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:	The Beeches
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 September 2019
Centre ID:	OSV-0003322
Fieldwork ID:	MON-0027102

About the designated centre

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

This designated centre can provide residential care for up to four adults (male or female) who are over the age 18 years. The Beeches supports people who have severe and profound learning disabilities and may also have physical disabilities. This designated centre supports residents who have a high level of dependency. Each resident is supported to manage their daily living activities with the support of staff. All residents are supported by a key-worker and are facilitated to avail of additional organisational and community multi-disciplinary supports such as social work, psychiatry, physiotherapy, psychology and counselling, where relevant. There are staff available to support residents all day seven days a week and sleepover staff at night time. The designated centre is managed by the person in charge and deputy manager and there are 13.3 whole time equivalent staff employed to work in this location.
The Beeches is a five-bedroom detached bungalow located in a town in County Wicklow. Residents are supported to participate in their local town by using the local shops, barbers, and restaurants. The designated centre has it's own vehicle which can cater for all residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
05 September 2019	12:45hrs to 20:00hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

Residents living in the designated centre communicated through alternative methods. For example, eye gaze, facial expression, vocalisations and use of pictures. The inspector spent some time engaging with residents in their home, and observed staff supporting residents with their meal and general daily activities. Staff demonstrated that they knew residents well and residents appeared content and happy in the company of staff.

Staff spoke respectfully of the residents they supported, and the inspector observed kind and warm interaction between residents and staff. For example, staff ensured that they were at eye gaze level when talking to residents and ensured residents who were sitting with their back to the door were informed if someone was walking up behind them.

During the inspection, residents were returning home from a holiday in County Roscommon. Residents were supported to enter their home through the front door which now had a ramped entrance that previously had not been in place.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate this designated centre in line with the regulations and standards, and to provide a safe and comfortable home for the three residents living there.

In the designated centre, there were clear lines of reporting, accountability and management. The designated centre was managed by a suitably qualified and experienced full-time person in charge, who had support from a deputy manager. There was a clear management structure in place in the designated centre, with the person in charge reporting to a senior services manager, who reported to the Chief Executive Officer (CEO). At the time of the inspection, a new person had been appointed to the role of interim CEO.

They had plans to visit to the designated centre in October in order to meet residents and staff. The provider had also submitted a plan to the Chief Inspector outlining improvements that would be made overall to improve the governance and management of the organisation at a provider level. This plan included improvements to the pathway of information about each designated centre to the provider, and tools that would be used to monitor and scrutinise information about designated centres and the care and support that they deliver.

The person in charge had responsibility for two designated centres. It was noted there were adequate operational management and oversight systems in place for this arrangement, for example, the person in charge was supported in their role by a deputy service manager.

There were monitoring systems in place which reviewed the standard of the care and support delivered to residents in the designated centre. The person in charge demonstrated effective oversight of the individual needs of residents, the care and support they received and the day-to-day operation of the designated centre. The person in charge and deputy manager carried out monthly 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. The provider had made arrangements for an annual review of the centre in addition to six-monthly unannounced visits that assessed the standard of the care and support being delivered. The inspector discussed the findings of the six-monthly review with the person in charge and determined that the local management team had taken appropriate and timely action to bring about improvements.

While the local management and monitoring systems were effective, improvements were required to ensure the provider carried out identified actions that were raised through Health Information and Quality Authority (HIQA) inspections in order to bring about positive changes. The previous inspection of this designated centre in October 2017 identified that residents could not safely access their garden, and there were barriers to residents' accessing their own home. The provider had informed the Chief Inspector of Social Services that works to address this issue would be completed by June 2018 which included installing a ramped entrance at the front door, hand rails and accessible pathways to the garden for wheelchair users.

On the day of this inspection, some of these works had just been completed during the summer period. For example, there was now a ramp at the front door entrance of the designated centre and the inspector observed residents using this entrance on the day of inspection. A safe pathway had been installed around the premises along with an even patio area at the side of the house. Large trees had been removed along the border of the property and secure wooden fencing put in place, along with improved parking facilities. These changes greatly enhanced the environment for residents and improved accessibility overall. That being said, some works were still in progress and the action overall had taken the provider a significant length of time to address.

Records of supervision, performance and management meetings between the person in charge and senior manager were maintained, and the inspector found there to be a clear agenda and follow-up on any issues discussed. The person in charge held regular staff meetings, records of these meetings were maintained and providing comprehensive detail with a clear plan of action to ensure continuous improvement in key areas regarding residents' care and support. Staff were appropriately supervised, both in a day-to-day capacity and through formal one-to-

one meetings by the person in charge.

There was a stable and consistent staff team in place, consisting of social care workers and care assistants. There was an adequate number of staff on duty each day and night to meet residents' assessed needs. The inspector reviewed training records and spoke with some 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. The person in charge and deputy manager had good oversight of the training needs of the staff team, and took measures to ensure staff had training that was relevant to their role, and kept up to date. Planned and actual rosters were maintained by the person in charge. Staff working in this centre had recently completed additional training in communication relevant to the needs of residents living in this centre.

There was a selection of policies in place in the designated centre in line with Schedule 5 of the regulations. The provider had prepared, in writing and had implemented a range of policies as required by Schedule 5 of the regulations. Some of the policies as required by the regulations required some minor updating and review.

Overall, the provider demonstrated capacity and capability to ensure the centre was adequately resourced with a stable and consistent staff team who were provided with sufficient training to meet residents' needs, there were policies in place to guide practice and a system of a audits and review to continuous monitor the quality and safety of the service being delivered. Some improvements were required to ensure the provider carried out actions to improve the designated centre in a timely manner.

Regulation 15: Staffing

The provider has ensured that the number and qualifications of the staff team were appropriate to the number and assessed needs of residents, the statement of purpose and the layout of the centre.

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.

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

The person in charge had ensured effective supervision was in place, both informal supervision of the day to day practice along with formal one to one meetings with each staff on a three monthly basis. Staff meetings were held on a regular basis.

Information on the Act, regulations and standards was available to the staff team in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the organisation overall. A person had been appointed to the role of interim Chief Executive Officer, and the provider was making improvements to their governance and oversight arrangements as outlined to the Chief Inspector.

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.

While the audits and reviews in general, identified that the centre was providing a good quality and person-centred service, some actions which were resource dependent had taken a significant length of time to be completed, with some outstanding works remaining.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of adverse events, the inspector found that any incident requiring

notification had been submitted as required and within the time-frame as indicated in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and implemented a range of policies as required by schedule 5 of the regulations. However, some of these policies required updating or review.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge demonstrated capacity and capability to operate and manage the designated centre in a manner that was meeting residents' needs and ensured a homely environment for residents living in the designated centre.

This designated centre was home to three residents, located just outside a town in County Wicklow. Residents living in this designated centre did not avail of day service or engage in employment but were supported by the staff team in the centre to spent time doing activities that were meaningful to them. Residents took part in various activities outside of the designated centre that they enjoyed, such as horse carting, animal therapy and visiting places of interest such as open farms, cinemas, coffee shops, going out in nature for picnics and getting involved in sailing events such as the Tall Ships. Residents were on holidays in County Roscommon in the days prior to the inspection, and returned home in the afternoon. From reviewing information in the centre, it was evident that residents were supported to remain connected to their natural supports, visiting families regularly and being supported to attend family events such as weddings.

Residents living in this designated centre were dependent on the staff team and management to advocate for their rights. The inspector found that staff engaged with residents in a respectful manner, including residents in conversations and supporting residents to communicate their wishes through their own methods. The person in charge had completed a review of residents entitlements, and had promoted better access to benefits and allowances. For example, ensuring residents had access to long-term illness scheme, and re-assessing residents' expenses to ensure residents were not overpaying long-stay charges. Residents had access to an independent advocate, if required and an independent advocate was linked in with the designated centre and staff were aware of this service and when it could be

used.

Each resident living in the designated centre had their own private bedroom as well as access to shared spaces consisting of the kitchen, large living room, a dining room conservatory, second sitting room and two bathrooms. The designated centre was seen to be homely and comfortable, with an open fire in the main living room. This designated centre has a large garden, and since the previous inspection a safe pathway had been put in place which would offer residents easy access to the lower part of the garden. The person in charge informed the inspector that hand rails were going to be installed along the pathway and a gazebo area would be added. The person in charge also spoke of plans to create a sensory garden space at the back of the house, and the installation of patio doors off a resident's bedroom so that they could access the sensory garden through their bedroom if they wished. While some of the fixtures and fittings in the centre were outdated, on the day of inspection some painting work was being carried out and the layout of wardrobes was being changed to better suit some residents' needs. There was sufficient storage for residents' belongings and in general the designated centre was nicely decorated and well maintained.

Residents' needs and preferences were assessed and planned for in the designated centre. On review of personal plans, the inspector found that the information was person-centred and gave a clear picture of residents' daily routine and their preferences for their supports and care. Personal plans were reviewed regularly and residents were receiving support in line with their personal plans. Residents' health needs were assessed once a year by their General Practitioner (GP) and through a health and well-bring plan completed by staff. The person in charge carried out monthly audits on personal plans to ensure information was up-to-date and relevant.

Residents had access to their own General Practitioner (GP), and were supported to avail of additional allied health professionals through referral to the primary care team or to allied health professionals provided by Sunbeam House Services, for example, physiotherapy, social work and counselling. Residents had access to psychiatry and psychology services as required. Where residents presented with behaviour support needs, clear behaviour support planning was in place to support staff to positively manage residents' presenting behaviour. These plans were reviewed by members of the allied professional team. While restrictive interventions were in use for some residents, these were agreed from a multidisciplinary approach and were to support safety and positioning, for example, lap belts and bed rails. There was a human rights committee in place in the organisation that reviewed all restrictive interventions regularly, with an aim to reduce if possible.

Residents appeared content in their home and in the company of staff. 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. Safeguarding plans were in place for any identified risk and increased supports for residents to promote positive behaviour support and to alleviate some issues that could cause upset to others.

The provider had ensured the designated centre was equipped with effective fire safety systems to protect residents, staff and visitors from the risk of fire. There was an alarm detection and alarm system in place, emergency lighting, fire fighting equipment and fire containment measures. Fire and emergency equipment was checked and serviced regularly by a fire professional. Evacuation drills were regularly carried out by practicing a variety of possible situations and the records reviewed demonstrated evacuations could be successfully completed. Since the previous inspection, the management team had purchased a mannequin to assist staff in practicing their skills in relation to the use of certain emergency equipment and staff had received training in fire safety and the use of this equipment.

There was risk management policy in place and effective systems for identifying, recording, assessing and reviewing risks in the designated centre. The person in charge maintained a register of all risks and efforts were taken to reduce or alleviate risks, where possible. There was a system in place to record any adverse event or incident in the designated centre, and the person in charge and senior manager had good oversight of all incidents in order to identify patterns or emerging trends that required response.

Overall, the designated centre was being managed and operated in a person-centred manner, with effective systems of oversight to ensure residents were receiving care and support in line with their assessed needs and preferences. This inspection found high levels of compliance with the regulations and standards with only some minor action need to complete planned works that would enhance the accessibility of the garden space for residents.

Regulation 10: Communication

Residents' personal plans had clear information on their communication methods and style with details of any supports that were required.

Staff were observed to engage with residents in a manner that was respectful, and in line with their personal plans.

There were photographs on display to show which staff were on duty, along with other visual ques to assist residents.

The designated centre had access to telephone and media such as television, radio and local newspapers.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and preferences.

Residents were encouraged and supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided a comfortable and homely environment for residents.

The premises were designed and laid out to meet the individual and collective needs of residents, were clean and suitably decorated and in general kept in a good state of repair.

Some upkeep decorative works were being carried out on the day of the inspection, to improve a resident's bedroom.

A ramped entrance had been put in place at the front door of the bungalow and recent work had begun to create an accessible pathway to the garden area, and an improved patio area for residents to use.

The provider had plans to enhance the premises further through the installation of patio doors, and the creation of a sensory garden for residents.

Some works were required to complete all aspects of the garden work. For example, the installation of hand rails.

Judgment: Substantially 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 28: Fire precautions

The registered provider had ensured that there were effective fire safety management systems in place. 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. Staff practiced using specific evacuation equipment on a regular basis and evacuation drills were carried out at different times of the day and night to ensure all staff and residents could be safely evacuated in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to ensure residents' health, social and personal needs were assessed and planned for in the designated centre.

Residents' needs were assessed in the designated centre by the staff team, allied health professionals and the wider multi-disciplinary team (where required).

Personal plans were reviewed regularly and developed through a person centred approach.

Advise from allied health professionals or other multi-disciplinary team members was incorporated into personal plans, and reviewed regularly by the relevant professional.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own General Practitioner along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Residents were supported to avail of a yearly annual medical check-up, as well as taking part in national screening programmes if they so wished.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills to respond to behaviour that is challenging, and to support residents to manage their own behaviour positively. Staff had received training in de-escalation and intervention techniques.

Restrictive interventions that were in place were well documented and reviewed regularly by the person in charge, human rights committee and the wider multi-disciplinary team.

Efforts had been made to identify and alleviate the cause of any behaviour that was challenging and residents had written behaviour support plans in place.

Residents had access to psychiatry and psychology services as well as a counsellor if required.

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. Safeguarding plans in place were promoting residents' safety.

Judgment: Compliant

Regulation 9: Residents' rights

Decisions about residents care and supports were done through a person-centred approach.

Residents were supported through their individual communication styles to exercise choice and control in their daily lives.

Residents had access to advocacy services, when required.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Beeches OSV-0003322

Inspection ID: MON-0027102

Date of inspection: 05/09/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider is in the process of completing a program of works which will identify the completion of existing works and also further enhancements to the premises. This program will outline the phases of works based on a priority basis. The competition of existing works will resume in the first quarter of 2020.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Highlighted on feedback sheet - There was an updated document in place since July 2019 which outlines the local procedure in relation to detection and response to abuse. The report stated some policies are out of date, all Schedule 5 policies are under review and will be completed by end of 2nd quarter 2020.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The provider will complete a program of works to ensure all areas of works which were previously committed to such as handrails will be completed by end of quarter one 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief	Substantially Compliant	Yellow	30/06/2020

	inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			