Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Valleyview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 October 2019
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0024956

About the designated centre

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

Valleyview is a designated centre operated by Sunbeam House Services CLG. The designated centre located in a rural town in County Wicklow. It provides full-time residential care for up to 13 adults at any given time. The service provides support for older persons with intellectual disabilities and health care needs associated with age for example, palliative care and end-of-life needs. The centre is a one storey dwelling comprising of two joined residential bungalows. The centre consists of 13 single rooms with en-suite facilities, a sensory room, two living rooms, two kitchens and two dining areas, two utility rooms, two offices, family room and a number of shared bathrooms. The centre is staffed by a person in charge, staff nurses, social care workers, care assistants, cook and cleaner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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
09 October 2019	10:00hrs to 19:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with 11 of the residents living in the designated centre during the course of the inspection. Some residents communicated verbally while others used non-verbal methods to communicate. In addition, the inspector observed care practices and staff interactions with residents over the course of the inspection.

Overall, residents appeared relaxed and comfortable in their home.
Residents spoken with stated that they were happy in their home and spoke positively about the staff in the centre. One resident told the inspector of the history of the centre and of the activities they like to do in the centre which included word searches. Throughout the course of the inspection, positive interactions were observed between staff and residents

The inspector also observed some residents as they returned from home from work/day services and engaged in activities of preference in the house. These included reading the newspaper, discussing the events of the day, listening to music and watching TV.

Capacity and capability

Overall, the local governance and management arrangements in place provided effective oversight and ensured that the service provided was of a good quality. However, improvements were required in the arrangements in place in relation to volunteers.

There was a defined management structure in place. The centre was managed by a full-time person in charge who reported to a senior service manager, who in turn reported to the CEO. The person in charge was appropriately qualified and experienced and demonstrated good knowledge of the residents and their needs. The person in charge was supported in their role by an experienced deputy client services manager, who formed part of the local management structure for the centre. There were quality assurance audit systems in place which included six-monthly unannounced provider visits and an annual review of the service provided in 2018. In addition, audits in relation to medication management and health and safety were also carried out in the centre. Quality assurance audits identified areas for improvement and developed action plans to address areas for improvement.

Volunteers were utilised in the designated centre. While the provider and person in charge had some management arrangements in place with regards to volunteers, on the day of the inspection, it was not evident that all volunteers had their roles and

responsibilities set out in writing and a vetting disclosure in place. The provider submitted assurances within a short time frame after the inspection to the Office of the Chief Inspector of Social Services, outlining that volunteers are supervised when in the centre and they had begun the process of putting written roles and responsibilities and updated Garda Vetting in place.

The person in charge maintained a planned and actual roster for the centre. On review of a sample of rosters, the inspector found that there was a sufficient number of staff to meet the identified needs of the residents. At the time of the inspection, the centre was operating with two whole time equivalent vacancies (one staff nurse and one social care worker). The provider was in the process of recruitment to fill these vacancies. While the provider had made efforts to ensure continuity of care through covering shifts through the use of regular relief and agency staff, due to planned leave, continuity of care was not maintained at all times. The inspector observed residents appearing comfortable in their home, in the presence of staff and positive interactions were observed between staff and residents.

There were systems in place for the training and development of the staff team. From a review of the training records, there were some gaps in refresher training. However, these had been identified and refresher training had been scheduled to ensure the staff team were appropriately trained to meet the residents' identified needs.

Regulation 14: Persons in charge

The designated centre was managed by a person in charge who was employed on a full-time basis, suitably qualified and experienced. The person in charge demonstrated good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters for the centre. There was a sufficient number of staff in place to meet the assessed needs of residents. At the time of the inspection, the centre was operating with two whole time equivalent vacancies. Improvement was required as continuity of care was not maintained at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, there were some gaps in refresher training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place. There was quality assurance audits in place including the six monthly unannounced provider visits and annual review 2018. The quality assurance audits identified areas for improvement and developed action plans to address areas for improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained a statement of purpose dated October 2019 which contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

It was not evident that all volunteers active in the centre had written roles and responsibilities and a vetting disclosure in place.

Judgment: Not compliant

Quality and safety

There were systems in place to ensure that residents received a safe, quality and person-centred service. However, improvements were required in personal

plans, premises, oversight of restrictive practices and fire safety.

The inspector completed a walk through of the centre accompanied by the person in charge. The centre was decorated in a homely manner. Each resident had their own room which was decorated in line with their personal tastes. The centre is a one storey dwelling which comprises of two joined residential bungalows. The centre consists of 13 single rooms with en-suite facilities, sensory room, two living rooms, two kitchens and two dining areas, two utility rooms, two offices, family room and a number of shared bathrooms.However, improvement was required in the maintenance of the centre. For example, there were areas that required painting, plaster work and broken tiles in the bathroom. In addition, the storage arrangements in the centre required review. The inspector observed a number of assistive equipment stored in hallways and bathrooms when not in use. This had been self-identified by the provider in a recent health and safety audit.

The inspector reviewed a sample of personal plans and found that there was an assessment of need in place which consisted of a well-being review and personal plan. However, personal plans were not in place for each identified need. This meant that staff may not be appropriately guided to support residents with all needs. In addition, in one instance it was not evident that all recommendations from an allied health professional had been implemented. Residents were supported with their health care conditions and had regular access to appropriate health care professionals. However, as noted above care plans were not in place for every identified need. This is referred to under Regulation 5.

There were positive behaviour support plans in place for residents who required some support to manage their behaviours. The inspector reviewed a sample of behaviour support plans and found that they were up-to-date and contained information to guide the staff team. Residents had access to allied professionals such as psychiatry and psychology as required.

There were some restrictive practices in use in the centre and the person in charge maintained a restrictive practice register. From a review of the register, it was evident that restrictive practices were reviewed and efforts had been made to reduce or remove the restrictive practice. However, not all restrictive practices in the centre were identified including the use of gloves to manage personal risks related to self-injurious behaviour and PRN (as required) medication to support the management of behaviour.

There were systems in place to safeguard residents. There was evidence of safeguarding measures in place to manage an identified safeguarding concern and incidents of concern being investigated. Staff spoken with were clear in what constituted abuse and what to do in the event of an allegation or concern. The inspector observed that residents appeared content and relaxed in their home.

There were 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 resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each

resident to evacuate the designated centre. Centre records demonstrated that fire evacuation drills were completed regularly and there was evidence of learning from fire drills. However, improvement was required in the review of fire safety precautions to demonstrate that all persons could be safely evacuated in the event of a fire. For example, a review of fire drill records for the last year demonstrated that all residents were part of a day time drill, however it was not evident that one resident was part of a night time drill.

Regulation 17: Premises

The centre was decorated in a homely manner. However, improvement was required in the maintenance of areas of the centre and storage arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. However, improvement was required in the review of fire safety precautions to demonstrate that all persons could be safely evacuated in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of need, consisting of a well-being review and personal plan, was in place for each resident. However, care plans were not in place for each identified need and in one instance it was not evident that all recommendations from allied health professional were implemented.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported with their health care conditions and had regular access to appropriate health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behaviour support plans in place for residents who required some support to manage their behaviours. Residents had access to allied professionals such as psychiatry and psychology as required.

There were some restrictive practices in use in the centre and the person in charge maintained a restrictive practice register. However, the register required some improvement as it did not include all restrictive practices in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Valleyview OSV-0001705

Inspection ID: MON-0024956

Date of inspection: 09/10/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: At the time of the inspection, the centre was operating with two whole time equivalent vacancies. Improvement was required as continuity of care was not maintained at all times: The Provider has advertised for these posts and will be recruiting by 31/01/20	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: There were systems in place for the training and development of the staff team. From a review of the training records, there were some gaps in refresher training The Provider has identified the gaps in refresher training and staff are now scheduled to complete the relevant courses by 30/04/20	
Regulation 30: Volunteers	Not Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: The Provider is currently carrying out the vetting process for the volunteer 31/12/2019 The Volunteer has now received the organisation Handbook which includes roles and responsibilities 11/10/19	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The centre was decorated in a homely manner. However, improvement was required in the maintenance of areas of the centre and storage arrangements. The Provider is aware that there are some maintenance work to be carried on in the	

location, this is on the maintenance list to be completed by 28/02/2020 The Provider will have the storage arrangements in the centre completed by 30/11/2019	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Improvement was required in the review of fire safety precautions to demonstrate that all persons could be safely evacuated in the event of a fire. The Provider carried out a full night time drill of all residents on Tuesday 12/11/19	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Care plans were not in place for each identified need and in one instance it was not evident that all recommendations from allied health professional were implemented. The Provider is currently reviewing all Care Plans which includes Allied Health Professional recommendations and will be completed by 31/12/2019	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The register required some improvement as it did not include all restrictive practices in the centre: The Provider reviewed the Restrictive Practice Register and the identified restrictive practices is now identified on the register. Tuesday 12/11/2019	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	28/02/2020

	state of repair externally and internally.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/11/2019
Regulation 30(a)	The person in charge shall ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Orange	11/10/2019
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).	Not Compliant	Orange	31/12/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	12/11/2019

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			