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Sunbeam House Respite Service, OSV-0001933, 05 March 2020

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

Issued by the Chief Inspector

Name of designated centre:	Sunbeam House Respite Service
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	05 March 2020
Centre ID:	OSV-0001933
Fieldwork ID:	MON-0026579

About the designated centre

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

Sunbeam House is a bungalow situated in the grounds of a complex, close to the centre of a rural town in County Leitrim. It provides 3 overnight places on any given night for respite care for young people aged from 5 years to 18 years. It provides respite to young people with a mild to profound Intellectual Disability and Autism. One place per night is available to a young person with Intellectual Disability/Autism who is a wheelchair user. Nursing care is provided based on the assessed needs of the young people and residents are supported by staff members both day and night. Sunbeam House Respite Service is only funded to be open on a part time basis. When attending respite, residents have access to amenities including, local playgrounds, parks, shopping, eating out, visits to the country and educational visits. The centre is comfortably furnished and decorated and is equipped to suit the needs of children. The house consists of 4 bedrooms (one bedroom is for a sleepover staff), wet room, bathroom, kitchen/dining, living room/lounge, and office/utility space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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 5 March 2020	11:00hrs to 17:30hrs	Eoin O'Byrne	Support

What residents told us and what inspectors observed

The centre was laid out to meet the needs of residents during their respite stays. There were pictures of residents who use the service and there was evidence throughout the centre that the use of visual aids to support residents was a prominent communication tool. There were visual planners and pictures of staff members that were scheduled to work available for residents to review.

The centre was homely and there were toys available for residents to engage with during their stays. The inspector met with one resident and observed positive interactions between them and the staff members that were supporting them. It was also clear that those supporting the resident were aware of their needs and preferences and of the residents communication skills.

A review of residents daily notes and personal plans displayed that the service was providing residents with a person centred approach that was leading to positive outcomes for residents during their stays.

Capacity and capability

Overall, residents were receiving good quality and safe service, that was leading to positive respite stays for residents. There were, however, some areas that required improvements including staff supervision practices and effective monitoring of the centres and residents' information.

The centre had a management structure in place that was supporting the effective delivery of care and support to residents during their respite stays. The provider had ensured that an annual review of the quality and safety of care and support had been completed. Actions had arisen from this report and these had been addressed by the provider and person in charge. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. There was a schedule of audits in place, but improvements were required in regard to the documentation and effective monitoring of them. The tracking of completion dates required attention, completion targets were being set but there was not a system in place that clearly showed when actions had been completed.

Attention was required in regards to the tracking of staff members refresher training dates and ensuring that the staff team was receiving supervision in line with the provider's policies and procedures. A review of the staff teams' training records showed that a large number of the team supporting the residents had not received

appropriate refresher training in one core area. The staff team had, however, received training in the area on the week of the inspection and this training was specific to the residents being supported in the centre. Whilst, staff had received the training there was, a long period where they had not received appropriate refresher training as per the regulations.

There was also attention required in regard to the frequency of staff members receiving supervision. Staff members' supervisions were not taking place in line with the provider's own policies and procedures. The sample reviewed were promoting learning for the staff team but were only taking place on an annual basis.

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations to HIQA. There were systems in place to review and respond to adverse incidents and there was evidence of the reviews taking place.

There was a staff team in place that was appropriate to the number and assessed needs of the residents. The staff team was made up of staff nurses and care assistants. A review of the planned and actual rosters highlighted that residents were receiving continuity of care as there was a consistent staff team supporting them. A review of a sample of staff files showed that the person in charge had ensured that they had obtained the information and documents specified in schedule 2 of the regulations.

The inspector spoke with two members of the staff team. They spoke of how they had access to training and that the training was developing the type of care being provided to residents. Staff members felt that they were supported and that they could raise concerns if necessary. A review of staff meetings minutes showed that there had been an increase in the frequency of meetings and that the meetings were being used to share information and generate learning in regards to how best support residents during their stays.

The centre had an effective admissions policy that was leading to positive stays for residents during the respite visits. The pre admission process was well documented and transition plans displayed the steps that were taken to support residents to feel comfortable in the centre before admission. Potential compatibility issues were reviewed by the centres management team and a review of meeting notes showed that pairings for respite stays were under review. Residents and their representatives had been provided with contracts for the provision of services. These contracts included the information as per the regulations and there was evidence of the most recent admissions or their representatives signing them.

There was an effective complaints procedure in place for residents which was accessible and age-appropriate and the provider had ensured that there was a record of complaints made. There were two recent complaints made by residents' representatives. These complaints were investigated promptly and any measures required for improvement in response to the complaints had been addressed by the person in charge or the provider.

Overall, while some improvements were required regarding the monitoring practices

in the centre and with the staff supervision process, residents were being provided with appropriate care and support when using the respite service and were in receipt of a good quality service.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Attention was required in regards to the tracking of staff members refresher training dates and ensuring that the staff team was receiving supervision in line with the provider's policies and procedures. Staff members had access to appropriate trainings

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a management structure in place that was supporting the effective delivery of care and support to residents during their respite stays. There was, however, improvements required in relation to the effective monitoring of aspects of the centres and residents information.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that residents were offered the opportunity to visit the centre prior to admission and that contracts of the provision of services had been provided to all residents.

Judgment: Compliant

Regulation 3: Statement of purpose
The provider had prepared a statement of purpose that contained the information as set out in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had ensured that there was an effective complaints procedure for residents and that it was accessible and age-appropriate.
Judgment: Compliant
Quality and safety
<p>Residents were being provided with a quality and safe service that was meeting their identified needs during their respite stays. There were however, improvements required with regard to the development and tracking of residents social care goals.</p> <p>Residents had received assessments of their health and social care needs and these assessments were guiding staff members on how best to support residents. A sample of residents person centred plans and personal plans were reviewed. The plans were being updated when necessary and the information gathering prior to residents' admission to the respite service was effective. The monitoring of residents' information was taking place and a sample of residents person-centred plans and plans of care were being reviewed on a monthly basis.</p> <p>However, the monitoring of residents' goals, with regards to their progress and achievement, required some improvement. The inspector observed that goals were</p>

being set for residents. There were, however, inconsistencies in the tracking of goal achievements for residents in relation to their social care needs. The provider and staff team (prior to this inspection), had already identified that there were some improvements required in relation to setting goals that were attainable for residents. This process was under review following recent training the staff team had attended.

The premises was designed and laid out to meet the needs of residents during their respite stays. It was clean and suitably decorated and there were toys and games available for residents to engage with.

The provider had prepared a residents guide in an accessible manner that met the requirements set out in the regulations. Residents were being supported to communicate in accordance with their needs and wishes. The inspector observed individualised communication supports for some residents and that there was information available to residents in an accessible format.

Residents had access to appropriate allied healthcare professionals and there were minutes of multidisciplinary team meetings taking place for some residents. Residents' medical needs and appointments were appropriately documented and there were guides on how best to support residents with necessary equipments during their stays.

Staff members had recently received training in the management of behaviour of concern including de-escalation and intervention techniques. A sample of behaviour support plans were reviewed and were found to be individualised and that some were completed in a manner that sought to educate the resident about their behaviours. Residents had access to allied health care professionals when necessary and there was evidence of regular multi-disciplinary team meetings being held for some residents.

There was a restrictive practice log in place and it was clear that the person in charge and staff team were seeking to promote the least restrictive approach for the shortest duration of time. The provider had also ensured that there were systems in place to respond to safeguarding concerns and the staff team supporting the residents had received appropriate training. There were also intimate care plans on file for residents that respected their dignity and bodily integrity.

The centre was being operated in a manner that respected the rights of residents during their respite stays. Residents' privacy and dignity was promoted and there were systems in place that reviewed respite pairings to ensure that residents did not impact negatively upon one another.

There were practices in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify record, investigate and learn from adverse incidents. Incidents were discussed at quality, safety and risk management meetings and also at team meetings. The inspectors reviewed individualised risk assessments and found them to be detailed. A review of adverse incidents information found that there were incidents where some residents were engaging in behaviours that challenge towards staff members.

These incidents were being reviewed and discussed at team meetings and multi-disciplinary meetings and learning was being promoted.

There were a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. The inspector found that the provider had ensured that personal emergency evacuation plans were in place and that regular fire drills were taking place.

Overall while some improvements were required with regard to the tracking of social care goals, residents were being provided with a quality and safe service that was meeting their identified needs during their respite stays in this centre.

Regulation 10: Communication

The provider was ensuring that residents were being supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents during their respite stays.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide in an accessible manner that met the requirements set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate precautions against the risk of fire and the provider had provided suitable fire fighting equipment in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had received appropriate assessments of their social and health care needs. Personal plans had been developed and there was evidence of personal goals being created for residents. The setting and monitoring of residents personal goals required attention. Prior to the inspection the provider had identified that current goal setting practices required review and steps were being taken to address this.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving appropriate health care.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were systems in place to safeguard residents

and that the staff team supporting residents had received appropriate training in relation to the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was being operated in a manner that respected the rights of residents during their respite stays.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunbeam House Respite Service OSV-0001933

Inspection ID: MON-0026579

Date of inspection: 05/03/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The tracking system for staff training will be reviewed. Where refresher training is required, it will be booked for those staff requiring it. This will be done once the Covid 19 crisis has passed as all staff training is cancelled at present.</p> <p>The staff supervision policy will be reviewed. All staff will have received supervision by 15/05/2020</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that all audits will have a completion date, and be signed off and dated when completed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All children's goals will be reviewed in line with information received at recent training. New goals will be set suitable to each child, have a named person responsible with appropriate review dates.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/05/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	04/06/2020
Regulation	The person in	Substantially	Yellow	30/04/2020

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/04/2020