



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

## Issued by the Chief Inspector

Name of designated centre:	Suaimhneas Respite
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0005760
Fieldwork ID:	MON-0032240

## About the designated centre

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

Suaimhneas Respite is a designated respite centre created to support men and women with an intellectual disability that require low to medium support. The support provided varies depending on the residents' needs and requirements. They will range from basic care needs i.e. health and personal care, building and maintaining basic daily living skills to social supports such as social skills development, support in organising and accessing social activities, developing and maintaining relationships and community links. The designated centre is located in a town in County Wicklow with a maximum capacity of four residents at any one time. The centre is managed by a person in charge who has a remit for two designated centres. They are supported in their role by a deputy manager. The person in charge reports to a senior services manager. The whole-time-equivalent staffing ratio for the centre is 5.9 as set out in the provider's statement of purpose.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Wednesday 14 April 2021	10:00hrs to 16:00hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector spoke with two people who avail of the respite service, being cognisant of public health guidelines; maintaining physical distance, wearing appropriate personal protective equipment (PPE) and engaging in frequent hand hygiene.

The verbal feedback from the two people who avail of respite was positive. People who spoke with the inspector said that they liked the building and its location, that staff were helpful and helped them with any of their needs and that they enjoyed relaxing while having a respite stay. There was now a flat-screen television in the respite bedrooms and access to the television channels, which was a welcomed change. Some people said they would like to have a different choice of bedroom on their respite stay, and they later spoke with the person in charge during the inspection to arrange this.

The inspector reviewed four questionnaires from people who use the respite service and also reviewed family questionnaires from the previous annual review carried out by the provider. The questionnaires demonstrated that people using the respite centre were overall happy with the staff support and the facilities, they found the centre comfortable and were able to make their own decisions and choices while staying there. For example, "I like my centre very much..." and "staff are supportive and easy to talk to...".

Questionnaire responses indicated that people using respite felt safe staying in the centre, and knew how to raise a complaint or a concern. The inspector also saw easy-to-read guides on how to raise complaints or concerns on display in the designated centre notice board.

Questions that asked people using respite if they wished to change anything about the designated centre, had positive answers about the manner in which the centre was operated. However, some people did comment that they would like a garden area, and to go for more drives in the car.

The inspector saw the premises and met and spoke with two staff, along with the deputy manager and the person in charge. The centre was nicely decorated and each individual bedroom was clean and tidy with a television and a single bed. Some of the soft furnishings and decor had been removed to reduce any risk of infection during the current COVID-19 pandemic, but people could bring their own belongings and items of choice with them during their stay.

There was a small courtyard areas for people to sit outside, with some garden furniture and this space was nicely decorated with plants and flowers pots. The entrance to the courtyard had a keypad locked gate. This had been identified through the restrictive practices register and was to promote security as the centre was based on a busy main road. The inspector saw people who avail of respite

choosing to close over this gate themselves during the day if it had been opened, and people were encouraged to know the code so they could come and go easily while using respite services.

There were discreet amendments made to the building, to support people with a visual impairment to use their environment freely. For example, a dado rail along walls and corridors and textured signs on different room doors.

Along with the bedrooms and bathrooms, there was one open plan communal area consisting of the kitchen, dining room and living room space in the centre. To support public guidance in relation to social distancing, the provider had signage on display to show that this area could have no more than five people present at one time. Since reopening respite services in August 2020, the person in charge was managing admission to the centre on a reduced capacity; offered two people respite each night in place of the usual four. This was to reduce the risk of cross infection, and to ensure safety precautions could be adequately put in place. On the day of inspection, two people were coming for a respite overnight stay, and one person was attending for the evening meal.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured a good quality and safe respite service.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a senior services manager, who in turn reported to the Chief Executive Officer. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge had a local system of audit, review and checks to oversee the care and support delivered in the respite centre. There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed through the quality department, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Feedback from these monitoring tools demonstrated a good level of compliance with the regulations and standards, and offered positive comments from people who avail of the respite services and their families.

The provider had systems in place, guided by policies and procedures to record

information such as adverse events and complaints. This information was used by the provider to continuously improve the service being offered. For example, by making changes to the centre based on information gathered. There was evidence that incidents and accidents were reviewed by the person in charge, and learning from such events was taken on board to promote safety.

The provider was adequately resourced to deliver the respite service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of people using respite, there was transport available, adequate premises and facilities and supplies.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours worked. Some staff held qualifications in social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of people availing of respite. For example, training in the safe administration of medicines and Stoma care. Due to the effect of the COVID-19 pandemic on the provider's ability to run training workshops, some staff required refresher training in certain areas. The provider had adapted their provision of training to include alternative ways to deliver training, while working within guidance for groups and physical distancing. There was good oversight of the training needs of staff, and training needs were identified in advance and scheduled for completion by the person in charge.

Overall, the provider and person in charge had effective governance and management systems in place, to ensure the respite service was delivering a safe, and good quality service in line with the regulations and standards.

### Regulation 15: Staffing

The staffing resources in the designated centre were well managed and organised to suit the needs and number of people availing of respite each week.

The provider had a recruitment process underway, to cover holiday or absence periods of the staff team. In the interim there were suitable arrangements for the permanent staff members and staff employed by Sunbeam House Services to cover any gaps in the roster.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Some mandatory training that had been provided to staff was in need of refreshing and updating. For example, a small number of staff required refresher training in first aid, safe administration of medicines and safeguarding.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place, and pathways for information and escalation from the person in charge to the provider.

There was an enhanced auditing system in place by the person in charge, to ensure information, documentation, assessments and plans were reviewed and updated periodically.

The provider had completed unannounced visits to the centre on a six monthly basis, and had completed an Annual Review of the quality of care and support.

There was evidence that the provider and person in charge had taken action in response to these audits and reviews, to bring about improvements. For example, through installing televisions and services in each bedroom, and improving access to positive behaviour support professionals.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

People availing of respite services within the designated centre, had written contracts of care, outlining details of their stay, what they could expect to receive and any cost or fees associated with this.

the written contracts were in an easy-to-read format with photographs and clear information.

Judgment: Compliant

### Quality and safety



On this inspection, it was demonstrated that people were offered a safe and enjoyable experience while staying in the respite centre and people using respite and their families were satisfied with the care and support provided to them.

During the COVID-19 pandemic, the respite services in this designated centre had ceased for a period of four months. The provider had re-opened the service in August 2020 to facilitate respite breaks, but had reduced the amount of people staying in the centre each night as a measure to manage the risk of infection. The provider had systems in place and had implemented infection control practices within the centre. For example, ensuring standard precautions and physical distancing, twice-daily temperature checking and cleaning checklists of high use areas. There was adequate supply of Personal Protective equipment (PPE). The inspector observed staff wearing face masks throughout the day, with access to hand sanitiser and hand-washing throughout the premises.

The designated centre was located in a town in Co. Wicklow, and was within easy walking distance of local amenities and community facilities. The centre could provide overnight respite stays for up to four people a night, with each person provided with an individual bedroom. The centre had adequate toilets and shower and bathing facilities. There was an open-plan kitchen, dining and living room. While the communal space in the designated centre was small, people enjoyed the social aspect of their respite stay, with some people attending for the evening meal, along with others for overnight breaks. This facilitated friendships and peer relationships. There was additional space available for people to use in the location if they so wished. For example, the sensory room in the day services next door. However, not all people availing of respite wished to use the other spaces available. Since the previous inspection, the provider had put televisions and seating in the bedrooms, and this had offered people more choice in relation to where they spent their time, and what they wished to watch.

The inspector found that the person in charge and staff team were aware of the individual supports and needs of people who availed of respite in the designated centre. Improvements had been made since the previous inspection, to ensure that assessments and personal plans were focused on the specific support needs of people while staying in the respite centre. For example, positive behaviour support proactive and reactive strategies while in this environment. The person in charge had implemented a review system to ensure people availing of respite had their information updated, if required, and there was good communication with other services and family representatives.

There was a formal system of identifying, assessing and managing any environmental or personal risks in the designated centre, however some minor improvement was required in relation to the documentation. This was to ensure all effective practices that staff put in place to manage risks were recorded.

There were policies, procedures and local practices in place to promote people's safety while availing of respite in the designated centre. For example, effective fire

safety systems were in place, pathways for managing safeguarding concerns or allegations and adequate infection control measures. Questionnaires received by the inspector, showed that people felt safe while spending time, or staying over in the designated centre.

Overall, the inspector found that the designated centre was being operated in line with the statement of purpose and provided safe and enjoyable respite breaks to people availing of the service. The provider had addressed the actions from the previous inspection report and this had resulted in improvements in the operational management of the designated centre and in the quality of the care and support it provided.

### Regulation 17: Premises

The designated centre was clean, nicely decorated and well maintained.

Each person had their own individual bedroom for respite stays, with a lockable door and space to put their belongings.

There were adequate toileting and showering facilities.

The communal space in the centre was small, with one open plan kitchen, dining and living room. The provider had an air-conditioning unit in place to control the temperature, and this was serviced regularly. The provider had also reduced the amount of people that could spend time together in this room, in order to support physical distancing and public health guidance.

Judgment: Compliant

### Regulation 26: Risk management procedures

While risks were well managed in the designated centre, some improvements were required to ensure risk assessments contained full information. For example, to demonstrate the measures that were put in place to reduce the risks in relation to certain people staying in the centre at the one time, or the risk of lone working at times when only one staff was required.

Risk assessments did not fully capture the effective control measures that the provider and person in charge had implemented to reduce risk. For example, the reduction in numbers of people receiving respite per night.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had centre-specific plans and control measures in place to manage the risk of COVID-19, which identified the procedures to be followed in the event of staff or people availing of respite becoming unwell.

The person in charge had contingency plans for the event of people contracting COVID-19 while in respite, if there were barriers to them returning home. Including the staffing and isolation plans if this occurred.

There was adequate supplies of Personal Protective Equipment (PPE) for standard precautions, and in the event of an outbreak in the centre, and identified areas for donning and doffing of PPE should this be required.

Staff had completed training in infection control and hand hygiene, and there was hand sanitiser available throughout the building.

To reduce the risk of possible infection, the provider had reduced the nightly capacity for respite to two people overnight, and identified the maximum number of people that could use the communal space at one time. This was to support safe physical distancing.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, fire fighting equipment and fire containment measures in the designated centre. These were routinely checked by staff through daily and weekly checklists, and serviced regularly by a relevant fire professionals.

Fire exits were easily accessible, kept clear, and well sign posted.

There were two sleep over staff working at night time, to support the safe evacuation of people in the event of a fire or emergency. And records of the support requirements of each person in the event of an emergency were maintained and updated as required.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

People availing of respite had specific care and support plans to guide their support while staying in the designated centre.

Prior to respite admission, the person in charge had processes in place to gain the most up-to-date information from family members or representatives.

People availing of respite services, had referral pathways to allied health professionals, either provided through the service or externally.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There was clear direction and guidance for staff through written positive behaviour support plans, in order to support people positively while availing of respite in this designated centre.

Where required, there was recording of incidents and analysis of the cause of behaviour, with input from allied health and social care professionals.

Any restrictive practice was assessed, monitored and reviewed in respect of people's rights, and the provider had put in place a committee to oversee restrictions. There was an emphasis on ensuring the least restrictive measure was used for the shortest duration of time.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that there were appropriate policies, procedures and reporting structures in place to support the management of potential safeguarding issues in the designated centre.

The person in charge ensured that the management of admissions and the staffing resources were promoting safeguarding within the designated centre.

Any incidents of a safeguarding nature, had been recorded and reported in line with National Policy.

Staff had received training in the protection of vulnerable adults, and knew how to

manage an allegation or suspicion of abuse.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Suaimhneas Respite OSV-0005760

Inspection ID: MON-0032240

Date of inspection: 14/04/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider has resumed First Aid training, staff who require training have been booked for refresher courses. The validation of current first aid certificates has been extended until the first of July 2021.</p> <p>Staff have completed medication refresher training to date, one staff outstanding for refresher meds training, they have been booked in for this training.</p> <p>Any outstanding training for Safeguarding to be completed over the next two weeks.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments are now in place to reduce the risks in relation to certain people staying in the center at the one time.</p> <p>Risk assessment now in place to identify the risks of lone working.</p> <p>Additional information added to the risk assessments to fully show the effective control measures that have been put in place to reduce the risk of infection.</p>	



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/05/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	29/05/2021

	Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
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