

**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-0004630
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Sunbeam House Services Ltd
Provider Nominee:	John Hannigan
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 December 2014 11:00	02 December 2014 18:00
03 December 2014 10:30	03 December 2014 14:30

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 inspection of a designated centre operated by Sunbeam House Services was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre, in which the provider wished to accommodate six residents temporarily while their home in another centre was being refurbished.

The new premises comprised two community homes, each to accommodate 3 residents, and were visited by the inspector during the course of the inspection. The inspector also met with management, residents and staff members during the

inspection and reviewed existing documentation relating to the centre in which the residents were currently residing, as well as documentation relating to the proposed move.

The community homes were appropriate to meet the short term needs of these residents. Residents appeared to be comfortable about the temporary move, there was evidence that they had been well prepared for the transition, and several of them discussed the move with the inspector in a positive fashion.

While the inspector found evidence of a good quality service in the main, some improvements were required, for example, in the area of personal planning and this is discussed in the body 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, 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.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that there were structures in place to promote the rights of residents, for example, any rights restrictions were identified and referred to the Rights Committee.

A rights register was maintained and information relating to the progress and outcomes of referrals to the Rights Committee were maintained. There was evidence of all rights reviews having been updated in anticipation of the move to different premises.

There was a list of possessions in place in the personal plan of each resident which it was intended would safeguard possessions during the transition to temporary accommodation.

There had been consultation with both residents and their families in relation to the move. There was a plan in place for regular residents' meetings following the transition to ensure continued consultation with residents.

A complaints procedure was already in place in sufficient detail as to guide staff, residents and their families if required, and this was available in an accessible version. Complaints were recorded and this record included information about the complaint and the progress of the management of the complaint, and the satisfaction of the person making the complaint was recorded.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

All residents could communicate verbally, several of them met with the inspector and discussed the forthcoming transition.

Residents had their own mobile phones, televisions, radios, computers and tablets which they would be taking with them to their temporary accommodation, and were independent in purchasing reading material if they so wished.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

Links had been forged and maintained in the local community, for example, residents used many local facilities. The new premises were situated within the same community, and plans were in place to maintain links.

Visits were welcomed, and both the new premises had private areas in which residents could receive visitors.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Written agreements had been prepared which outlined the services it was intended would be offered to residents, and details of any charges to be incurred. A plan was in place to have these contracts signed prior to the move.

Residents and their families had been provided with opportunities to visit the new premises prior to the move.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Personal plans had been commenced for all residents, and where there was a plan in place for a particular issue it was based on the assessed needs of the resident.

However many of the assessed needs of residents had not yet resulted in a personal plan. The person in charge reported to the inspector that appropriate plans would be developed for residents, based on their assessed needs and including support for the development and maintenance of social and living skills.

In addition there was not yet a system in place for the reviewing of personal plans, so that the effectiveness was not assessed.

There were systems in place to manage the transition to the new premises. Regular planning meetings had been held and a record was kept of the discussions at these meetings. Meetings had been held with the residents and the housing management team, and specific requests made at these meetings were being facilitated. Residents were familiar with the new houses, had chosen their rooms and were well aware of the plans.

Activities were planned in accordance with residents' assessed needs and there was evidence of a meaningful day for residents. The activities and services offered to residents will continue after the move to the new premises, as they are in the same locality and there will be no disruption to activities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The proposed short term premises were two four bedroom houses, each to accommodate three residents whilst their permanent residence was being refurbished. Each home had an outside area, sufficient private and communal areas to meet the needs of residents, and were adequately decorated and maintained.

Both premises were appropriate for the short term needs of the residents, and were situated in the community in which the residents currently resided.

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):

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

Findings:

There was evidence of structures in place for the management of risk, for example, a system of accident and incident recording and reporting was in place. There was also a policy relating to the management of risk which included all the requirements of the regulations. A risk register was in place and there was evidence of individual and local risks having been assessed and managed. There was a plan in place to assess any further risks relating to the new premises prior to the move.

A health and safety statement was in place for the current premises, which the person in charge reported will be reviewed prior to the move.

Fire training had been conducted with existing staff, and staff displayed knowledge relating to the detection, prevention and management of fire. All residents had a personal evacuation plan and an emergency evacuation plan had been developed. Fire equipment servicing for the new premises had been booked for a date prior to the move.

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):

No actions were required from the previous inspection.

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There was a policy available in relation to the protection of vulnerable adults.

Residents all managed their own finances with support from staff according to their assessed needs as documented in their money management plans, and it was reported by the person in charge that this level of support would continue.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents currently had access to day services or daily activities and leisure activities in accordance with their assessed needs, and it was anticipated that these activities and links would continue following the move.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

There were several processes in place to ensure that residents' healthcare needs were being met. For example, each resident had access to a general practitioner of their choice (including an out of hours service), a community pharmacist and dentist, all of which would be maintained after the move to the new premises.

The person in charge outlined the strategies which would be implemented to ensure that each resident would continue to be supported in maintaining a nutritional diet, and in maintaining and developing their independence in the management of meals and snacks.

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):

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

Findings:

Medication management procedures were currently in place, for example, in relation to ordering and receiving medications. Each resident had a personal medication management plan already in place which included self medication or supported medication management. There were measures in place to ensure the safe transfer of medications when residents had visits to their family homes. It was anticipated that these practices will be transferred to the new premises.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The Statement of Purpose included all the requirements of the regulations and described the service it was anticipated will be provided in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She showed strong leadership skills as was evidenced in the improvements in several areas since her appointment, for example, in the management of risk.

There was a clear management structure in place. Senior management meetings were held regularly and minutes of these meetings were made available to staff.

Staff team meetings were held on a monthly basis. These meetings were minuted, and the minutes identified actions and persons responsible, although there was not yet a timeframe for these actions to inform the monitoring of their completion.

The person in charge outlined a plan of audits to be conducted in the designated centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate deputising arrangements in place in the event of any absence, but no such absences were anticipated.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector found that the designated centre was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that the planned numbers and skills mix of staffing to be appropriate to meet the assessed needs of the residents, and that staffing levels had increased to manage the transition and the change in circumstances in the new premises.

The inspector was satisfied that all staff had either received appropriate training or were booked in for training prior to the opening of the new houses. This included an induction package and shift shadowing plan for new staff.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

All policies required under Schedule 5 were in place. All records required under Schedule 4 were also in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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