



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

## Issued by the Chief Inspector

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| Name of designated centre: | Sunny Gardens  |
| Name of provider:          | Sunbeam House Services<br>Company Limited by Guarantee |
| Address of centre:         | Wicklow  |
| Type of inspection:        | Short Notice Announced                                 |
| Date of inspection:        | 08 October 2020  |
| Centre ID:                 | OSV-0005299  |
| Fieldwork ID:              | MON-0026369  |

## About the designated centre

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

Sunny Gardens is a designated centre operated by Sunbeam House Services and is situated close to a town in County Wicklow. It provides full-time community residential support for up to three people with disabilities. The designated centre is a two storey house which consisted of a kitchen/dining room, sitting room, a shared bathroom, three individual resident bedrooms and a staff sleepover room. The centre is staffed by the person in charge, social care workers and care assistants.

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

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                    | Times of Inspection  | Inspector    | Role |
|-------------------------|----------------------|--------------|------|
| Thursday 8 October 2020 | 10:15hrs to 16:15hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with the three residents living in the designated centre during the inspection. The inspector also observed care practices and elements of the residents daily lives on the day of the inspection.

The residents spoken with said they liked living in the centre and told the inspector about their interests including family, food, TV programmes and activities they enjoyed. The inspector observed residents engaging in activities of daily living including accessing the community, relaxing in their home and watching TV. The inspector observed that residents appeared comfortable in their home and positive interactions between residents and the staff team.

## Capacity and capability

The inspection found that there was an defined management structure and an established staff team in place which ensured the service provided was of good quality. Overall, the inspector observed that residents appeared content in the centre and staff interacted with residents in a respectful and caring manner.

There was a defined governance and management structure in place. The centre was managed by a person in charge who was suitably qualified, experienced and demonstrated a good knowledge of the residents and their needs. The person in charge was responsible for the management of another designated centre and was supported in their role by an experienced deputy client services manager. There was quality assurance audits taking place including the six monthly and annual review for 2019 as required by the regulations. These audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. A review of the staffing roster demonstrated that on the day of inspection the staffing levels were adequate to meet the assessed needs of residents. At the time of the inspection, a number of staff had recently been redeployed to the service due to the COVID-19 pandemic. The provider ensured continuity of care through covering gaps in the roster with members of the staff team and regular relief staff. Throughout the day of inspection, positive interactions were observed between service users and the staff team.

The provider prepared a Statement of Purpose for the designated centre which was up-to-date and contained all of the information as required by Schedule 1 of the regulations. This meant service users and their representatives had access to a

statement of purpose which accurately reflected the service delivered to residents.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that all incidents were notified to the Office of the Chief inspector as required under Regulation 31.

#### Regulation 14: Persons in charge

The centre was managed by a person in charge who was suitably qualified, experienced and demonstrated a good knowledge of the residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. The staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents.

Judgment: Compliant

#### Regulation 23: Governance and management

The centre had a defined management structure in place. There were a number of effective quality assurance audits in place to review the delivery of care and support in the centre.

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

## Regulation 31: Notification of incidents

All incidents were notified to the Chief inspector as required under Regulation 31.

Judgment: Compliant

## Quality and safety

The management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to residents. Overall, the inspector found that residents were supported to live a good quality of life in the designated centre.

The inspector completed a walk through of the premises accompanied by the person in charge. The designated centre was a two storey house which consisted of a kitchen/dining room, sitting room, a shared bathroom, three individual resident bedrooms and a staff sleepover room. Some residents proudly showed the inspector their bedrooms which were decorated in line with their tastes. Overall, the designated centre was decorated in a homely manner and well maintained. There were some areas of the designated centre observed by the inspector which required minor attention, however this was self-identified by the provider and scheduled to be addressed shortly after the inspection.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need in place. The assessment of needs informed the residents' personal plans. From a sample of personal plans reviewed, the inspector found that they were up-to-date and appropriately guided the staff team in supporting residents with identified needs.

The inspector found that residents' health care needs were managed to an adequate standard. Residents were supported to manage their health care conditions and had regular access to allied health professionals as appropriate. The healthcare plans reviewed were up to date and suitably guided the staff team to support residents with identified healthcare needs.

Residents were provided with appropriate emotional and behavioural support and there was evidence that residents were supported to access supports as required. A restraint free environment was promoted and, at the time of the inspection, no restrictive practices were in use in the designated centre.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Residents were observed to appear comfortable and content in the service throughout the inspection and residents

spoke positively about living in the designated centre.

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

There were appropriate systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal evacuation plan in place. Centre records demonstrated that fire evacuation drills were completed regularly.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. The inspector observed that personal protective equipment including hand sanitisers and face masks were available and in use in the centre.

### Regulation 17: Premises

The designated centre was decorated in a homely manner and well maintained.

Judgment: Compliant

### Regulation 26: Risk management procedures

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

Judgment: Compliant

### Regulation 27: Protection against infection

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

Judgment: Compliant



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| <b>Regulation 28: Fire precautions</b>   |
| There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. Centre records demonstrated that fire drills were carried out regularly.                 |
| Judgment: Compliant  |
| <b>Regulation 5: Individual assessment and personal plan</b>   |
| There was an up to date assessment of needs in place for all residents which identified residents' health and social care needs. The assessment of need informed the development of support plans.                                       |
| Judgment: Compliant  |
| <b>Regulation 6: Health care</b>   |
| Residents' healthcare needs were well managed and residents were supported to access allied professionals as required.   |
| Judgment: Compliant  |
| <b>Regulation 7: Positive behavioural support</b>  |
| Residents were provided with appropriate emotional and behavioural supports as required.<br><br>The centre promoted a restraint free environment and, at the time of the inspection, no restrictive practices were in use in the centre. |
| Judgment: Compliant  |
| <b>Regulation 8: Protection</b>  |
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There were systems in place to safeguard residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment  |
|---|-----------|
| <b>Capacity and capability</b>                        |           |
| Regulation 14: Persons in charge                      | Compliant |
| Regulation 15: Staffing                               | Compliant |
| Regulation 23: Governance and management              | Compliant |
| Regulation 3: Statement of purpose                    | Compliant |
| Regulation 31: Notification of incidents              | Compliant |
| <b>Quality and safety</b>                             |           |
| 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                              | Compliant |