

eDeposit Ireland

Maranatha, OSV-0001704, 20 May 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Maranatha, OSV-0001704, 20 May 2021', [report], Health Information and Quality Authority, 2022-11-07, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 22:37:39
Link to Item	https://hdl.handle.net/20.500.14765/108121



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

Issued by the Chief Inspector

Name of designated centre:	Maranatha
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0001704
Fieldwork ID:	MON-0032243

About the designated centre

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

Maranatha is a designated centre operated by Sunbeam House Services Company Limited by Guarantee. The centre is located on the outskirts of a town in Co. Dublin and can provide residential care for four male or female residents over the age of 18 years. The centre can cater for residents who have moderate to high support needs. The centre is a two-storey dwelling which comprises of single residents' bedrooms, sitting rooms, a kitchen and dining area, shared bathrooms and staff offices. The centre is close to transport services, shops and recreational services. Staff are present in the centre both day and night to support residents living here. The designated centre is staffed with 5.85 whole-time-equivalent social care staff and is managed by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 May 2021	10:25hrs to 12:30hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

At the time of the inspection, the designated centre was empty. Since December 2020, no residents had been admitted to the centre, and the provider had used this time to complete upgrade works to the premises.

As part of this inspection, the inspector talked to three prospective residents who had been identified to move into this centre in the coming weeks. Two residents visited the centre during the day to talk to the inspector, while maintaining physical distancing and wearing face masks, and one resident talked to the inspector through a video call arranged by the person in charge.

Residents had been actively involved and consulted with, regarding their transition plan to move into this location from their current home. Residents were eager and excited to move in, and told the inspector that staff and the person in charge had been helping them to make plans and arrangements for this move.

Residents had been to visit the centre in March 2021, and had made decisions about the decoration; including what colour and type of carpet they would like, the style of tiles and the wall paint colours for the communal spaces. Residents had been given the opportunity to pick their own bedrooms, and these had been painted in a colour of their choosing. There was plenty of storage space in the bedrooms for residents to keep their belongings, and residents had made decisions about what furniture or belongings they wish to bring with them, and what items they would like to have new. For example, some residents had decided they wished to have a bigger bed and they were being supported to arrange this before the move.

Residents' needs had been assessed and considered in relation to the premises, with modifications made to bathrooms and facilities to ensure easy access for the residents moving in. This would reduce the risk of falls and other risks identified for residents.

Residents told the inspector that they were happy that the same staff team and person in charge would be working in the centre as part of the move, and they would have support from the staff team who they liked and who knew them well.

Residents had been given information on the new location, and had a photographic guide on the new neighbourhood and its amenities, including local bus routes; which was important for some residents who travelled independently. Residents had taken part in discussions and meetings about the move, the house renovation, the decoration, the new neighbourhood and what the most important things were to them, in relation to a house move.

Residents told the inspector that they were aware their rent or contributions would not change, and that they would be getting the same care and support as in their current designated centre. The contracts of care would only be changing in relation

to the location of their home, and the different facilities available to them in the new house.

Overall, this inspection looked at key regulations in relation to transition, consultation and decision making of prospective residents and risk management and safety systems. From reviewing documentation, and talking to prospective residents, it was apparent that the transition into the new location was well organised, person-centred and rights focused, and residents were very happy. The provider and person in charge had managed the premises upgrade and transitions in such a way that would ensure a good quality and safe services for people living there.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider demonstrated that they had the capacity and capability to operate a service that was person-centred and could meet the individual and collective needs of residents. The provider and person in charge had planned out and managed a transition for residents in a way that would meet their needs and put them at the centre of the decisions being made.

The provider had adequate resources to adapt the building in a way that would best support the needs of residents, and promote their safety through effective management of risk. For example, the design of one-level wet rooms to reduce the risk of falls, and bedrooms for residents downstairs to reduce the need to use the stairs.

The provider had appointed a full-time person in charge, who was suitably skilled, experienced and qualified. The person in charge was also responsible for the designated centre where prospective residents were transitioning from, and they were aware of residents' needs, wishes and requirements for the move into this designated centre.

There were adequate staffing resources in place, with a staff team of familiar and consistent staff to support residents during the day and night time, as per their assessed needs. Staffing rosters were planned in such a way to support residents' individual daily choices and routines.

The provider had a written statement of purpose that described the building, the facilities and supports that would be in place in this designated centre, and had ensured that prospective residents knew about potential changes to their written agreements for admission, including any changes to costs associated with their care

and support.

Overall, this inspection found that the provider had arranged and was operating the designated centre in a way that would meet residents' needs, and provide them with a safe and comfortable place to live.

Regulation 14: Persons in charge

The provider had appointed a person in charge who met the requirements of the Regulations. For example, they were suitably qualified and had over three years experience in managing social care services.

The person in charge worked with residents in their current location, and would support residents to transition into this home.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had identified the staffing personnel and roster plan for this designated centre, through planned rosters which were well maintained. There was a suitable number of staff and an appropriate skill-mix of staff that would be available to meet residents' needs. For example, social care workers and day services staff.

Residents would be supported by a familiar and consistent staff team, who knew them well.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to continuously monitor the care and support that would be delivered in the designated centre. For example, through an audit system completed by the person in charge, an annual review and six- monthly provider unannounced visits.

There was a management structure in place, with clear information and escalation pathways.

The provider was adequately resourced, to provide the facilities, care and support as

outlined in the written statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prospective residents had been given ample opportunity to visit the designated centre, in advance of admission. For example, residents visited the centre before building upgrade works and again after these had been completed and were able to visit the centre at any time they wished before the move.

Residents had been made aware that there would be no changes to the costs associated with their terms on which they would reside in this designated centre, and the location change would be reflected in their contract of care once they had moved in.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose which was a clear reflection of the services and facilities on offer. The premises, staffing arrangements and care and supports noted in the written statement of purpose, were a clear reflection of the findings and observations on the day of inspection.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that would ensure residents were in receipt of a service that was person-centred, was safe and offered a comfortable and pleasant place to live.

Since the previous inspection in December 2019, the provider had upgraded the premises, which enhanced the accessibility and the appearance of the designated centre. For example, the building had wide doorways and a downstairs wet-room with an extra large bath. The premises had been painted throughout the building and the kitchen presses had been upgraded, new tiles had been put into the kitchen and some bathrooms and the stairs had new carpet. The provider and person in charge had ensured the premises were amended to suit the particular needs of the

prospective residents. For example, there was three bedrooms downstairs for residents, and the banisters along the stairwell had been made higher to reduce risk. Residents spoke to the inspector about previous issues they had when using bathroom facilities that had steps, or high sides and they were looking forward to moving into the house and using the facilities with ease.

Each residents' bedroom had space for their belongings and personal possessions, with fitted wardrobes and smaller storage facilities in each room. Residents were in the process of planning out how they would set up their individual rooms, and which pieces of furniture they wished to bring into the house, or purchase new.

Residents had been supported to plan for their move into this designated centre, through transition planning and consistent engagement. Residents had been to visit the centre in March 2021, before any upgrade works had taken place to ensure they were happy to decide to move to this location. Residents had continued to visit the centre numerous times to make decisions about the decoration and to choose their bedrooms.

There were systems in place to identify, assess, manage and review risks in the designated centre, which were guided by a written policy. The premises had been designed in such a way as to reduce or alleviate known risks, and to provide a safe and accessible environment for prospective residents. The provider had identified a need for a gate across the entrance to the centre, to manage certain risks as the centre was located on a main road. Plans were underway to have this installed, prior to residents moving into the designated centre.

The provider had ensured effective fire safety systems were in place in the designated centre, with systems to detect and alert fire, fire containment measures, fire fighting equipment and emergency lighting.

The risk regarding COVID-19 had been assessed and arrangements put in place to keep residents, staff and visitors safe from potential infection. For example, there were written plans to guide staff in supporting prospective residents to isolate if this was required. Contingency plans and self assessments had been completed to identify how the provider would staff the centre should staff members be absent from duties. There were local measures in place to prevent the spread of infection also. For example, daily temperature checks and monitoring of symptoms. Residents understood the guidelines for physical distancing, wearing of face masks and hand hygiene.

Overall, the inspection found compliance with the regulations assessed. Prospective residents were eager to move into the designated centre, which had been designed, laid out and operated in a way that would offer a good quality service.

Regulation 12: Personal possessions

Residents were being supported to make arrangements to bring their own personal

belongings and furniture to the designated centre at the time of their move.

Residents had ample space for their personal belongings, both in their bedrooms and in other areas of the designated centre.

Residents showed the inspector the washing machine and dryer, and explained how in this location they would continue to take responsibility for their laundry, in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The designated centre was located in an area that was suitable to the requirements of prospective residents, and they had been supported to get to know the local neighbourhood and amenities.

The premises had been upgraded to a high standard. For example, the entire house had been repainted, the bathroom had been extended and upgraded and the kitchen had been painted and had new units installed.

The arrangements of schedule 6 had been provided for. For example, private bedrooms, and a suitable number of showers and baths.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge and staff team had supported prospective residents to plan for their transition into this designated centre, through ongoing discussions, photographic templates and involvement in decisions regarding the premises.

Residents had been provided with information on the designated centre and the services and supports available.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy, which guided practice in the designated

centre.

The person in charge had created a risk register for this location, that accounted for any identified or potential risks for residents, when living in this location. The inspector noted a decrease in certain risks for residents, through the move to this location which was designed to better suit their needs.

There were systems in place to identify, assess, manage and review risks or potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to. Documentation had been reviewed and amended in respect of this location for prospective residents. There was arrangements in place for adequate supplies of personal protective equipment, and local measures such as daily temperature checks and self-declaration forms from visitors once the designated centre was operational.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. Fire exits were clearly marked and were unobstructed with easy access to the outside, and identified assembly point. On admission to the centre, a fire evacuation drill would be carried out with prospective residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant