

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
<b>Centre ID:</b>	OSV-0001701
<b>Centre county:</b>	Wicklow
<b>Email address:</b>	siobhan.murray@sunbeam.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Sunbeam House Services Ltd
<b>Provider Nominee:</b>	John Hannigan
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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:
25 June 2014 09:30	25 June 2014 18:30
26 June 2014 09:30	26 June 2014 13:30

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 monitoring inspection of a designated centre operated by Sunbeam House Services was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Sunbeam House Services is governed by a board of directors consisting of nine members, with John Hannigan as CEO. Mr Hannigan is also the person nominated on

behalf of the provider and will be referred to as provider throughout the report. Mr Hannigan is supported in his role by the senior management team which is made up of seven managers with a variety of roles and responsibilities. There are eighteen client services managers (CSM) across the organisation who directly report to the senior management team. Members of the CSM team are the identified persons in charge for the designated centres within Sunbeam House Services.

In total, eight adult residents live in this designated centre which is operated from a large, detached domestic house in a residential area. The majority of the residents attend a day service or are out at work during the day.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

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. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents. The centre was adequately resourced.

Residents were treated with respect and were encouraged and supported to lead independent lives. Residents were consulted about their care needs and had a say in the operation of the centre. Systems were in place to support residents with education and employment.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect residents from the risk of abuse.

While systems were in place to support residents to achieve their personal goals, there was a lack of a comprehensive multi disciplinary assessment to inform the personal planning process. The health care needs of residents were met, however, access to allied health professionals was not satisfactory for some residents. Residents had good opportunities for meaningful social engagement.

Improvements were also required to ensure that the physical environment was suitably assessed and adapted to meet the needs of all residents. Other improvements were required in the area of contracts of care for residents and the development of the complaints policy.

As part of this inspection the inspector reviewed questionnaire feedback submitted by residents and relatives. A high proportion of the distributed questionnaires was returned. The vast majority of feedback provided was very positive and complementary of the service provided and dedication of the staff. A small number of comments indicated some areas where improvements could be made and these

matters were followed up by the inspector.

These matters are discussed further in the report and in the action plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that residents were consulted with regard to the operation of the centre and with regard to decisions about their care. There was an effective complaints management system in place, however, some improvement was required with regard to the development of the complaints documentation.

Residents were consulted about how the centre was planned and run. Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required. There was a monthly residents meeting in the centre. The inspector read the minutes of these meetings and found that where issues were raised by residents they were promptly addressed by person in charge. Issues discussed included meal times, activities and laundry. Residents' views and preferences were recorded in relation to these areas and the person in charge attended to any changes that were requested.

Residents were responsible for making menu choices for each day of the week and residents were also involved in the grocery shopping. The person in charge had taken steps to ensure that all residents were registered to vote. Residents confirmed that a number of them had voted in the most recent elections.

Residents were supported and encouraged to have control over their own finances and there was policy in place to protect residents who required assistance in this area. Each resident had their own banking account. A risk assessment was carried out to assess residents' need for assistance with managing of finances. Where assistance was required, this was documented in the residents' documentation. There was a clear and accountable system in place for any transactions made on behalf of residents and all

transactions were accompanied by two staff signatures.

The inspector observed that residents' privacy and dignity was respected on both days of inspection. Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected and that no one entered their bedrooms without permission.

The inspector reviewed the systems and documentation in place for the management of complaints. A short complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. There was also a detailed complaints policy in place to guide staff. However, the complaints policy did not include all the relevant information required by the Regulations. For example, the person responsible for handling all complaints and the appeals procedure was not clearly identified. The policy also did not identify an independent person for monitoring the implementation of the policy. Residents said that they felt comfortable raising any complaints without any hesitation. Staff spoken to by the inspector demonstrated a positive attitude to complaints and viewed them as an opportunity to improve the service. The inspector read the complaints log and found that where issues were raised action was taken by staff to address these matters.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Residents were supported to communicate. However some improvement was required to ensure that there was input from the relevant allied health professionals for some residents.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. However, the inspector identified a resident, who had some degree of speech impediment. There had been no assessment or input from the speech and language therapist (SALT) or other allied health professionals in order to assess this resident's communication needs. The inspector found that this was an area for improvement. Access to allied health professionals is discussed further under outcome 11.

A number of documents, including some personal plans and resident's tenancy agreements, had been simplified and written in accessible formats in order to facilitate the varying communication needs of all residents. Additionally, some pictorial communication aids had been introduced into the personal planning documentation for some residents in order to aid their understanding.

**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:**

Residents were supported to develop and maintain personal relationships and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. The inspector noted that there was a visitor in the centre at the time of inspection. Families were encouraged to participate in the care of the residents and the inspector read the minutes of a number of family meetings which demonstrated the various ways in which families were kept up to date and involved. The person in charge showed the inspector a new "family contact" record which she had recently developed in order to record and enhance open communication with families.

A number of the residents told the inspector that they made their own arrangements to see family and friends on a weekly basis. The person in charge showed the inspector records relating to risk assessments and skills training which she had carried out with residents in order to support them to travel independently to see family and friends. Residents stated that they had made friends both within the service and outside through work and other social activities.

**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 admissions process was appropriately managed. However, contracts of care were not in place for the residents in accordance with the requirements of the Regulations.

There had been no recent admission to the centre and the majority of residents had lived in the centre for a considerable number of years. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

While residents had a tenancy agreement in place, there was no contract of care in place to deal with the service to be provided to the resident. The inspector was informed that this matter was being addressed at an organisational level and that contracts of care would be provided and agreed with all residents. All residents were charged the same weekly rate as per their tenancy agreement and there were no additional charges for service provided by the provider.

**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 found that residents were supported to live independent and fulfilling lives, however, the system of personal planning required some improvement in order to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described their preferred daily routines and their plans and ambitions and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities which ranged from work based activities in shops and offices, attending various day care services and leisure activities such as discos, bowling, cinema and attending concerts.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that while the personal plans were based on consultation with the resident and were focussed on improving the quality of residents' lives, the plans were not based on a comprehensive, multi disciplinary assessment of residents' needs. As a result the inspector found that some of plans did not address the needs aspirations and choices of residents in a comprehensive way. For example, some of the goals set for residents were activity based, such as a walking or going to see a show, and were not focussed on the overall care and development needs of the resident.

The personal plan detailed the actions and the persons responsible for ensuring goals were met. While personal plans were regularly reviewed, the inspector identified some areas where progress had not been made to support residents to reach agreed goals. The person in charge undertook to address this at the time of inspection.

Residents' personal plans identified the health care needs which residents had. In some cases, care plans had been drawn up to guide the care of the resident in these areas, for example, in areas such as oral hygiene and intimate personal care. However, the inspector was concerned that the personal plans did not deal with important health issues such as epilepsy, hearing loss and skin conditions. This matter is also referred to in outcome 11.

Resident's files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. There was good documentation in relation to residents' medication which aimed to educate residents about their medications and the purpose of each.

**Judgment:**

Non Compliant - Moderate

**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 premises was well maintained, comfortable and homely and while it met the needs of residents in many respects, it had not been sufficiently adapted to meet the changing needs of one of the residents. The amount of communal space available was limited.

The centre was well located in an urban area close to a well serviced public transport route. The premises consisted of a two storey detached residence which provided 10 bedrooms for 8 residents and 2 staff members.

While the majority of residents were independent and mobile, one of the residents had begun to use a wheelchair, due to changing needs. As discussed under outcome 11, the inspector was concerned that this resident had not been reviewed by an appropriate allied health professional with regard to mobility needs and the suitability of the domestic environment. The resident had expressed a clear wish to continue living in the centre. However, while some adaptations had been made to facilitate the use of a wheelchair, further improvements were required to meet the needs of this resident. For example, a number of the internal doors were not suitable, the flooring was not level in all areas to facilitate the movement of a wheel chair and the resident's bed had not been assessed with regard to its suitability. The person in charge had also identified that the shower chair did not fully meet the needs of the resident. The person in charge said that she was in the process of attending to these issues.

A number of residents were happy to show the inspector their bedroom accommodation. The inspector found that bedrooms were of a good size and were comfortably furnished. Residents stated that they choose the decor for their rooms and all stated that they were happy with the bedroom accommodation.

There was a satisfactory number of baths, toilets and showers to meet the needs of the residents. A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation. A separate laundry area was located in an exterior building in the garden. The inspector found that it was well equipped and provided ample space for residents to look after their own laundry.

The communal accommodation consisted of one large sitting room and a combined kitchen and dining area. The inspector found that while this arrangement usually met the needs of residents, there was insufficient space for staff or family members to dine

with residents during meal times. The inspector also found that the limited amount of communal space also restricted the ability of residents to invite friends and family to the centre as it was necessary to seek the agreement of all other residents before inviting friends around. The inspector discussed this matter with the person in charge and the senior service manager who stated that this matter was being addressed as part of an overall premises review at the organisational level. In the meantime the person in charge undertook to review the dining arrangements with a view to facilitating friends and family to share a meal in the centre.

A well maintained garden was provided and was accessible to all residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk in the centre. Risk assessments were routinely carried out where issues were identified. For example, the inspector read a number of risk assessments which related to residents carrying out activities independently, such as travelling alone on public transport. An individual safety plan had been developed for each resident and was available with the residents' personal planning documentation. The plan detailed the residents' safety needs when in the centre and when in the community. In addition to this, a missing person's profile had been created for each resident and contained detailed information including a colour photograph of the resident.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained on line. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. An audit of health and safety for the centre was carried on the 8 May 2014. The inspector read this audit and found that an action plan had been put in place

to address any identified issues, such as the shower chair referred to in outcome 6.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this a monthly fire drill was carried out and documented. The inspector found that residents were very aware of the fire evacuation procedures and were able to describe the procedures involved. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

**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 provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.

There was a policy on the protection of vulnerable adults which guided practice in this area. The inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. However, the training records indicated that two new staff had not yet attended mandatory training in accordance with the requirements of the Regulations. The person in charge stated these staff members were scheduled to attend this training in October 2014. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated.

The inspector observed staff interacting with residents in a respectful, warm and caring

manner. Residents and staff communicated freely between each other. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours if they arose. In the case of one resident who had recently exhibited some behaviours there was a proactive and supportive response by the person in charge and other staff in order to identify the root cause and address the matter. The inspector found that the resident and his family had been sensitively consulted. A number of multi-disciplinary meetings had taken place and the resident had access to and had been reviewed by the psychologist. The inspector observed that the resident had been given new work responsibilities and staff reported that this had a positive impact on the resident's behaviour.

There were effective systems in place for the management of restrictive procedures in the event that any were necessary. The inspector reviewed the records of a resident who was restricted from leaving the centre independently, for safety reasons. In advance of any action being taken as assessment was carried out by staff in the centre. The matter was assessed by the multidisciplinary rights review monitoring committee which was responsible for upholding the rights of the resident and monitoring and reviewing the situation on a regular basis.

As highlighted under outcome 1 systems and procedures were in place to ensure that residents were protected from the risk of financial abuse.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**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:**

Residents had opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and training much of which was provided through the Sunbeam House day service. Staff worked closely with the day service team in order to provide training which residents were interested in. Residents had completed training in computers, music and first aid. Some residents had also attended training provided by organisations outside the service, for example evening classes.

There was a system in place to facilitate residents to find employment. The majority of residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work activities in various areas such as cafes, offices and shops as this allowed them to regularly meet new people. Some residents also did voluntary work or voluntary roles within their day service, such as helping out with meals or in the kitchen.

Residents stated that they had busy social schedules. A number of residents described going abroad for holidays and also for weekend trips away. One resident was closely involved with a local church and liked to attend activities and trips planned by them. Other residents said that they liked to attend discos, go to the bar occasionally or attend concerts and musicals.

**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 found that residents' health care needs were met but some improvement was required in accessing allied health professionals.

There was an effective system in place to carry out an annual review by the general practitioner (GP) and residents were regularly reviewed thereafter. Residents' medical conditions were recorded and staff were knowledgeable about their management. A health and wellbeing plan had been developed for residents, however, as discussed under outcome 5 care plans for managing residents' specific medical conditions had not been developed. The inspector found that this posed a risk to residents as it could lead to inconsistent delivery of care in areas such as epilepsy, skin conditions and where residents had medical conditions which required routine monitoring.

Residents had access to a range of allied health professionals such as the physiotherapist, psychiatrist, optician, audiology and dental services and a record of all appointments was maintained. Some residents and their families managed their own medical appointments independently and reported the outcome of these to staff in the centre. However, the inspector was concerned that some residents did not have timely access to the appropriate health care professionals when needed. For example, an appropriate assessment had not been carried out for the resident referred to in outcome 6 who had changing mobility needs. As described in outcome 2 the inspector also identified a resident who had not been reviewed in relation to speech and language needs. The inspector found that this could potentially result in negative outcomes for residents and the person in charge undertook to address this. The inspector saw that residents were provided with education and training to take responsibility for their own healthcare needs where possible.

Measures were in place to adequately meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal. A range of alternatives were available if a particular resident did not like the meal which was prepared. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. One resident described going to weight management classes and described the supports staff provided to help reach weight reduction goals. Mealtimes were flexible and fitted around resident's social and work life. One resident required a special diet while another resident required a modified consistency diet. Both of these matters were documented in the residents personal planning documentation and staff were all very aware of these residents' individual requirements.

**Judgment:**

Non Compliant - Moderate



**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 policies and processes were in place for the safe management of medications.

There was medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that residents prescriptions were regularly reviewed and this process involved the pharmacist as well as the GP and the centre staff.

No medications requiring strict control measures (MDAs) were in use at the time of this inspection, however, appropriate procedures and storage facilities were in place in the event that any resident required them in future.

**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:**

There was a statement of purpose in place which met with the requirements of the

Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose had been designed in a format which was more easily accessible to residents. It accurately reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

**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 an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. Staff confirmed that she was present in the centre on a daily basis and it was clear that she was well known to the residents. She had a very good knowledge of the health and support needs of the residents. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The person in charge was involved in carrying out audits to assess compliance with the Regulations and Standards and she had undertaken training in auditing to facilitate this. The inspector was shown a number of audits which had been carried out. An action plan was generated for any areas of improvement which were identified. For example, a recent documentation and data protection audit within the centre identified the need for more secure storage units. The inspector observed that these had been provided.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service and the staff reported that they felt supported in their roles. A documented performance development system had been introduced for all staff in the organisation. The person in charge stated that she found that this was a good system for supporting staff and identifying any training needs.

**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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence. One of the senior service managers was responsible for deputising in the absence of the person in charge. The senior service manager demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

**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 found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge retained control over the budget for the service and showed the inspector records which she maintained in relation to this. The records indicated that sufficient funds were available for staffing and maintenance and decoration of the centre. The service had been provided within budget for the previous financial year.

**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 numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management and risk assessment.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were

available to residents and staff. There were no volunteers attending the centre at the time of inspection, however, the person in charge was aware of the documentation and supervisory requirements for volunteers.

**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 and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Satisfactory evidence of insurance cover was provided to the Authority.

**Judgment:**

Compliant

## 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:***

Gary Kiernan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
<b>Centre ID:</b>	OSV-0001701
<b>Date of Inspection:</b>	25 June 2014
<b>Date of response:</b>	24 July 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.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The complaints procedure did not include all the details required by the Regulations including the appeals process.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

All complaints are recorded through company CID system. A notification of all complaints is sent automatically to CEO.

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

Updated policy will be rolled out on 31st July and fully implemented by the 1st September 2014

**Proposed Timescale:** 01/09/2014

#### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Residents were not provided with a contract of care dealing with the service to be provided and the associated terms and conditions.

**Action Required:**

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

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

Admissions policy to be rolled out on the 31st July. Contract of Care, currently been worked on and will be in place as soon as is reasonably possible.

**Proposed Timescale:** 20/12/2014

#### **Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Personal plans were not based on an appropriate assessment of residents' needs.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All person plans are updated every six months or as individuals needs change. All current plans will be reviewed in line with multidisciplinary assessments and updated accordingly. All current personal plans to be updated by 1st October 2014

**Proposed Timescale:** 01/10/2014



## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The premises had not been suitably adapted to meet the needs of all residents.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Currently looking at sourcing a large table that can expand to accommodate extra people as required.

An appointment with the community occupational therapist 28/7/2014 to assess needs of resident using wheelchair, keyworker will discuss with OT what supports can be offered and outline any other changes that can be made at local level. All recommendations will be brought to the attention of senior management and a plan of action will be put in place.

**Proposed Timescale:** 30/09/2014

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

There was not satisfactory access to relevant allied health professionals for some residents.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Person with changing mobility needs:

Community occupational therapist to review needs, appointment on the 28/7/14

GP has sent a referral to Speech and Language therapist, to seek an up to date assessment

This person has attended on 21/7/14 a Senior Clinical Endocrinologist, now awaiting a report to advise on future care.

Resident referred to in outcome 6 had been referred to Speech and Language therapist,

awaiting appointment.

Resident with Mobility issues, care plan to implement any changes recommended to be in place 1st September 14.

**Proposed Timescale:** 01/09/2014