



## Office of the Chief Inspector

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

Name of designated centre:	Hall Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 March 2019
Centre ID:	OSV-0001709
Fieldwork ID:	MON-0026626

## About the designated centre

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

Hall Lodge can provide support for up to five residents, both male and female, with an intellectual disability aged from 18 to 90 years. The centre can provide respite care and long term residential care. The centre caters for residents with high level of dependency, significant disabilities and medical issues. The current staffing compliment is made up of nurses, social care workers and care assistants.

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

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
21 March 2019	13:45hrs to 17:45hrs	Louise Renwick	Lead

## Views of people who use the service

Three residents were staying in the centre on the day of the inspection. One resident was not home during the day, and the inspector briefly met two other residents, as they were about to leave the centre for a social outing. The inspector observed staff supporting residents in a positive manner, and staff were responsive to residents' individual communication styles.

## Capacity and capability

While the provider demonstrated capacity and capability to provide services as outlined in their statement of purpose, the inspector found that the provider was not effectively planning for residents' needs in a strategic or proactive way. The operational management team had taken measures to promote the safety of residents with the aim of providing a safe and good quality service. However, further action was required to ensure all residents were living in an environment suitable to their needs, and that the mix of both residential and respite services within the centre was not negatively impacting on the quality of their care and support. In addition, the provider had not yet taken appropriate action to ensure the facilities could fully meet residents' needs.

The manner in which the centre was being operated was keeping residents safe from harm and managing risk. However, improvements were required to ensure all residents had suitable living environments, and that the provider was clear on the services being provided in the centre.

The inspector found that person in charge and the senior services manager were protecting residents' rights through managing admissions in a way that promoted positive outcomes for residents living in the centre full time. The centre was registered to cater for a maximum of five residents. The senior services manager informed the inspector that only two residents were attending for respite each day, while two full time residents were living in the centre, and the vacant bed would not be used at this time. This was to limit any disruption and negative impact. The senior services manager and person in charge were managing respite admissions in a way that was ensuring appropriate staffing supports were in place and that residents attending respite together got on well. That being said, there was an absence of clear plans from the provider to determine what this centre would provide and to ensure that resources were in place to achieve it. This had been an issue identified in previous inspection reports, when residents had been identified as requiring alternative living arrangements, transitions had not been done in a timely and planned manner. There was a lack of forward planning from the provider which

was resulting in delay for some residents being provided with facilities and living environments that met their individually assessed needs.

The inspector found that there was a consistent and stable staff team in place and residents were supported by familiar staff employed by the provider. In general, staffing levels were responsive to residents' needs. For example, extra staff was made available when residents with higher needs were availing of respite, and full time nursing support was available when required. Residents had been assessed by a relevant professional to determine the staffing requirements, and on the day of inspection residents had adequate staffing available in line with these assessments. However, on the day of the inspection the staffing available could not support a resident's transition to a single occupancy apartment that was attached to the centre and which the resident had been assessed as requiring. The inspector was informed that a request had been made for additional funding for this to occur.

Staff were provided with training in key areas by the provider, and refresher training on a routine basis. From reviewing records and speaking with the person in charge, it was apparent that there was a system in place to monitor training needs, and to ensure training was made available for staff who required it. There was a plan in place to ensure any outstanding training needs were addressed for all staff. There was a system of supervision in place by the person in charge, to ensure staff were effectively supervised on a formal basis. The person in charge was supervised by the senior services manager.

The inspector found that there were strong and effective operational management arrangements in place. There was effective oversight in place by the person in charge and the senior manager who met formally once every two months to discuss aspects of the care and support, to escalate issues or risk and to take appropriate action. The inspector reviewed the most recently available annual review for 2018 and found that the person in charge and senior manager had addressed any local issues in order to improve the quality of the service provided. An annual review was currently being conducted for the year 2019, and unannounced visits had been carried out on behalf of the provider. The inspector reviewed the most recent unannounced visit report and found that the person in charge had addressed any issues raised.

The inspector reviewed complaints and their management as part of this inspection. On review of records, the inspector found that complaints raised by residents or families were linked to the mix of residential and respite residents living in the centre and safeguarding issues between peers. While the inspector found that there was good resolution to each individual complaint and the complaints process had been followed, a formal long term solution to the issue had not yet been put in place by the provider.

Overall, while the inspector found that there was effective oversight and operational leadership by the person in charge and senior services manager, there was an absence of formal plans from the provider to address the issues that were impacting on residents' day to day lives and to ensure residents availing of both residential or

respite care received a good quality service.

### Regulation 15: Staffing

Residents who required one to one support had this in place. For residents availing of respite care who required full time nursing support, this was provided. There was evidence of increased staffing levels based on different support requirements, and the person in charge managed the staffing resources well in order to effectively meet these needs.

However, due to the requirement for additional staffing in the centre, a resident was not living in their available, optimal location and this was resulting in limited access to their own home during the day. Similarly, this was impacting on other residents' choice and control in the main house.

Judgment: Not compliant

### Regulation 16: Training and staff development

There was a system in place to identify the training needs of the staff team, and to plan for and provide training along with refresher training as often as outlined in the provider's own policies.

There was a system of formal and informal supervision in place for the staff team by the person in charge. The person in charge was supervised formally by the senior manager every two months. The person in charge held regular meetings with the staff team.

Judgment: Compliant

### Regulation 23: Governance and management

While good local oversight and management in place, the provider was not operating the centre in a manner that ensured residents were living in a suitable environment with sufficient resources to meet their assessed needs. This was resulting in the need for restrictive safeguarding measures in order to keep residents safe, and to promote a positive experience for all.

There was good communication between the senior services manager and the

person in charge, and evidence of regular meetings to discuss the centre and the care and support being delivered in the centre. The provider had ensured that unannounced visits to the centre were carried out on their behalf, and an annual review for 2018 was currently being done. The person in charge audited key areas each month such as care planning, day to day finances and documentation. The person in charge was responsive to areas identified in audits and reviewed, and took measures to bring about improvements in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place in the designated centre. There was evidence that complaints had been recorded, discussed with the person raising the complaint and resolution sought for individual issues. The person in charge was promoting an open culture of raising concerns.

Judgment: Compliant

### Quality and safety

While the inspector found that the person in charge was managing the centre in a way that kept people safe, and promoted good quality care and support, improvements were needed by the provider to ensure the service and supports were in line with residents' needs. As described in the statement of purpose, this centre provided both long term residential care and respite care. While the person in charge and staff team were managing this locally, the inspector found that the provider was not providing a suitable environment for residents availing of residential care, and the combination of both residential and respite care in this centre was having some negative impacts on people using the service.

Overall the inspector found that residents were safe in the designated centre, due to control measures being put in place by the staff team to manage the risk of harm from peer to peer incidents. This was due to some residents having a very structured day and long periods of time away from the centre as outlined in written safeguarding plans. Staff were fully aware of the measures in place to keep all residents safe, and the evening routine in the centre was well planned out to prevent any incidents from occurring. However, the inspector was not assured that the provider had put in place a long term plan to address this and to ensure the centre had a clear purpose and was providing suitable services.

There was an apartment adjoined to the main building, which was to provide an



individual home environment for one resident with one to one staffing support. This would provide a type of service in line with the resident's assessed needs, and would also alleviate the need for such structured management of the centre in the evening times in order to manage risk. However, until appropriate staffing was put in place, this transition to a single occupancy apartment could not go ahead. This meant that a resident frequently spent long days outside of their home, only returning to the centre to have a light meal and prepare for bed. While these control measures were meeting both the resident's current need for a quieter environment, and protecting all residents from incidents it could not be sustained in the long term. The current control measures in place to manage this risk did not allow all residents to relax and enjoy their home environment, or the centre while availing of respite. The control measures put in place to reduce the risk of harm, were restricting residents' freedom of choice and control.

The inspector found the centre to be clean and nicely decorated on the day of inspection. Bedrooms for residential residents were personalised and decorated to their individual taste. Bedrooms for respite residents were clean and tidy, and each respite resident had a box of belongings and personal items that were used to decorate their room prior to their stay. There was an apartment adjoined to the main building that could cater for one resident. Some maintenance works were required to the apartment, which the person in charge told the inspector had been requested. The main bathroom in the centre was still in need of upgrading at the time of this inspection. There were no shower facilities in the main bathroom for residents, and not all residents could use the bath tubs in place. Therefore, not all residents availing of respite could shower or bath while staying in the designated centre. This was raised at the last inspection in May 2018, and the provider had outlined that by August 2019 this would be addressed. While the senior manager outlined to the inspector that a funding request had been submitted for this work, at the time of inspection the bathroom facilities remained unsuitable for all residents, and were in need of address.

The inspector found that the person in charge had adequately identified, assessed and managed risks in the designated centre. There was a risk management policy in place to guide practice, and the person in charge maintained a centre risk register. Risks were discussed at meetings between the person in charge and senior management and there were clear pathways for high risks to be escalated to the senior management team. The inspector found that measures had been taken to alleviate or mitigate risks in the centre. That being said, the management of certain risks were impacting negatively on some residents. For example, some residents spending long periods of time outside of their home and structured and rigid evening routines.

The inspector found that residents' safety was promoted through effective safeguarding systems in the designated centre. There was a policy in place as required by schedule 5 of the regulations, and staff had received training in safeguarding vulnerable adults. Any safeguarding allegation, suspicion or concern had been managed in line with the provider's policy and national policy, and safeguarding plans put in place to reduce this risk. While the person in charge and staff team were following safeguarding plans and promoting residents' safety, more

long term solutions were required regarding the services on offer in the centre, and to ensure residents were living in suitable environments.

There was a system in place for assessing and planning for residents' health, social and personal needs. Information was in accessible format for residents, and there was evidence of promoting residents' understanding of self care. Residents had access to their General Practitioner and were supported through referrals to other allied health professionals. Information from allied health professionals was incorporated into residents' plans.

Overall, residents availing of respite care were offered a safe and clean place to stay, supported by a familiar and consistent staff team. Transport was available to support residents' to engage in meaningful activities outside of the centre, and their needs were assessed, planned for and supported. The person in charge managed the centre in a way that was promoting the rights of residents availing of residential care and promoted residents' safety. However, action was needed from the provider to ensure suitable living environments were provided for residential residents, with sufficient resources in place to meet their needs.

## Regulation 12: Personal possessions

There was adequate space available for residents to store their own possessions and belongings. For residents who were availing of respite services, the person in charge and staff team had gathered personalised items for each resident, which were then placed in their room before their stay to make their room more personal. For example, their own bed covers, photographs and personal belongings.

Judgment: Compliant

## Regulation 17: Premises

The premises were bright and open, and well maintained. On the day of inspection, the centre was nicely decorated, clean and homely.

The single occupancy apartment adjoined to the centre had its own kitchen, living room and en-suite shower room. Some minor maintenance issues had been identified to make the environment safer for the proposed resident, and the person in charge had requested this to be completed.

While there were two bathrooms for residents to use in the main house, these did not contain showering facilities, and were in need of upgrading. Not all residents availing of respite could use the facilities available and this resulted in some residents not being able to shower or bath during their stay. This had been given as an action at the last inspection in May 2018, and the provider had a plan to address

this by August 2019.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The person in charge and senior manager demonstrated a clear process for the identification, management and ongoing review of risk in the centre. The inspector found that risks were well managed in the designated centre. However, some control measures to alleviate some risks were restricting of residents' choice and control due to the way the centre was currently resourced. For example, some residents spending long periods of time outside of their home and structured and rigid evening routines.

There was a clear escalation pathway in place for any high rated risks to be brought to the senior manager, who maintained her own risk register of risks in the centre which were regularly reviewed.

Incidents and adverse events were recorded, and reviewed by the person in charge. A quarterly report was discussed between the person in charge and senior manager which reviewed all incidents, and monitored for trends, patterns or changes to supports that may be required.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that the issue raised at the previous inspection had been adequately addressed. Any medicine prescribed had clear documentation in place outlining the maximum dosage in a 24 hour period along with the reason for its use.

Medicine was securely stored in the designated centre, and administered by staff who were appropriately trained.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' health, social and personal needs. Adequate information was obtained for residents attending respite,

in order for staff to deliver appropriate care and support to meet their needs.

Residents' plans were accessible, and information had been provided in a format suitable to residents' needs and communication methods.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that residents' safety was promoted in the designated centre, and safeguarding systems were in place guided by the provider's policies. Safeguarding incidents had been recorded and managed in line with the provider's policy, and measures implemented to protect residents from harm.

Staff were provided with training in the prevention, detection and response to abuse.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Hall Lodge OSV-0001709

Inspection ID: MON-0026626

Date of inspection: 21/03/2019

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</p> <ol style="list-style-type: none"> <li>1. All required maintenance works have been completed in the apartment. Resident is now supported to access and use the self-contained apartment daily, Resident is supported to spend as much time as they wish here during the day and also have meals in the apartment.</li> <li>2. A business case has been submitted to the HSE to request additional funding to ensure the required staffing levels are met in order to fully transition the resident to the self-contained apartment. The provider will continue to highlight the importance of this and should funding become available arrangements will be made to ensure the required staffing is put in place.</li> </ol>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. Resident is now supported to access and use the self-contained apartment daily, Resident is supported to spend as much time as they wish here during the day and have meals in the apartment. This has removed the level of restriction from the resident as they no longer have rigid and structured evenings routines, this is now balanced in line with the residents wishes and activities.</li> </ol>	

2 .A business case has been submitted to the HSE for funding to cover staffing to support the resident at night. The provider will continue to highlight the importance of this funding to its funders.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
1. Funding has been agreed to complete required works to the bathroom. An architect has completed draft plans to refurbish the bathroom to ensure there are adequate washing facilities to suit the needs of all clients.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
1. Resident is supported with transitioning into their apartment, this transition has begun and has reduced some rigid structures that had been in place. Resident now has choice to be out of the Centre participating in activities or stay in their apartment during the day and evening should the wish. All efforts will be made to ensure there is a minimum level of restrictions in place for residents.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/06/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/08/2019
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	01/06/2020

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	01/06/2020