

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



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| <b>Centre name:</b>                                   | Woodbrook Lawn                                      |
| <b>Centre ID:</b>                                     | OSV-0003776   |
| <b>Centre county:</b>                                 | Wicklow   |
| <b>Type of centre:</b>                                | Health Act 2004 Section 38 Arrangement              |
| <b>Registered provider:</b>                           | Sunbeam House Services Company Limited by Guarantee |
| <b>Provider Nominee:</b>                              | Marie Farrell                                       |
| <b>Lead inspector:</b>                                | Karina O'Sullivan                                   |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 3   |
| <b>Number of vacancies on the date of inspection:</b> | 0   |

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day.

**The inspection took place over the following dates and times**

From: 12 April 2017 10:00 To: 12 April 2017 20:30

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 01: Residents Rights, Dignity and Consultation                     |
| Outcome 02: Communication  |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services          |
| Outcome 05: Social Care Needs  |
| Outcome 06: Safe and suitable premises                                     |
| Outcome 07: Health and Safety and Risk Management                          |
| Outcome 08: Safeguarding and Safety  |
| Outcome 09: Notification of Incidents                                      |
| Outcome 10. General Welfare and Development                                |
| Outcome 11. Healthcare Needs   |
| Outcome 12. Medication Management  |
| Outcome 13: Statement of Purpose   |
| Outcome 14: Governance and Management                                      |
| Outcome 15: Absence of the person in charge                                |
| Outcome 16: Use of Resources   |
| Outcome 17: Workforce  |
| Outcome 18: Records and documentation                                      |

**Summary of findings from this inspection**

Background to the inspection:

This was the third inspection of this designated centre. This inspection was conducted following an application from the provider to register this designated centre as a standalone centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Previously this centre was inspected as part of another designated centre.

How we gathered our evidence:

As part of the inspection, the inspector visited the designated centre, met with three

residents and spoke with the person in charge and three staff members. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Over the course of this inspection residents communicated in their own preferred manner with the inspector. Residents allowed the inspector to observe their daily life in the centre. This included meal times and activities. The inspector spoke with three residents, some residents allowed the inspector to view their bedroom. One resident stated "I love living here, as I have my own independence and space and that makes me happy here".

#### Description of the service:

This designated centre is operated by Sunbeam House Services Limited by Guarantee and is based in Bray County Wicklow. Three residents lived in the designated centre at the time of this inspection. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The inspector found the service provided was in line with the statement of purpose.

#### Overall judgments of our findings:

Eighteen outcomes were inspected against, and one outcome was found to be major non-compliance. The inspector found significant improvements were required in Outcome 7: Health and Safety and Risk Management in relation to the provision of emergency lighting, fire containment and risk management. Three outcomes were found to be moderately non-compliant. Seven outcomes were found to be substantially compliant and seven outcomes were found to be compliant.

The person in charge along with the assistant manager facilitated the inspection.

All proposals outlined and plans agreed will be verified at the next inspection.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the privacy and dignity including both civil and religious rights of residents were promoted. Residents were afforded the opportunity and encouraged to make choices and these choices were respected.

The inspector found systems in place to consult with residents in a manner suitable to their needs. Residents also had meetings within the centre with agenda items on topics such as, social outings, and a house party was held on the 09 September to celebrate the residents moving in together.

Residents were consulted in relation to the interior design of the centre. This included the purchase of furniture and personal items.

There was a complaints policy and procedure in place within the designated centre. There were no open complaints for the centre, the inspector viewed some closed complaints and found some required clarity. One complaint was made on the 26 June 2016, this was closed off. However, there was no record available in relation to the resident's level of satisfaction with the outcome or when the outcome of the complaint was communicated to the resident, available within the centre. The inspector found this practice did not encourage or facilitate people to make complaints if the process outlined within the policy was not followed.

**Judgment:**

Substantially Compliant

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| <b>Outcome 02: Communication</b><br><i>Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.</i> |
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| <b>Theme:</b><br>Individualised Supports and Care |
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| <b>Outstanding requirement(s) from previous inspection(s):</b><br>This was the centre's first inspection by the Authority. |
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| <b>Findings:</b><br>The inspector found the centre ensured the communication support needs for residents' were met.<br><br>The inspector observed arrangements were in place so residents were supported and assisted to communicate in accordance with their identified needs and preferences. Some residents required the use of pictures to support their communication needs. Information was made available in pictorial format so residents could communicate in a person-centred manner. Three staff members had also completed training in the area of Lámh (manual sign system used by children and adults with intellectual disability and communication needs in Ireland).<br><br>Staff spoken with were aware of the communication needs for residents and these were clearly described in resident's documentation.<br><br>Residents were supported to develop and maintain personal relationships and links with the wider community. Families were also encouraged to get involved in the lives of residents.<br><br>Residents had access to radio, television, internet, social media and information on local events. |
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| <b>Judgment:</b><br>Compliant |
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| <b>Outcome 03: Family and personal relationships and links with the community</b><br><i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i> |
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| <b>Theme:</b><br>Individualised Supports and Care |
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| <b>Outstanding requirement(s) from previous inspection(s):</b> |
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This was the centre's first inspection by the Authority.

**Findings:**

The inspector found family, personal relationships and links with the community were being actively supported and encouraged.

There was also a policy in place which outlined that visitors were welcome in the centre.

Family members could and did visit the designated centre on a regular basis and were free to do so. Residents had pictures of family members in the centre.

The inspector observed the person in charge and staff team had gone to significant efforts to ensure that contact with family members formed part of resident's lives for example, maintaining contact with family members living in other countries.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector viewed written agreements and found all residents had a written agreement in place.

The inspector viewed the tenancy agreement this specified the tenant was responsible for all internal decoration and for any breakages of glass in the windows or any damage to fixtures and fitting. The document also stated the tenant was responsible for insuring the contents of their dwelling. The inspector was informed this document was not reflective of actual practice within the centre.

The inspector viewed service level agreements, these identified the cost to residents should they wish to go on a holiday to include the cost of the holiday and the staffing hours. The inspector asked for clarity around this additional cost, however, the person in charge stated they did not impose this cost to residents, and covered the cost of staffing within the overall budget.

The inspector viewed transition plans in place for two resident these detailed person-

centred interventions. All three residents were introduced to each other and the location in a phased bases. This included walks around the housing estate, locating nearby bus stops and visits to the house.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the social care needs of each resident was supported and facilitated in the centre.

The system of personal social plans within the centre involved personal outcome measures encompassing 23 quality of life indicators as an assessment. This plan was to be completed once every three years. The inspector was informed this system was currently under review. The information gained during the process contributed to the development of a personal plan. This plan was to be completed annually and reviewed every six months.

The inspector viewed all resident's social plans. The inspector found a wide variety of person-centred goals were identified ranging from holidays, money management and courses such as, first aid and computer class. These plans were completed in 2017 therefore, the effectiveness of these plans were yet to be completed. Staff identified how they would assess these plans to identify how effective the interventions within the goals set. At present there was a record maintained to identify the level of progress achieved in relation to goals set. Resident's also discussed how they were working towards achieving their goals.

The inspector spoke with all resident's in relation to their social plans and they were familiar with the plan in place.



**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the centre was suitable for the number and needs of residents. Improvements were required in relation to the internal appearance, as paintwork was peeling from some walls and also radiators were rusty in some areas within the house.

The designated centre was a two story semi-detached house. The ground floor consisted of a sitting room and a dining area with a separate kitchen. There was also a bedroom for one resident located on the ground floor. Upstairs there was three bedrooms, two were used by residents and one consisted of a staff office and sleepover room, there was also one bathroom located on the second floor.

The floor level on the ground level was at different levels from the dining area, residents identified this took some getting used to. The person in charge outlined one resident was currently being assessed in relation to their mobility needs and any environmental requirements would be put in place as required.

The centre had a garden to the back of the house with decking, work had been completed to ensure this was safe for residents and staff members, however, more improvements were required in the maintenance of this. Resident's used a portion of the garden area and had commenced to plant some flowers. Residents outlined the process in sourcing and planting the flowers along with the up keep of them. The other area of the garden contained items belonging to the landlord including a children's swing and a garden shed which required attention as the roof was falling inwards.

The inspector found that the centre meet the requirements of Schedule 6 in the regulations. For example, the centre was suitably heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation was available.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the designated centre was suitable for the number and needs of residents. Significant improvements were required in relation to the risk management system, fire containment measures and the provision of emergency lighting.

It was not clear if sufficient fire containment measures were in place, in line with the requirements of regulation 28. The centre also relied upon battery operated smoke detectors. These were not found to be providing adequate warning of fire as the inspector and person in charge found them not to be sufficiently audible when they were in the staff sleepover room.

There was no emergency lighting installed within the centre.

The inspector also viewed individual resident's risk assessments in place in areas such as, self harm, road safety and vulnerability in the community. Some of these required improvements in relation to residents remaining within the house without staff supervision. No duration was specified in relation to what was assessed as a safe duration for residents to be left on their own. The inspector also identified inconsistencies between documents as the resident's PEEP's (personal emergency evacuation plans) stated residents required the assistance of staff. No record was available to identify that residents were able to evacuate the centre without the aid of staff members.

The inspector viewed training records for ten staff members and found they had training in fire safety.

There was certification and documentation to show the fire equipment were serviced by an external company, this was dated January 2017.

The inspector viewed records of a fire drill dated 26 February 2017, all residents evacuated centre with the assistance of one staff member.

The centre had a health and safety statement. The responsibilities of the various staff members within the organisation were outlined. The statement referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices.

The centre had an organisational risk management policy in place, this included the

specific risks identified in regulation 26. The centre had a risk register, this recorded a number of risks within the house and the controls in place to address these. This required improvement to ensure all risk were identified such as, the regulation of hot water.

The centre had an emergency evacuation plan in place for a number of various events such as fire, adverse weather conditions, flooding and power failure.

There was a system in place for recording accidents and incidents occurring in the designated centre.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there were appropriate measures in place to protect residents from being harmed and to keep people safe. However, some improvements were required in relation to the management of displays of behaviours and staff training.

The inspector viewed training records for 10 members of staff and found they had received training in the area of adult protection and safeguarding training.

The inspector found staff members spoken with were clear in relation to the reporting structure in place should an allegation of abuse arise. Residents spoken with were also clear should they observe or experience aspects of service delivery in an inappropriate manner, who they would report this to.

There was a policy in place on the prevention, detection and response to abuse.

The inspector found staff members were not adequately guided in positive behaviour support, as the required plan was in development, and 8 out of 10 staff members had not received the relevant training.

There was a policy in place for providing intimate care and plans were in place for residents whom required support in this area.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Inspectors viewed the incidents log maintained in the centre and found incidents were appropriately notified to HIQA (health information and quality authority).

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that opportunities for new experiences and social participation for residents formed a key part of their social care plans.

Residents also engaged in a variety of social activities facilitated by both day and residential services.

During the course of this inspection it was found that residents were supported to engage in a range of both developmental and social activities of their choosing.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

#### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

#### **Findings:**

Each resident was supported to achieve the best possible health. However, improvements were required in the information contained in resident's healthcare plans to reflect actual practice and the follow through of healthcare recommendations.

The healthcare needs of residents were completed via a plan entitled 'my health development plan'. From this a care plan and or support plan was developed. The inspector viewed all resident's healthcare plans.

The inspector found some healthcare conditions were not identified within the assessment despite a support plan in place for the condition. The inspector also identified some conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need. The details contained within some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions. This was identified and discussed with the person in charge on the day of inspection.

The inspector found some of the interventions specified within residents care plans were not completed as identified within the plan, for example, weight monitoring and chiropody care. Some information contained within the health and well being plan was reordered differently within the social plan.

Residents had access to a G.P. (general practitioner), residents had received an annual review within the last 12 months, including phlebotomy tests as required for some residents due to medication prescribed.

Regarding food and nutrition, the inspector found residents participating in mealtimes within the centre in accordance to the residents' preferences in relation to food choices.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found medication management policies were satisfactory and practices described by the person in charge were suitable and safe. Improvements were required in relation to the stock balances maintained, to ensure these reflect actual stock within the centre.

The inspector found policies and procedures were in place for the safe management of medications. This related to the administration, transcribing, storage, disposal and transfer of medicines dated 01 September 2016. Medication was recorded when received.

The inspector identified some residents were facilitated to self administer their own medication with support from staff members as required.

All staff members had received training in the area of medication management.

Staff signatures were present within the signature bank.

The inspector observed all medication was stored in a secure, locked container and the keys to access the medication cabinet were held securely by staff.

There was a system in place for recording, reporting and reviewing medication errors a sample number of these were viewed.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found the statement of purpose did not fully meet the requirement of schedule 1 of the regulations.

The complaints procedure within the document required improvement to reflect the organisations policy.

The staffing levels within the document required updating to reflect the whole time equivalent posts required to staff this centre.

The organisational structure of the designated centre did not include the whole organisation structure for this designated centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found some improvements were required in the area of auditing to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The inspector found the person in charge had a template of audits to complete some had commenced and other would be commenced. However, older audits dated from August 2016 were viewed by the inspector and the action plans were not implemented

within the timeframe specified. Therefore, the inspector found the follow through of action plans from audits completed required improvements.

The inspector viewed minutes of staff meetings within the centre, areas relating to residents along with organisation issues were also discussed with staff members.

The person in charge met with their senior service manager to review service provision. The inspector viewed minutes of meetings dated 28 February 2017 and 28 March 2017.

The inspector viewed minutes of the person in charge attending the senior management team meeting.

The annual review of the quality and care was yet to be completed as the centre was not yet operating for 12 months as a standalone centre.

There was a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This reviewed the safety and quality of care and support provided in the designated centre. The inspector viewed one completed on the 23 March 2017 the action plan was yet to be identified.

The person in charge facilitated this inspection. From speaking with the person in charge at length over the course of the inspection it was evident they had knowledge of the individual needs and support requirements of each resident. Each staff members spoken with was complementary of the support provided to them from the person in charge. The person in charge was supported in their role by a senior service manager. The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the designated centre and the remit of the Health Act (2007) and Regulations. Throughout the course of the inspection the inspector observed residents knew the person in charge and were very comfortable in their communication with this member of staff. The person in charge worked on a full time basis within four designated centres.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.



**Findings:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre was resourced to ensure the delivery of care and support in accordance with the statement of purpose.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there were sufficient staff numbers deployed to meet the needs of the residents. Improvements were required in relation to staff training and information contained within staff member's files.

The inspector viewed five staff members files, improvements were required in the

provision of Schedule 2 records in relation to full employment history. The position the person held within the designated centre or has held within the designated centre, the work the person performs or has performed along with the number of hours the person is or was employed was not evident within some files.

The inspector viewed ten staff members training records; two staff required training in the area of first aid and one staff member required training in people moving and handling.

The inspector viewed the actual and planned rota.

These were no volunteers within the centre.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found there were systems in place to maintain complete and accurate records. However, improvements were required in relation to the establishment of a directory of residents.

The inspector read the residents guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the designated centre and a summary of the complaints procedure. However, some aspects required updating including what contributions are asked for.

Written operational policies were in place to inform practice and provide guidance to staff as required within Schedule 5 these documents were not reviewed during this inspection.

The inspector found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The inspector reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for this proposed designated centre.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |  |
|----------------------------|--|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Sunbeam House Services Company Limited by Guarantee |
| <b>Centre ID:</b>          | OSV-0003776  |
| <b>Date of Inspection:</b> | 12 April 2017  |
| <b>Date of response:</b>   | 31 July 2017   |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no record available in relation to the resident's level of satisfaction with the outcome or when the outcome of the complaint was communicated to the resident available within the centre.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**

Complaint has been reviewed and resident has stated that they are happy with the outcome

To ensure that all staff are aware of the complaints process from start to finish.  
That all necessary documentation is logged in client folder

**Proposed Timescale:** 30/08/2017

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The tenancy agreement in place was not reflective of actual practice within the centre.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**

Up to date tenancy agreements have been requested from the Housing Dept., awaiting same

**Proposed Timescale:** 30/08/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The paintwork was peeling from the walls and also radiators were rusty in some areas within the house.

**3. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**

Decorating of the location to take place after work has been carried out on the fire doors

**Proposed Timescale:** 30/12/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Systems in place in the designated centre for the assessment, management and ongoing review of risk required review. To ensure actual practice was reflected within the assessments viewed for individual and location risk assessments.

**4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

A review of all risks and risk register to be undertaken to ensure the all risks are included.

**Proposed Timescale:** 30/07/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

No emergency lighting was installed within the centre.

**5. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**

Funding has been confirmed and permission from the landlord awaiting confirmation from the contractor when he is available to start.

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Adequate arrangements for detecting and containing fires were not evident within the centre.

**6. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

Funding has been confirmed and permission from the landlord awaiting confirmation from the contractor when he is available to start.

**Proposed Timescale:** 30/09/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Eight members of staff had not received any training in positive behaviour support.

**7. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**

All staff will be booked on the first available training in CPI

**Proposed Timescale:** 30/12/2017

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff members were not guided effectively to respond to behaviour that is challenging and to support residents to manage their behaviours.

**8. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**

A behaviour support plan is drafted to aid staff to respond effectively

**Proposed Timescale:** 30/09/2017

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some conditions were identified within the assessment, however, no support plan was present in relation to the specific healthcare need.

Some care plans were not sufficiently detailed to ensure staff members could effectively implement the interventions.

**9. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

A review of each residents plan to be undertaken to ensure all required information in available

**Proposed Timescale:** 30/09/2017

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some treatment recommended for residents was not evident such as, chiropody care.

Evidence of some interventions were not completed as described within care plans viewed.

**10. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

**Please state the actions you have taken or are planning to take:**

All care plans to be reviewed and to ensure that all recommended treatment is available to residents

**Proposed Timescale:** 30/08/2017

### **Outcome 12. Medication Management**

**Theme:** Health and Development



**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The practices in place in relation to stock balances within the centre require improvement to ensure the actual stock balance was recorded accurately.

**11. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

Medication policy to be followed ensuring that correct practices are in place to record all stock balances

**Proposed Timescale:** 30/07/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The complaints procedure, staffing levels and organisational structure required improvement within the document.

**12. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Review of Statement of Purpose to be undertaken to include the improvement required

**Proposed Timescale:** 30/07/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored required improvement as auditing was at an early stage of implementation.

Follow through of action plans also required improvements.

**13. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

Internal audits in place to monitor the service. Follow through of action plans will be improved

**Proposed Timescale:** 30/08/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some of the information and documents as specified in Schedule 2 was not available within the files viewed.

**14. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**

HR dept. will undertake a review of Schedule 2 documentation on file to ensure the correct documents are on file

**Proposed Timescale:** 30/12/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Two staff members required training in the area of first aid training.

One staff member required training in people moving and handling.

**15. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

Staff to be booked on the next available first aid training

Staff member had received people moving and handling, staffs training record was not up to date on day of inspection.

**Proposed Timescale:** 30/12/2017

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no directory of residents within the centre.

**16. Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

**Please state the actions you have taken or are planning to take:**

Directory of residents is now in place

**Proposed Timescale:** 31/07/2017

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some aspects of the residents' guide required updating including what contributions are asked for.

**17. Action Required:**

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

**Please state the actions you have taken or are planning to take:**

Resident's guide to be updated to include what contributions are asked for

**Proposed Timescale:** 30/08/2017