record, review and respond to any incidents or adverse events that occurred in the designated centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were aware of measures to be taken in residential settings, to mitigate risk of infection. Personal protective equipment was available (if required) along with hand-washing facilities and hand sanitiser. Each staff member and residents had their temperature checked twice a day as a further precaution and records were maintained. The risk associated with COVID-19 was assessed through formal risk assessments and individual isolation plans had been drawn up for all residents. Residents understood the requirement to follow Public Health guidance and restrictions. There was a stable staff team that worked in the designated centre, and guidance in relation to visitors was being followed.

The inspector found that there was a fire safety systems in the designated centre. There was a fire detection and alarm system in place, emergency lighting, identified fire exits and fire fighting and containment measures in place. All systems and equipment were seen to be serviced and checked regularly by a relevant professional, and records were maintained along with daily and weekly checks carried out by the staff team. There were written plans for in case of an emergency that required an evacuation.

Overall, residents had settled into the new designated centre well, and were very happy with the location and supports available. There were strong management systems in place to ensure the centre was providing a safe and good quality service in line with the statement of purpose.

### Regulation 13: General welfare and development

While formal day services were no longer available to residents following the Covid-19 restrictions, the provider and person in charge had taken measures to ensure residents had meaningful occupation and activity during the day. There was an additional staff member rostered to work 16 hours each week in the centre to support residents with personal goals, life skills and enjoyable activities. Residents spoke positively about their daily plans and the way they liked to spend their time.

Since moving to the designated centre, residents had been supported to develop links with the local community and to use the amenities and services in their town. For example, the post office, local shop and chemist, restaurants and pubs and nature amenities. Residents had gotten to know some of the people in their local neighbourhood.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured the premises were designed and laid out to meet the needs of residents.

The premises were kept in a very good state of repair, externally and internally.

The premises were well decorated and was furnished in line with residents' wishes and needs.

The requirements of Schedule 6 in the regulations were provided for. For example, suitable heating, lighting and ventilation.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured there was a risk management policy in place, which was found to be implemented in the designated centre. The risk policy included the

requirements of the regulations.

Arrangements were in place to identify, record and investigate any adverse events or incidents in the designated centre, and there were systems in place for the ongoing review of risks and their control measures for effectiveness.

There were systems in place to check the vehicle on a regular basis by staff and residents, and arrangements for vehicles to be serviced routinely and checked for road-worthiness.

Judgment: Compliant

### Regulation 27: Protection against infection

The risk of infection was managed through the provider's policies and procedures, risk assessments and contingency plans. The person in charge had drawn up individual isolation plans for residents that might require them due to infection.

The person in charge was ensuring staff and residents were following public health advice and standard precautions. There were measures in place to prevent an outbreak of infection, for example twice daily temperature checks.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, fire fighting equipment, emergency lighting, emergency exit lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained.

Staff had received training in fire safety, and this training was refreshed routinely.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that there was a system in place to assess and plan for residents' health, social and personal needs. Where a need had been identified, there was a written personal plan in place outlining how each resident would be

supported in relation to it.

Assessments were multi-disciplinary and plans were reviewed by a relevant allied health professional, where necessary.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were clear behaviour support plans in place on how to respond to residents' needs. There was good supervision, and monitoring in place, when required.

While there were a number of restrictions in place, these were well assessed and residents were aware of and in agreement with any restrictions on their rights. Restrictive practices were reviewed routinely, with input from allied health professionals, and used in line with best practice.

Judgment: Compliant

### Regulation 8: Protection

Staff had received training in safeguarding residents and the prevention, detection and response to abuse.

The person in charge was aware of their responsibilities to investigate any safeguarding concerns, and how to report any suspicions, allegations or concerns in line with national policy.

Residents were aware of the reporting procedure for any safeguarding concerns, and felt they could talk to staff.

Some residents had taken part in training around bullying and personal safety.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider was operating the centre in a manner that respected resident's rights. Residents participated in decisions around their care and support and had freedom to exercise control over their daily lives.

Residents had access to advocacy services, if they wished to avail of this. Some residents were involved in the organisation's advocacy group for residents.

Residents' privacy and dignity was respected in the designated centre.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant