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A designated centre for people with disabilities operated by Sunbeam House Services Ltd, Wicklow

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Authors	Renwick, Louise
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**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-0001705
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	16
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 August 2014 09:10	12 August 2014 17:30
13 August 2014 10:00	13 August 2014 15:30

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 was the first monitoring inspection of this designated centre operated by Sunbeam House Services Ltd. As part of the inspection, the inspector visited the designated centre and met with residents and staff members. The inspector also reviewed questionnaires which had been completed by relatives of residents. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services Ltd is governed by a board of directors consisting of nine members, with John Hannigan as Chief Executive Officer (CEO). Mr. Hannigan is also the person nominated on behalf of the provider and will be referred to as provider throughout the report. The person in charge of this designated centre has been in

post since 2005.

This designated centre is made up of two large bungalows with access between the two through an internal adjoining door. In total, sixteen residents live in the designated centre on a full time basis, with eight bedrooms in each bungalow. The residents attend various day services within Sunbeam House from between three to five days each week. The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. There was effective leadership and guidance in place, as evidenced through the high level of compliance across all areas. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents at the time of inspection. There are six staff on duty during the day time to support the sixteen residents, along with the person in charge and administrative support.

The inspector found both the person in charge and the staff to be extremely knowledgeable on the individual residents that they support, and staff felt empowered to advocate on behalf of residents where required, to ensure they obtained a good quality of life. Interactions between residents and staff were warm and respectful, and residents appeared content and at ease in their home. Documentation were easy to retrieve and of a high standard to ensure both the social and health care needs of residents were clearly assessed and planned for. The person in charge had robust systems in place which provided strong oversight and leadership of the large staff team.

Overall, the inspector found that residents received a good quality service in this designated centre which was very clearly outlined in the centre's statement of purpose. Both the person in charge and the staff team were passionate about the care being delivered to the residents in this centre, which resulted in positive living experiences for residents. The inspector found that it was clearly evident that residents received a high standard of health and social care in this designated centre. There was evidence of compliance in 15 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Some areas were identified as requiring improvement at an organisational level across the other 3 outcomes, these were in relation to:

- the schedule 5 policies which were still in draft form and awaiting full implementation
- staff training for all staff in safeguarding and protection
- written agreements in relation to residents care

Findings from this inspection are outlined in the below report under the relevant outcome headings.

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):

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

Findings:

The inspector was satisfied that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings to discuss any changes and to gather residents' opinions. Some residents had particular responsibilities within the centre. For example, one resident tended to the rose garden, and one resident was responsible for filling the dishwasher.

The inspector found a good culture of advocacy was in place for residents in the centre, especially for residents who were not able to speak up for themselves. Each resident had three staff members who were key people in ensuring they were reaching for goals, and their needs and rights were being met. There was access to an external advocate should a resident require additional support in this area.

There was a transparent system in place to manage finances for residents who required this level of support. Accounts were securely kept, and well managed, and the inspector was satisfied that practices around the management of residents' finances allowed for protection against financial vulnerability. For residents who could manage their own finances, as determined by the money management assessments in residents' files, a secure box was available.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and safe storage of personal information. Although all bedrooms in the centre were similar in size and shape, each resident had a very unique personal space, suitable to their own tastes and interests. Staff had put a lot of effort into ensuring residents were aware of their rights, and photographic displays in the communal rooms explained about rights in an accessible format.

Likewise, the complaints policies and procedure had been amended to promote understanding by residents, through the use of simple language, photographs and pictures. The inspector was satisfied that there was an effective local complaints procedure in place. All complaints reviewed on the day of inspection were well documented and included follow up and learning gained. The person in charge had allocated time to meet with a resident daily who voiced regular complaints which were often unfounded. A behaviour support plan had been put in place for this resident along with referral to an allied health care professional. The inspector was satisfied that this resident was being supported and listened to with regards to their complaints, along with receiving the additional support required.

Overall, the inspector was satisfied that residents' rights, privacy and dignity were promoted, and that residents were consulted and involved in their care and the running of the designated centre.

Judgment:

Compliant

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):

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

Findings:

The inspector was satisfied that residents were assisted and supported to communicate at all times. Individual communication requirements of residents were highlighted in their care plans and support plans. For example, residents who required the use of photographs to assist with communication had this detailed in their plan, along with the practical support that staff could offer to enable them to communicate more effectively.

The inspector found that the designated centre used photographic and pictorial signs to assist residents with daily living. For example, there was a photo board to show what staff were on duty, a photo menu board displaying meals, and photographic guides to fire evacuation, residents' rights and the complaints procedure.

The inspector spent time with residents who showed the inspector their photographic diaries, which supported them to remember the important dates, events and people in their lives. Residents also had various types of photo books to act as discussion points in relation to their goals and their daily routines. The photo books assisted residents to communicate as effectively as possible, as well as being used as a tool used to assist residents who were queried with dementia to remember their past experiences.

The inspector found that residents had access to media, with televisions in communal areas and also available in residents' bedrooms. Video calling was available for residents to talk to families who lived far away, and the house was fitted with wireless internet access. There was a notice board of local events in the dining room.

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):

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

Findings:

The inspector was satisfied that relationships between residents and their families or friends were supported and encouraged in the designated centre. The inspector found evidence that residents were supported and encouraged to visit home as often as possible, with some residents staying overnight on weekends with their families. There was evidence of family involvement in setting the goals and care needs of residents. There was an open visiting policy in the centre, and video calling facilities were available to residents so that they could keep in contact with friends and family over the internet.

The inspector spoke with residents who enjoyed taking part in local community fairs and events, and evidence of this was on display around the centre. All residents had one to one time each week with one staff to encourage individual outings within the community to promote integration outside of the usual group setting.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that residents' admissions were in line with the criteria as set out in the Statement of Purpose. The person in charge of the designated centre had clear criteria for residents' admissions, as it catered for a particular need, and offered specialist service in relation to medical needs and palliative care. The organisation had a draft policy in relation to general admissions into Sunbeam House Services, which was not centre specific. However, the inspector was satisfied that there were transparent practices in place in relation to admission into this designated centre at the time of inspection.

The inspector reviewed tenancy agreements that had been signed for some residents. However, these agreements related specifically to housing, and did not clearly outline the services and supports that would be offered to a resident who lived in this centre, along with information on the exact fees charged. The inspector was aware that draft agreements were being drawn up across the organisation. At the time for this inspection, appropriate contracts for the provision of Services were not in place.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the care and support offered to residents reflected their assessed needs and wishes. The inspector found that each residents' wellbeing and welfare was maintained by a high standard of evidence based care and support. Most residents living in this centre, had complex medical support needs. However, the inspector found that there was an even balance of support offered to residents across all aspects of health, social and personal care.

There was an effective system of assessment in place to ensure residents' social care needs were identified, and evidence that these needs were planned for and met. A person centred plan was in place for each resident, and three key support staff identified for each resident, to ensure they were supported to achieve personal goals and aspirations. Various assessments had been completed and reviewed to ascertain the required supports a resident required in certain areas. For example, a money management assessment, a safety assessment.

The roster was managed in such a way to promote social activation for residents, as some residents did not attend day services full time, or had reached retirement and were no longer availing of a day service. The inspector found evidence that the person in charge had amended resources in response to changing needs in order to maximise the social experiences of residents. For example, allocating residents one to one staffing at set times in the week to ensure that they could integrate in the community outside of a group setting.

The statement of purpose described the designated centre as working with a palliative care approach. The inspector reviewed files and found that all residents had an end of life care plan in place, to ensure that when a resident approached end of life, their preferences, wishes and needs were respected in a holistic manner.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the design and layout of the centre was suitable for its stated purpose. The designated centre was made up of two large bungalows, which were connected through an adjoining conservatory. Each bungalow catered for eight residents, and had its own kitchen, living room, dining room and laundry facilities. Each bungalow also had a fully accessible adapted bathroom with parker bath and appropriate equipment to meet residents' needs. Storage and office facilities were adequate for the equipment in the centre. There was a multi-sensory room available in the centre for residents to use. Each resident had a single room with adapted en-suite

bathroom with a shower to meet individual needs. Some residents' bedrooms had been equipped with double patio doors to ensure safe egress in the event of an emergency, and most residents rooms had been adapted to suit their individual needs and wishes. For example, some rooms had roller wardrobes installed for residents who required them, other residents had requested the toilet be repositioned to better suit their mobility.

The inspector found that the centre was extremely homely and comfortable, and was well decorated and maintained. Residents had hung art work and craft that they had created in the centre, which offered a personal feel. There was adequate secure outside areas for residents to enjoy, with suitable outdoor furnishings. One resident had planted and maintained her own rose garden on the grounds.

The person in charge had appropriate systems in place to ensure all equipment was properly installed, maintained and serviced as required. The inspector was satisfied that the design and lay out of the building had been thought out and adapted to meet the individual and collective needs of the residents.

At the time of report writing, a fire compliance certificate had not been obtained for this centre. The provider was currently working on obtaining this for the application to Register.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. The inspector spoke with the health and safety staff representative, who explained the checking systems and procedures that were in place to promote health and safety in the centre. The inspector found that there was a good culture of health and safety, and documentation was clear to show ongoing review.

The inspector was satisfied that that there was adequate precautions to prevent and detect fire in the designated centre. The inspector reviewed documentary evidence to show that the fire detection and alarm system was routinely serviced and checked, along with the emergency lighting and fire fighting equipment, in line with requirements.

Staff carried out monthly full evacuations at various times to ensure all staff and residents were fully aware of the procedure in the event of an emergency. There was an evacuation plan in place, which was on display and an easy to grab residents list for roll call in the event of an evacuation. The inspector found that efforts had been made to ensure residents were aware of the fire and evacuation procedure, with visual displays in place using pictures and photographs to assist with understanding. For residents who had hearing difficulties there were visual lights to alert the sounding of the alarm. Residents with higher mobility needs had been offered bedrooms with double patio doors to ensure beds could be removed in the event of an actual fire.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre from both an environmental and clinical perspective. There was an active risk register which showed the inspector how all risks in the centre were identified, assessed and the control measures that had been put in place to reduce or alleviate the risks. For example, the storage of oxygen cylinders in the centre had been risk assessed, storage procedures had been secured in line with best practice, and the person in charge had informed the local fire officer of the location on the premises in case of a fire. Clinical risks were well identified and managed by the staff team and clinical risk assessment tools in place for residents who required it.

There was an accessible safety statement in place in the designated centre dated August 2013, and evidence that all staff had read and understood its contents. All staff had up to date training in fire safety and evacuation in line with the organisations policy.

Overall the inspector found that practices in relation to health and safety and risk management were robust, and there was ongoing review of systems in place by the staff team and the person in charge.

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

Findings:

The inspector found that residents living in the centre were safeguarded and protected from harm in the designated centre, with only some improvements required in relation to staff training, and the full implementation of the policy on positive interventions which was still in draft format.

An updated policy was in draft form at the time of inspection on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. The updated policy included a flowchart of responsibility to assist staff. On speaking with staff members, the inspector was satisfied that staff were knowledgeable on the policy, and the steps to be taken should they need to deal with a suspicion or allegation of abuse. There were additional procedures drawn up and implemented to ensure residents were safeguarded at all times. For example, there was a procedure in place for the masseur who regularly visited the centre on working alone with residents.

The inspector reviewed practices in relation to the protection of residents' finances as discussed under outcome 1, and found a robust and transparent system in place in the designated centre. Each resident had a completed money management assessment to determine how much support they required in this area.

There was a clear policy in place on the use of restrictive practices, which was detailed and based on national best practice. The inspector found that the designated centre promoted a restraint free environment.

The inspector reviewed a new draft policy entitled positive interactions policy, which outlined the use of positive behaviour support plans for certain residents. For example, residents who presented with unwanted behaviour or frustration due to poor communication. The inspector was not satisfied that the policy fully informed or guided staff on the approaches to be taken when dealing with behaviour, or offer clear guidance to staff. However, in practice, the inspector could clearly evidence that residents who required this level of support were provided with it, there were clearly documented support plans in place for residents and evidence of referral to external professionals where necessary. The gaps in the overall policy did not result in any negative outcomes for residents in this centre, and overall the inspector found that incidents were quite low in this designated centre, and were well managed through the use of adequate assessments and plans.

From reviewing the training records, the inspector found that eight staff had not received training in safeguarding and protection, and this training was planned for October and November 2014. This was the only improvement identified under this outcome.

Judgment:

Non Compliant - Minor

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The inspector reviewed the online accident and incident log for the designated centre, and was satisfied that a clear record of all incidents was maintained and, where required, notified to the Chief Inspector within the outlined time frame. Other notifiable events had also been submitted as required. The inspector noted a low accident and incident rate in the centre at the time of inspection.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that residents were supported to participate socially in activities, training and employment suitable to their age and interests. The inspector spoke with residents, and the staff team and found that residents were provided with suitable activation in line with their own goals, preferences and interests and relevant to their changing needs as they were getting older. During the two days of inspection, the inspector saw residents taking part in knitting and sewing, and going out into the community for shopping. Some residents had accessed the internal job coach and were working for a set amount of hours during the week. One resident had completed first aid training as part of the person centred planning process.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that residents were supported on an individual basis to achieve and enjoy their best possible health.

The inspector found that the person in charge, and the staff team had an excellent understanding of the complex health needs of the residents in the centre, which was clearly documented in the resident personal files. Access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' diverse health care needs. For example, the inspector saw evidence of referral to a clinical nurse specialist for residents who required an assessment in relation to dementia. A private psychology service had also been sought for residents, where staff felt they needed more professional guidance in relation to behaviours that were challenging. The inspector found that any identified need in relation to health care, had a clearly documented plan in place to show both the clinical and social support required to meet those needs.

Residents were encouraged to understand and, where possible take control of their own health, as evidenced in residents' personal folders which offered easy to read, and pictorial information on medication and conditions.

Residents in need of palliative care were facilitated with access to the community palliative care needs, as well as being supported by the staffing team. Residents who were identified as end of life, or palliative care had this clearly discussed and documented in their personal folders. There was a local procedure in place to guide a holistic approach to end of life care for residents, and staff nurses had received training in this area. Residents and/or their families' wishes in relation to end of life were recorded and respected where possible.

The inspector found that there was good selection of meals available to residents in the designated centre. Residents were encouraged to decide on the menu through the use of photographs at resident meetings. Residents who wanted to prepare their own meals were encouraged and supported to do so. Residents who spoke with the inspector expressed satisfaction with the food choices on offer. The inspector found that where advice had been sought by allied health care professional for a resident, it had been

documented and catered for in line with the support plan. Relevant tools were in place to assess risk of malnutrition if deemed necessary and appropriate action taken. The inspector observed residents enjoying meals and snacks throughout the day.

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):

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

Findings:

The inspector found that each resident was protected by the designated centre's practices in relation to medication management. Medication was managed in this location by the staff nursing team. There was an organisational policy for medication management in place which was based on national best practice. There was also a centre specific procedure which clearly specified and guided the practices for this location. The inspector was satisfied that there were very clear and robust systems in place in relation to medication.

There was ample secure storage for all medication on site, with evidenced checking systems in place to manage controlled drugs in line with legislation. Medication was stored appropriately, with room temperature and refrigeration temperatures checked regularly. Due to the medical needs of residents in this centre, the recording system for the administration of medication had been tailored to suit the needs of residents. Practices observed by the inspector in relation to the time and privacy for nurses to prepare medication, allowed it to be administered in a person centred and un-rushed manner. Due to the strong systems in place in relation to medication, there were very low medication errors.

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.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the statement of purpose was written in line with the requirements of the Regulations, and the services outlined were reflected in practice. The designated centre offered end of life and palliative care to residents, along with support for complex and/ or medical needs. The inspector was satisfied that residents received care in line with the statement of purpose.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that there was effective management in place in the designated centre. The person in charge is also known as a Client services Manager. The person in charge had been in post in this centre since June 2005, is a registered nurse, and has obtained additional qualifications in palliative care in April 2014. The inspector found that the person in charge demonstrated strong leadership and had robust systems in place to ensure the effective oversight of the provision of services in this centre.

The person in charge is responsible for three designated centres. The inspector is

satisfied that this is a suitable arrangement due to the close geographical locations of each centre, and the effective systems that the person in charge has in place. The person in charge demonstrated engagement in the operational management of this centre on a regular and consistent basis. Residents and family members were aware of who was the manager in charge, and felt that the person in charge was accessible and approachable where necessary.

The inspector found that there was a clearly defined management structure in place in the designated centre and the organisation as a whole. The person in charge reported directly to a senior services manager, who reports to the provider nominee. Staff and families were all fully aware of the lines of authority and accountability.

The inspector found that staff were encouraged to voice any concerns around the quality of the service on offer in the designated centre, and were motivated to act as advocates for the residents. This was evident from reviewing the complaints log, and the rights review committee forms that staff had completed on behalf of residents. There was also a staff forum available for staff to raise opinions or issues at an organisational level.

A system of audits had been put in place across all designated centres within the organisation by members of the senior management team, and the inspector saw evidence of some audits carried out in relation to this designated centre. For example, in health and safety in April 2014. A full formal annual review of the quality and safety of this designated centre had not been completed to date.

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):

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

Findings:

The inspector found that there were suitable arrangements in place for the absence of the person in charge in this centre. The person in charge was aware of their requirement to notify the Chief Inspector of any absence of 28 days or greater. The person in charge had a weekly allocation system in place which identified a nurse in charge for each shift. This staff deputised in the short term absence of the person in charge, for example sick leave, or annual leave, with additional support from the senior

manager.

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):

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

Findings:

The inspector was satisfied that the designated centre was resourced appropriately to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a budget allocated to this centre, of which the person in charge was responsible, and the inspector found that there was transparency around the planning and deployment of these resources. The inspector found that the resources were being effectively managed to promote person-centred care to residents. For example, at a time when a resident was approaching end of life, the staffing resources had been amended to ensure the additional needs of the resident could be facilitated.

The designated centre had a wheelchair accessible vehicle available for daily use. This facilitated some residents to attend day services, hospital appointments and other outings. Although the inspector reviewed complaints in relation to transport issues in light of recent ceasing of external transport services, the inspector was satisfied that the person in charge was managing the resources available to this centre to the best of her abilities, to ensure continuity of services to residents. The staff roster was reviewed and amended to promote maximum outcomes for residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector was satisfied that there was an appropriate number and skill mix of staff in the designated centre. The inspector reviewed the staffing roster and found that staffing levels were based on the assessed needs of residents and amended in response to changing needs. As mentioned under outcome 5 the person in charge had allocated set time for staff to ensure one to one time was offered to each resident to maximize social integration outside of the group setting.

The inspector found that there was a wide variety of education and training available to staff in the designated centre to meet the particular needs of residents. For example, palliative care, subcutaneous fluids and syringe driver training had been made available to the staff team. There was a clear training plan for the year, and a policy which outlined the mandatory and optional training available to staff. Staff spoke with the inspector and expressed that they felt they had good access to training. Training needs were identified in the area of protection of vulnerable adults as discussed under outcome 8.

The inspector reviewed staff files in the head office in Bray, and found there to be a robust system in place to ensure all information as required by Schedule 2 of the Regulations was sought and maintained. Staffing records with regards to this designated centre were found to be all in order. The inspector found that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and appraisal in place in the designated centre. Staff were supervised on a daily basis, with clear responsibilities for all staff members outlined on the use of allocation sheets. This gave the person in charge the ability to oversee that all aspects of care and support were being delivered as required, to promote positive living experiences for residents living in this designated centre.

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):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to residents was highly organised, and ensured the most pressing needs of residents were clearly addressed and met.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The provider had recently introduced an on-line system for maintaining residents' information, organisational policies and procedures and records such as accidents and incidents and adverse events. This on-line system was accessible to staff in the designated centre and was used to record only certain elements of care and support. For example, accidents and incidents. The inspector found that an on-line directory of residents was maintained up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, not all of these had been completed at the time of inspection, with some at various stages of development. The inspector found that staff members were sufficiently knowledgeable regarding the policies and procedures that were currently in operation and relevant to the designated centre. The provider had a plan in place to ensure all staff read all the updated policies, once approved, within one month. However, at the time of inspection policies and procedures were still being finalised. The inspector found that this centre had specific procedures in place in some areas to guide practice for the specific needs of the residents.

Staffing records were maintained as required as outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

Judgment:

Non Compliant - Moderate

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:

Louise Renwick
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-0001705
Date of Inspection:	12 August 2014
Date of response:	06 October 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreements that were in place did not outline the services to be provided, the exact fees to be charged, and details on the provision of services to residents specific to this centre.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

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

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Service level provision documents will be sent to the individuals we support and/or their families 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 08: Safeguarding and Safety

Theme: Safe Services

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

Eight staff required training in safeguarding of residents.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The remaining eight staff have been allocated and notified of the date they are required to attend this training. All staff have been allocated a date before the 30th December, 2014.

Proposed Timescale: 30/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies and procedures as outlined in Schedule 5 were not fully drafted or implemented at the time of inspection.

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