

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001710
Centre county:	Wicklow
Email address:	julette.kearney@sunbeam.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

09 July 2014 08:30

To:

09 July 2014 17:30

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 second 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, relatives 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, nine adult residents live in this designated centre which is operated from two detached domestic houses in a residential area close to a town centre. The majority of the residents attend a day service or are out at work during the day.

There was evidence of a high level of compliance 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. Actions identified at the previous inspection had been fully addressed resulting in improvements in the service provided.

There was an effective governance and management system in place. The centre was managed by an appropriately qualified person in charge. 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 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 and to reach their personal goals.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Improved fire safety procedures had been implemented since the previous inspection. Appropriate protection and safeguarding systems were in place to protect resident from the risk of abuse.

The health care needs of residents were met and access to allied health care professional had been improved since the previous inspection. Residents had good opportunities for meaningful social engagement.

Improvements were required in the area of contracts of care for residents and the development of the complaints policy. Further controls and safety procedures were required for medications which were transcribed.

As part of the preparation for this inspection residents and relatives submitted feedback questionnaires to the Authority. The inspector read these questionnaires and found that overall, residents and relatives expressed a high level of satisfaction with the service provided. Some of the feedback indicated where some improvements could be made and this was followed up and discussed with the person in charge.

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):

No actions were required from the previous inspection.

Findings:

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

Residents were consulted about how the centre was planned and run. There were regular residents' meetings in the centre. The inspector read the minutes of sample of these meetings and found that where issues were raised by residents they were promptly addressed by person in charge. Issues discussed included maintenance, noise levels in the centre, planned activities and laundry. Residents' views and preferences were recorded in relation to these areas and the person in charge attended to any changes that the residents requested. 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.

Residents' religious and civil rights were respected. Residents' religious beliefs were respected and a number of residents were supported to attend religious ceremonies as per their choice. The person in charge had taken steps to ensure that all residents were registered to vote. All residents, spoken to by the inspector, had voted in the most recent elections. Residents were responsible for making menu choices for each day of the week and residents were also involved in the grocery shopping.

Residents were supported and encouraged to have control over their own finances and there was a policy and satisfactory procedures 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. 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 throughout the inspection. Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected. Residents showed the inspector lockable storage space in their bedrooms which they used for valuable items. Residents had keys for their bedroom doors and said that no one entered their rooms 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 and did not provide sufficient detail to guide staff. For example, the policy did not identify a independent person for monitoring the complaints management process. Residents and residents, spoken to by the inspector, said that they felt comfortable raising any complaints without any hesitation. Residents said that the person in charge reacted promptly to address any issues which they raised. 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):

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with residents needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed.

In response to the previous inspection a number of residents were reviewed by the speech and language therapist (SALT). The outcome of these reviews was available on the residents' personal plans and staff were aware of any recommendations for assisting residents with their verbal communication. There were also systems in place to support

a resident who had a visual impairment. The inspector was informed that an employee had been involved in communicating written information, including personal planning documentation and information about the centre to the resident. A suitably adapted computer was also available to the resident. The inspector spoke to the resident who stated that the communication supports were adequate.

Residents had access to television, radio, social media and internet. Residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain positive 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. 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 inspector spoke to a number of relatives during the inspection who stated that staff in the centre were very supportive of them and consulted with them on a regular basis regarding the care of residents. Relatives stated that there was good communication between staff and the families and this helped to facilitate regular family visits.

A number of the residents told the inspector that they made their own arrangements to see family and friends on a weekly basis. Risk assessments and skills training had been carried out with a number of 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. Residents stated that they regularly went out to restaurants, musical events and community organised activities to socialise. Two of the residents were also involved in the Special Olympics which involved weekly training sessions and other events.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The 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.

Staff told the inspector that residents had tenancy agreements were in development to cover the terms and conditions of their accommodation. However there was no written evidence of this at the time of inspection. No contract of care, dealing with the service to be provided to the resident, was in place at the time of inspection. 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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The previous inspection found evidence of good practice and evidence-based care in relation to meeting residents social care needs.</p> <p>The inspector found this continued to be the case during this inspection. Each resident had opportunities to participate in meaningful activities appropriate to his or her interests. There was a good standard of personal planning and residents' assessed needs were set out in personalised plans which were developed and reviewed on a regular basis with the residents and their families.</p>
<p>Judgment: Compliant</p>

<p>Outcome 06: Safe and suitable premises <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The premises was well maintained, comfortable and homely and met the needs of residents.</p> <p>The centre was well located in an urban area close to a town centre and a range of a local amenities and public transport options. The premises consisted of a two adjacent, two-storey, detached residences which provided 10 bedrooms for 9 residents. Separate bedroom accommodation was also provided for overnight staff.</p> <p>A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were spacious and were comfortably furnished. Residents stated that they choose the decor for their rooms and all stated that they were happy with the bedrooms and the accommodation in general.</p>

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 provided and suitably equipped to meet the needs of the residents. An exterior building was also available for storage and exercise equipment.

There was satisfactory communal space in both houses. Communal accommodation consisted of a combined kitchen dining area and separate living area in both houses. The larger house which accommodated the majority of residents also had a separate conservatory which was comfortably furnished and provided a space where residents could meet visitors in private.

The exterior of both houses required repainting. The inspector discussed this with the person in charge and the senior service manager who stated that this work was planned in the near future in conjunction with an upgrade of the windows. A well maintained garden was provided to the rear of both houses and was accessible to all residents. Outdoor seating was provided for residents to enjoy the garden space.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Practices were in place to promote the safety and health of residents, staff and visitors.

The inspector reviewed the actions from the previous inspection and found that they had been addressed.

At the previous inspection it was identified that the system for raising the fire alarm was not satisfactory as the alarm system was not integrated and connected for both houses which make up the centre. The provider had taken action to address this matter and the person in charge activated the alarm system during inspection to demonstrate this. The inspector reviewed fire drill records and saw that they were carried out on a regular basis. A detailed record was maintained further to each drill and any issues identified during the drill were clearly recorded and discussed with the staff for learning. The inspector found that the residents were aware of the procedure to follow in the event of hearing the fire alarm. The inspector also reviewed fire safety training records and spoke to staff about the procedures to follow in the event of a fire emergency. Staff were

knowledgeable regarding fire safety evacuation procedures and the use of fire equipment. Staff stated that the regular fire drills were helpful and informative for both staff and residents. The training records indicated that staff members were provided with formal fire safety training at defined intervals.

An action in relation to the safety of residents who smoke was also identified at the previous inspection. The person in charge showed the inspector a risk assessment which she had carried out in order to address this matter in accordance with the centres policy on risk management. Residents had agreed a policy of no smoking within the centre and residents spoken to by the inspector said that all adhered to this policy.

The emergency plan had also been updated since the previous inspection and now provided sufficient detail in order to guide staff in the event of an evacuation or other emergency.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

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

The previous inspection found that not all staff members had attended mandatory training in safeguarding and protection. The inspector reviewed the staff training records and spoke to staff members and found that this matter was now satisfactorily addressed. All residents, spoken to by the inspector, stated that they felt safe in the centre and they could speak to the staff in the event that they had any concerns.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

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):

No actions were required from the previous inspection.

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 and residents' key-workers worked with the day service team in order to provide training which residents were interested in. Residents had completed training in computers, literacy and gardening. There were also systems in place to provide life skills training to residents when this was needed. The inspector found that a lot of this training was aimed at allowing residents to become more independent and covered areas such as travelling independently or managing money.

There was a system in place to facilitate residents to find employment and a number of residents had been allocated a jobs coach. 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 garden centres and farms. Some residents also did voluntary work in the community.

Residents had busy social routines and staff supported residents to become involved in social activities as appropriate. A number of residents described regular weekends away going for other holidays. Other residents said that they liked to out for dinner, 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the previous inspection it was found that residents' health care needs were met. It was identified that improved access to the SALT was required for some residents. The provider and person in charge had taken steps to address this matter in full. As discussed under outcome 2 a number of residents had been reviewed since the previous inspection and a record of these consultations was maintained on resident's files.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the areas identified for improvement had been addressed. However, some further improvement was required for transcribed medications.

The inspector found that new medication prescriptions and administration records had been introduced since the previous inspection. The inspector spoke to the staff members about these records and they stated that they found them more user-friendly. The training records showed that additional training in medication management had been provided since the previous inspection. A system was in place to ensure regular review of residents' prescriptions. Clear instructions were in place for PRN "as required" medications and staff spoken to by the inspector, understood these instructions.

Since the previous inspection, a transcribing step had been introduced to the medication management system in the centre. However, the inspector found that this step was being carried out by non-nursing staff members which was not in accordance with medication management guidelines. There was also no record of transcribed medications being checked by a second staff member. The centre's policy on medication management did not adequately guide the transcribing process.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place in accordance 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. It 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. Some further details were required in the statement of purpose in order to make it more centre specific. The person in charge undertook to address this at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

At the previous inspection it was found that there was an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that this continued to be the case. The centre continued to be managed by a suitably qualified person in charge who had authority and accountability for the operation of the centre. There continued to be a clearly defined management structure which residents and staff understood.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The 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):

No actions were required from the previous inspection.

Findings:

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

The centre was maintained to a satisfactory standard 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 funding for the centre. 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):

No actions were required from the previous inspection.

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 and relatives 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. Some of the feedback questionnaires indicated that staffing levels could be improved at certain times. The inspector reviewed this matter and did not find evidence that staffing levels were having an adverse impact on residents at the time of inspection. There were generally two staff members on duty and this reduced to one staff member during limited periods when a number of residents returned home for visits. Flexible working shifts had also been introduced to facilitate additional staff cover for activities and outings at the weekends.

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 as part of a previous inspection of Sunbeam House Services 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, diabetes management and epilepsy.

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):

No actions were required from the previous inspection.

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.

The required written operational policies had been developed and the person in charge had access to them, however, a number of them were in draft format and had not been officially implemented and presented to the staff. The inspector found that some further work was required to ensure that these policies were guiding practice. 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. Appropriate insurance cover was in place.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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 report¹

Centre name:	A designated centre for people with disabilities operated by Sunbeam House Services Ltd
Centre ID:	OSV-0001710
Date of Inspection:	09 July 2014
Date of response:	14 August 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 policy did not address all matters specified in the Regulations.

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:

The complaints policy is currently under review and the new policy and process will be in place by October 01st. 2014

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

Proposed Timescale: 01/10/2014

Outcome 04: Admissions and Contract for the Provision of Services
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Theme: Effective Services

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

A written agreement dealing with the service to be provided to the resident had not been developed for any resident.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Tenancy agreements are now in place. The provider has drawn up a support contract /agreement also and will issue to all residents.

Proposed Timescale: 01/11/2014

Outcome 12. Medication Management
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Theme: Health and Development

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

Satisfactory procedures were not in place for medications which were transcribed.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The administration of medication is regulated by the providers relevant policy and procedures, the provider have requested further clarity from the Authority on non - nursing staff transcribing.

Proposed Timescale: 30/11/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The required operational policies had not been implemented in full.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The provider has begun a phased launch of all SHS policies including those currently termed draft.

Proposed Timescale: 30/09/2014