

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001702
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 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(s).

The inspection took place over the following dates and times

From: 22 July 2014 09:30 To: 22 July 2014 18:30

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

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

This centre is run by Sunbeam House Services (the provider) which is a company registered as a charity. It is governed by a Board of Directors with Mr John Hannigan (Managing Director) nominated to act on behalf of the provider.

The purpose of this inspection was to inform a decision for the registration of this designated 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 and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The inspector met with management, residents, and staff members over a one day

inspection. The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical records, accident and incident records, audits, equipment service records, medication management documentation, meeting minutes, policies and procedures, governance and management documentation, staff training records and staff files. Four residents resided in this designated centre which consisted of two separate locations. One location consisted of a large house with adjoining apartment and the other residence was a rented property in an urban location.

The inspector found that there was evidence of very good practice in this designated centre and a high standard of care delivery. The inspector noted there were some minor improvements required in order to be compliant with the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Some of the areas requiring improvement identified by this inspection included:

- Premises
- Contracts for Service Provision
- Records and Documentation
- Complaints (Organisational Review)

These areas for improvement are discussed in more detail later in the report.

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 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):

No actions were required from the previous inspection.

Findings:

Overall the inspector was very satisfied that residents' rights, dignity and consultation was facilitated within the designated centre. The inspector was satisfied that complaints made by residents were listened to and followed up. The inspector found that there was a minor improvement required at organisational level regarding the review of complaints.

The inspector found that residents were consulted with about how the centre is planned and run. The inspector met all residents who articulated clearly about their experiences of life in the designated centre. Residents were supported to achieve goals and individualised supports were tailored to meet residents need. The inspector observed a strong rights based ethos within the designated centre. For example, the inspector saw that residents were very well supported towards independence, community integration and developing interpersonal relationships. The inspector noted examples of good consultation with residents both personal plans and staff interactions with residents. Privacy and dignity was maintained within the designated centre with each resident having their own room and ample space throughout the designated centre to spend time in private. The inspector found that staff clearly knew all residents very well and were very sensitive to residents' moods and demeanour. Residents stated they were very happy in the designated centre.

The inspector found that a complaints policy and procedure was in place. The inspector spoke with staff and residents regarding complaints and reviewed residents and families completed questionnaires. The complaints policy was undated and the inspector found that there was a clear channel and procedure for making a complaint and this procedure was displayed within the designated centre. There was a four stage complaints resolution format with all complaints first to be addressed locally. Following this,

complaints went to a nominated complaints person in writing via the electronic system in place. The inspector noted that there was not a nominated review system of complaint responses, as is a requirement of the Regulations. However the inspector noted there were no unresolved complaints at the time of inspection. Residents could clearly identify to the inspector who they would go to if they had a complaint.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were able to communicate at all times. Effective and supportive interventions were provided to residents who required them to ensure their communication needs were met.

The inspector found that all residents communicated verbally and could articulate their needs, wishes and preferences to staff and management on an ongoing basis. Residents had access to various forms of media like television, radio, phones and internet and the inspector noted residents communicated with family and friends regularly. One resident was facilitated to communicate through expressive art and the inspector saw evidence of this on inspection. The person in charge was very clear that it was highly important that all residents had opportunities to communicate effectively within the designated centre.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were supported to develop and maintain personal relationships and links with the wider community. The inspector noted residents families were encouraged to get involved in residents lives.

The inspector saw evidence of family visiting the designated centre and participating in residents personal planning meetings. The inspector found that staff had a good knowledge of residents families and recognised the importance of maintaining good communication channels. Some residents went to their families for visits and one resident visited a family member independently on a daily basis in the local community.

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):

No actions were required from the previous inspection.

Findings:

The inspector found good practice in relation to the admission of residents into the designated centre. All residents were very happy with their living arrangements and in particular, the residents they lived with. The inspector noted efforts on the part of the person in charge to ensure service delivery was individualised. For example, two residents were facilitated to live quite independently (with professional support) in the designated centre. The inspector noted tenancy agreements were recently put in place for residents but was informed by the person in charge and senior service manager that residents did not have a written agreed contract in place. The inspector was informed the provider was aiming to address this area. As residents did not have agreed written contracts of services (inclusive of fees that are charged) in place this does not meet the requirements of the Regulations.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing was maintained by a high standard of evidence-based care and support. The inspector noted good evidence of individualised assessment and personal planning and saw that residents had good opportunities to pursue individual interests and preferences.

The inspector reviewed a number of resident's personal plans and saw appropriate evidence of comprehensive multi-disciplinary involvement and review. The person in charge ensured a quality system was in place whereby he received monthly updates regarding residents care planning and this ensured the effective management of care planning objectives. The inspector found all plans reviewed were of a high standard and were well maintained. Staff demonstrated good knowledge of residents plans and some residents discussed their plans with the inspector. It was clear that residents were very involved in the decision making process involved in their care services. Residents participated in a variety of activities such as swimming, cycling, reading, creative writing and meeting family and friends. The inspector found that residents social care needs were met to a high standard.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the physical design, location and layout of the designated centre was suitable to meet the assessed needs of the residents. However the inspector found that in the case of residents who lived in the more independent parts of the designated centre there were improvements required in the areas of cleaning and decorating of the premises.

The inspector found that the designated centre comprised of a large four bedroom house in a quiet estate. The house was adjoined by an apartment where one resident resided. Another resident resided at another location where the resident lived alone with the support of staff. Overall the inspector found that all residents had:

- Adequate private and communal accommodation.
- Space for social, recreational, dining and privacy.
- Kitchen facilities
- Adequate storage facilities.
- Ventilation, heating and lighting facilities.
- Baths, showers and toileting facilities.
- Laundry facilities.

The inspector spoke to residents who were happy with their homes and the space they had at their disposal. The inspector found that in the most part the designated centre was maintained to a good standard. However the inspector noted that in the separate location the premises required a cleaning, new flooring and painting. The inspector found that the current decor and flooring was not fresh or clean in appearance or smell.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had taken many precautions to promote the health and safety of residents, visitors and staff. The inspector was satisfied that health, safety and risk management practice was to a good standard. A new risk management policy was in place but was not yet signed off as implemented by the organisation.

The inspector found that there was a 2013 safety statement in place. The inspector found good practice in the area of risk management with each resident having a safety assessment plan that were specific to residents individual needs. The person in charge had further individualised the safety plans into pictorial format to make them more accessible to residents. The inspector found a very good culture of risk management balanced with residents needs to enjoy freedom and quality of life. The inspector saw continually updated information regarding risk management for residents.

The inspector noted the person in charge was also the health and safety representative and had appropriate systems in place within the designated centre. The person in charge and staff conducted monthly health and safety checks in the areas of fire drill evacuation, emergency lighting, first aid boxes, fire exits and ensuring residents were safe. The inspector reviewed this process with a staff member and with residents who were fully aware of all responsibilities. The inspector found documentation supporting checking systems in place that were regularly reviewed and updated. The inspector found that risk management protocols were in place and safeguarded residents. For example, the inspector found a local risk register had been implemented and the person in charge was very aware of his responsibilities in this regard. The inspector found a lone working protocol and specific guidelines in the event of an emergency including detailed procedures for staff to follow in the event of emergencies requiring full evacuation. The inspector found strong systems in place regarding the monitoring of risk and review of incidents. The person in charge maintained a very detailed series of risk management documentation/records that ensured his ongoing knowledge and management of the prevalent risks and control measures in the designated centre.

The inspector noted good practice and measures in place regarding fire safety. Staff spoken to were knowledgeable, equipment service records were up to date and fire drills and training had taken place. The inspector noted weekly alarm tests were being completed and an accessible assembly point was observed. The inspector saw evidence of daily, weekly and monthly checking systems in place regarding fire safety and equipment. The inspector noted equipment was serviced and maintained appropriately. The person in charge demonstrated a clear understanding and had systems to ensure learning from incidents. For example, one resident who was slow to respond in a full evacuation drill had additional supports to ensure his response time to the alarm improved. The inspector noted that all information pertaining to risk was clearly accessible to all staff.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had measures in place to protect residents from harm and the risk of abuse.

The person in charge and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found that all incidents, accidents and near misses were clearly differentiated and recorded appropriately. The inspector found policies on protecting vulnerable adults were in place. The inspector noted that one policy was in draft format. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff had been provided with training in the protection of vulnerable adults.

The inspector noted clear clinical records and recommendation of risks were maintained and updated associated with vulnerable residents. The inspector noted that this clinical guidance was directing practice and all staff were clear as to issues prevalent. The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. The inspector checked resident finances in the designated centre which corresponded with the last recorded account entries. The inspector found that all residents and their families were consulted with regarding their finances and each resident had their own bank account.

The inspector was satisfied that staff were knowledgeable about behaviours that challenge and behavioural support planning was in place and reviewed. The person in charge had a psychology background and was very aware of the complexities in managing behaviours that challenge and the importance of balancing resident rights with resident safety. Any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place. The inspector found these practices were appropriately managed and reviewed and are applied in accordance with evidence-based practice. All residents spoken to highlighted to the inspector that they felt safe and well cared for and were very complimentary about the staff caring for them.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events on display in the designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents general welfare and development needs were met to a very good standard.

The inspector noted that all residents had ample opportunities for new experiences and social participation. The inspector saw evidence that each resident had good support to participate in activities in accordance with their interests, capacities and developmental needs. For example, some residents attended day service while other residents chose not to. The inspector noted residents who did not attend a day service had individualised supports in place to meet their needs. The inspector noted residents enjoyed going out to discos, playing cards, cycling, writing, poetry, massages, collecting

train-sets. The inspector found that residents were facilitated and supported to participate in various activities that they enjoyed. Residents presented as very happy throughout the inspection process and staff members demonstrated very good knowledge about residents individual needs, wishes and preferences. Residents told the inspector they were very happy in their 'home'.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector was satisfied that all residents were supported on an individual basis to achieve best possible health.

The inspector found that residents had appropriate access to General Practitioner (GP), Psychiatry, Psychology, Physiotherapist, Dentist, Dietician, Massage Therapist, and Chiropodist. The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were regularly reviewed and monitored and any required medical or clinical intervention was sought/provided. Health plans were well documented in the residents' files and appropriately kept under review. The inspector found staff were knowledgeable regarding individual residents health needs.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Residents told the inspector the food was very good and they participated in the shopping and preparation of meals sometimes. Choice was facilitated through consultation with residents and the recording and rotation of menus. The person in charge had a fridge checking system in place to ensure all foods were in date and safe for consumption. Residents were encouraged to eat healthily and maintain balanced diets.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found an appropriate system regarding medication management whereby residents were protected by the designated centres policies and procedures.

The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management.

For example the inspector noted:

- A medication management policy (draft) was in place.
- Medication systems for the prescribing and administration of medication were in place.
- Medication checks, counts and recording systems were in place.
- Drug error procedures were in place and a clear reporting system of same was in place.
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place.
- Guidance for staff regarding medication types.
- Guidance for staff regarding all medication (Including PRN) protocols.
- Regular systems review by person in charge.

Residents' medication was stored and secured in the staff office in a safe and hygienic manner. Each residents medication was stored clearly and separately. The medication keys were held securely. All residents' medication administration records reviewed by the inspector had photographic identification and supporting resident information. All staff spoken to by the inspector demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

Judgment:

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents. The provider and person in charge understood that the statement of purpose is a working document and can change subject to changes in resident needs or the designated centre's service provision.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Throughout the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.</p> <p>The person in charge works full-time in the role of client service manager and is supported by a team of social care workers. The person in charge reports directly to a senior service manager. The person in charge also manages a day service and spends between 2-3 days per week in the designated centre. The person in charge stated structured management meetings occurred monthly with his line manager. The inspector was satisfied that good lines of communication existed between the person in charge and the senior service manager. The person in charge demonstrated a very good knowledge of legislation and was familiar with the requirements of the Regulations. The person in charge demonstrated a good commitment to continuous professional</p>

development and has completed a number of relevant and appropriate qualifications. For example, the person in charge has specific expertise in the areas of management, psychology and counselling.

The person in charge ensures resident's family members have a role in the designated centre by maintaining ongoing communication with residents families. The inspector was informed that family members were encouraged to attend the community house and visit. The inspector received feedback questionnaires from residents families who were very happy with the management in place. The designated centre has enjoyed good staff retention and a very experienced person in charge who has been in place for a considerable time. The inspector noted a very thorough management style that was focussed and person centred. The person in charge was not afraid to try alternative approaches and clearly knew residents needs very well.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems. The inspector was satisfied that the person in charge is appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that the senior service manager assumed full responsibility for the designated centre. The person in charge was aware of the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements 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:

Overall the inspector was satisfied that the designated centre was effectively resourced for the effective delivery of care and support in accordance with the statement of purpose.

The inspector found the centre to be suitably staffed and resourced from a personnel perspective. The designated centre used public transport for residents in addition to some staff using their cars. The inspector found that residents had appropriate access to suitable and well maintained equipment and facilities in line with their individual needs. The inspector noted the house was appropriately heated by gas heating.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector found a good continuity of care within the designated centre. The inspector found that residents support needs were met to a good standard.

The inspector reviewed the records relating to staffing and found that they contained all

of the information outlined in Schedule 2 of the Regulations. The inspector reviewed the training records which demonstrated that training was made available to staff with an extensive calendar of training provided. The inspector found mandatory training in the areas of fire safety, protecting vulnerable adults and manual handling was updated in line with the organisations own policies and guidelines. All staff received training in a variety of relevant areas such as first aid, medication management, managing behaviours that challenge, in addition to other relevant training. The inspector found that the provider and person in charge demonstrated a commitment to ensuring all staff training was up to date and had systems in place to ensure this occurred. The person in charge maintained a planned and actual roster which was seen by the inspector.

The staff interviewed demonstrated good knowledge and understanding of their roles and of each residents needs, wishes and preferences. The inspector saw evidence of good staff interactions with residents who appeared very comfortable and content in the company of staff. The inspector found appropriate supervision arrangements to be in place and staff spoken to informed the inspector they felt very supported and highlighted the person in charge as being forward thinking, approachable and accessible at all times. Staff informed the inspector they had no difficulty highlighting issues to the person in charge.

Residents were highly complimentary about the staff and the person in charge.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that the provider and person in charge maintained most of the required records, documentation and written policies listed in the Regulations, however, further improvement was required in relation to this outcome.

The inspector found that resident records and information were maintained to a high standard in a manner that ensured completeness, accuracy and ease of retrieval. However, on review the inspector found one instance whereby staff had not completed a progress report on a resident.

The inspector found that there was a directory of residents in the designated centre. The inspector found that regarding information provided to residents there was a residents guide within the designated centre however, as residents did not read, this was not fully accessible to residents. Staff stated that they ensured that residents were supported regarding their service at all times and the inspector saw evidence of this as described in previous outcomes.

The inspector found that the provider had the majority of Schedule 5 policies and procedures in draft format but these were not yet signed into practice. The inspector found that with the exception of a policy on 'monitoring of nutritional intake', the provider had Schedule 5 draft policies developed. While existing policy and some draft policies were also present in the designated centre the Regulations clearly require the implementation of all Schedule 5 policies. The inspector found these policies were not implemented at inspection time. The inspector spoke about this with both the person in charge and senior service manager and both stated this matter was in the process of being addressed from an organisational perspective. The inspector was satisfied however that with the exception of this policy, records, policy and documentation were maintained to a high standard in the designated centre.

Judgment:

Non Compliant - Minor

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:

Conor Brady
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 report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001702
Date of Inspection:	22 July 2014
Date of response:	16 September 2014

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 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:

A nominated person was not available to residents to ensure all complaints are appropriately responded to and a record of same maintained.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all

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

complaints are appropriately responded to and a record of all complaints are maintained.

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

As per Policy, Within Sunbeam House Services the Manager of each centre/location will be deemed the Local Complaints Officer (LCO) for the relevant centre/location. The local complaints officer for the designated centre is the person in charge. Senior Services Managers are deemed to be Review Officers. Designated Lead Complaints Officer within SHS is Mr John Hannigan, Managing Director (MD). All relevant persons will be named on posters and displayed within all locations. All Staff and Service users will be inducted into the complaints process.

Proposed Timescale: 15/09/2014

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:

Contracts for the provision of services were not in place.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Service level provision documents will be sent to the individuals we support and/or their families on approval by HIQA and the process to complete same will be undertaken and completed within 3 months of approval with full implementation by 31st March 2015

Proposed Timescale: 31/03/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

All areas in the designated centre were not clean and suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Carpets replaced and painting to be completed in the areas considered in need of cleaning/ replacing. This to be undertaken by either the landlord or Sunbeam House Services.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All Schedule 5 policies were not implemented.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

The policies required in Schedule 5 of the Regulations have been completed. The policies are available to all staff. All staff are required to complete the on line training covering these policies by 30th September 2014.

Proposed Timescale: 30/09/2014