Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Drumcooley
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	13 August 2020
Centre ID:	OSV-0004919
Fieldwork ID:	MON-0027495

About the designated centre

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

This designated centre is operated by Sunbeam House Services Limited and is based in Bray County Wicklow. The designated centre is a respite service that also provides day services for two female residents that present with complex needs. The designated centre is a two storey, four-bedroomed house located in a residential area. It is designed with specifications, decor and furniture to meet the specific needs of residents that use the service. Each resident has their own bedroom and use of a sensory room, changing room, bathroom facilities, kitchen, dining room, sitting room and back garden. The designated centre is staffed by a team of social care workers and care assistants and is managed by a full-time person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 August 2020	14:00hrs to 19:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

On this inspection, the inspector did not meet the two residents who avail of respite in this designated centre, due to the inability for protective measures to be fully followed while in the presence of residents. This was agreed with the person in charge as a control measure for the risk of transmission or infection of COVID-19.

In the absence of meeting residents, the inspector spoke with family members on the telephone regarding their experience of the designated centre and the care and support being provided to their relatives. Overall, family members were satisfied with the quality of care and support provided through the respite services in the designated centre. The family member noted the support of Sunbeam House Services Limited during the COVID-19 pandemic, and the continuation of a service for the residents during this time to ensure a consistent routine. Family members felt that staff had a good relationship with residents and treated them with kindness.

The inspector also spoke with staff over the telephone, to determine their understanding of residents' needs, good practice and infection control precautions. Staff demonstrated an excellent knowledge of the specific needs and risks for each individual in their care. Staff spoke respectfully about the residents they supported.

The inspector saw that the building was well maintained and designed specifically to meet the needs of residents attending respite. There was adequate private and communal space in the designated centre, and sufficient bathroom and toileting facilities. The inspector saw a trampoline and swings in the back garden for residents to use. A spare room upstairs had been changed into a multi-sensory space for residents and the centre was furnished with specific and appropriate furnishings to mitigate any known risks.

Capacity and capability

The provider and person in charge demonstrated the capacity and capability to deliver a person-centred service to the residents attending respite in the designated centre, which was safe and of good quality.

The designated centre was managed by a suitably qualified and experienced full-time person in charge, who had support for six hours a week from a deputy manager. The person in charge was also responsible for one other designated centre, and there were suitable arrangements in place for the oversight and management of both centres. In the designated centre, there were clear lines of

reporting, accountability and management, with the person in charge reporting to a senior services manager, who reported to the Chief Executive Officer (CEO).

The provider had made arrangements for an annual review of the centre along with six-monthly unannounced visits that assessed the standard of the care and support being delivered. In general, these visits found high levels of compliance with the regulations and standards.

The person in charge and staff team carried out regular audits in areas such as housekeeping, documentation, care planning, health and safety and staff knowledge. External audits were also carried out in areas such as medicine management.

Overall, there were strong monitoring systems in place to ensure the care and support being delivered in the designated centre was safe, good quality and in line with the regulations and standards. The person in charge arranged regular staff meetings, and the minutes of these meetings included review of practice. Information gathered through audits, reviews and observations was being collated, evaluated and responded to, in order to sustain and improve quality.

The provider and person in charge had responded to the needs of residents, through the provision of increased respite during the year, and throughout the COVID-19 pandemic had continued to provide both day services and respite stays for residents during this time.

There was a stable and consistent staff team of social care workers and care assistants in place in the designated centre. There was an adequate number of staff on duty each day and night to meet the current residents' assessed needs. Resources were well managed, to ensure respite stays only occurred at times when adequate staffing was available, and rosters were managed in a way to ensure residents' day to day needs were met. Planned and actual rosters demonstrating who was on duty at day and night time were maintained by the person in charge.

The inspector reviewed training records and spoke with staff, and found that there was a system in place to ensure all staff received training in mandatory fields, as determined by the provider. Refresher training was available for staff, as guided by the provider's policy. While some refresher training was required for a small number of staff, this had been affected due to the COVID-19 restrictions. However, training needs had been identified by the person in charge, and arrangements made for this training in the coming weeks.

Overall, this inspection found that the provider and person in charge were operating the designated centre in a manner that was safe, and highly specific to cater for the needs of residents attending respite services.

Regulation 15: Staffing

The provider has ensured that the number and qualifications of the staff team were appropriate to the current number and assessed needs of residents, the statement of purpose and the layout of the centre. Resources were well managed to ensure respite was planned for times when adequate and safe staffing was in place.

Residents received continuity of care from a stable and consistent staff team employed by the provider.

The person in charge maintained a planned and actual staff roster, which clearly reflected the hours worked in the designated centre, along with any additional responsibilities of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training to enable them to best meet residents' needs. A small number of staff required refresher training in some areas, and this was planned for and scheduled.

Mandatory training was identified through the provider's own policies, and staff were offered refresher training after a set period of time.

Staff were trained in the individual needs of residents, and routinely read protocols or guidance on specific care needs and how to support them.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall.

The inspector found that there was good local oversight in the designated centre and effective systems of reviews and audits to monitor the quality and standard of the care and support being delivered to residents.

The provider had completed an annual review along with six-monthly provider-led visits, which were unannounced, to monitor the safety and quality of the care and support provided. These reviews and visits generated an action plan to address

any concerns.

Judgment: Compliant

Quality and safety

The provider and person in charge demonstrated that they had the capacity and capability to operate and manage the designated centre in a manner that was resulting in a good quality and person-centred service for the residents attending respite. Some minor improvements were required in relation to residents' assessments and personal plans.

The location, design and layout of the designated centre was suitable to meet the needs of residents. The designated centre provided a bespoke respite and day service to meet the specific needs of the two residents. The provider had ensured customised furniture and appliances were in place, along with a small multi-sensory room also available. Each resident had their own bedroom during respite stay and there was space for the secure storage of belongings. Residents had been provided with a specific room in which their personal hygiene needs could be met with privacy, while ensuring staff could implement appropriate manual handling. Access to certain parts of the designated centre was restricted for residents, based on personal risks identified. The provider had recently replaced a decking area at the back of the house with a patio, and the back garden provided residents with a safe outdoor space. There was a sunken trampoline and swings for residents to use.

All staff had received training in safeguarding vulnerable adults and there was a clear pathway to be followed if residents, staff or families had any concerns or suspicions regarding residents' safety. The person in charge was aware of the reporting responsibilities for safeguarding concerns, in line with national policy and the provider's own procedure. There was evidence that national policy was followed for any safeguarding issue and families were kept informed of any safeguarding issues in relation to their relatives. If required, the provider had procedures in place for the management of safeguarding concerns that related to staff members.

There were a number of restrictive practices in use in the designated centre, to promote residents' safety. Any restrictive practice implemented in the designated centre had clear rational for their use, and these had proven effective at mitigating high risks. Restrictive practices were well monitored and used in line with best practice, and some restrictive practices had reduced in frequency over the past year. Staff had tried alternatives to some restrictive practices. For example using verbal direction in place of physical support at times of self-injurious behaviour.

As the designated centre provided respite care to residents, there was a requirement for assessments and plans to outline how their supports and needs would be met while attending for respite care. The person in charge had ensured that there was comprehensive information gathered to support residents' specific

needs. There was a system in place to ensure residents' needs were assessed and their supports drawn up in written plans. From the assessments and plans reviewed, the inspector found that they were clear and specific to each individual resident. Staff were aware of the content of support plans and how to give individual support to each resident. Support plans were reviewed regularly to ensure they were effectively meeting residents' needs. Some improvement was required to ensure that all interventions or support plans were reviewed by a relevant allied health professional. For example, psychology services or behaviour support specialists. The person in charge had made referrals for these services and had identified that this would further enhance the support plans that were already in place.

There was a risk management policy in place and the person in charge maintained a risk register for the designated centre. There was an escalation pathway so that identified risks which were at a particular risk rating were discussed with the senior manager and monitored and reviewed more frequently. From review of the risk register, and in speaking with the person in charge, it was found that there was a strong emphasis on risk management in the designated centre, and measures that were in place to manage and alleviate known risks were effective at keeping residents safe. Similarly, there was a system in place to record, review and respond to any incidents or adverse events that occurred in the designated centre. The person in charge used information gathered from adverse events to identify patterns or trends, and these were discussed at staff meetings.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were aware of measures to be taken in residential settings, to mitigate risk of infection. Personal protective equipment was available (if required) along with hand-washing facilities and hand sanitiser. Each staff member and resident had their temperature checked daily as a further precaution and records were maintained. The risk associated with COVID-19 was assessed through formal risk assessments. While some protective measures could not be implemented due to the needs of residents, this was also risk assessed and discussed with the staff team. The person in charge and staff team were balanced residents' rights as best they could with the requirement to protect them from any infection.

The inspector found that there was a fire safety systems in the designated centre. There was a fire detection and alarm system in place, emergency lighting, identified fire exits and fire fighting equipment in place. All systems and equipment were seen to be serviced and checked regularly by a relevant professional, and records were maintained. There were written plans for in case of an emergency that required an evacuation. There had been a small incident in the designated centre in the previous months, and staff had responded effectively and in line with the written procedure. Any learning from the incident was taken on board and used to improve processes. There were waking night staff on duty each night to support safe evacuation, should it be required.

Overall, the provider had ensured residents attending for respite were in receipt of a bespoke and person-centred service, with adequate facilities, staffing support and

care and support to meet their individual needs.

Regulation 13: General welfare and development

In the context of the restrictions that were in place in relation to COVID-19, the staff team had provided residents with activities suited to their wishes during their respite stays. Residents had access to a vehicle for outings such as walks in places of nature and had visited a drive-in cinema. Residents had access to a sensory room in the designated centre, and a garden with a trampoline and swings.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that premises of the designated centre were designed and laid out to meet the needs of residents.

The premises were clean and suitably decorated in line with residents' needs, and kept in a good state of repair externally and internally.

The matters of schedule 6 were provided for, with adequate heating, lighting, ventilation and waste disposal.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had put in place a risk management policy which offered clear guidance on the identification, assessment, management and response to risk in the designated centre.

In the designated centre, practice was reflective of the guidance in the risk management policy, with any identified risk assessed, reviewed and controls put in place to alleviate or reduce them.

There was a system in place to record adverse events or incidents and good oversight arrangements in place to ensure patterns or trends were identified, along with actions taken to reduce the likelihood of incidents reoccurring. There was a pathway in place to escalate risk to senior management and the provider, if necessary.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed. Staff were respectful of residents' wishes, and balanced residents' rights as best they could with the requirement to protect them from any infection.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, fire fighting equipment, emergency lighting, emergency exit lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were well maintained.

Staff had received training in fire safety, and this training was refreshed routinely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there was a system in place to assess and plan for residents' health, social and personal needs. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported in relation to it during their stay. Staff were aware of the specific needs and supports as outlined in residents' plans.

Some documentation required updating to ensure that all interventions or support plans were reviewed by a relevant allied health professional. For example, psychology services or behaviour support specialists.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate health care while staying in the designated centre, as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider. The staff team provided support to residents' family members to assist with health appointments or information.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had an excellent understanding of how to support residents' needs, and the risks associated with any behaviour of concern were well managed in the designated centre.

There were clear plans in place on how to respond to residents' needs, and staff were vigilant to any changes or potential trigger for each individual. There was strong supervision, and monitoring in place.

While there were a number of restrictive practices in place, these were well assessed and required to ensure risk was adequately managed. Restrictive practices were reviewed routinely, and used in line with best practice. For example, for the shortest duration possible, in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding residents and the prevention, detection and response to abuse.

The person in charge was aware of their responsibilities to investigate any safeguarding concerns, and how to report any suspicions, allegations or concerns in line with national policy.

Any safeguarding concern had been recorded, responded to and reported in line with best practice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Drumcooley OSV-0004919

Inspection ID: MON-0027495

Date of inspection: 13/08/2020

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individualised support plans relating to behaviours requiring support have now been amalgamated into one over- arching PBSP (Personal Behaviour Support Plan). The providers 'Behavioural Support Specialist' needs to review these completed plans, the new plans will be reviewed by the behavioural specialist by 30.10.2020	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/10/2020