



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

Issued by the Chief Inspector

Name of designated centre:	Sunny Gardens
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	14 April 2023
Centre ID:	OSV-0005299
Fieldwork ID:	MON-0035971

About the designated centre

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

Sunny Gardens is a designated centre operated by Sunbeam House Services. It comprises of a residential home close to a busy town in County Wicklow. It provides full-time community residential support for up to three people with disabilities. The home is a two-storey house which consists of a kitchen/dining room, sitting room, a shared bathroom, three individual resident bedrooms, gardens, and a staff sleepover room. The centre is staffed by a person in charge, deputy manager, social care workers and day service staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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
Friday 14 April 2023	09:00hrs to 15:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

Overall, the centre was found to be clean, homely, comfortable, and nicely decorated and furnished. However, some maintenance was required, and parts of the centre were challenging for all residents to fully access.

The centre comprised a two-storey building. It was close to a busy town with many amenities and services including shops, pubs, and cafés.

The inspector carried out a thorough walk-around of the centre. There was a large front and back garden with bright plants and garden furniture for residents to use. The kitchen and dining area was well-equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from.

Residents' bedrooms were nicely decorated and personalised to their tastes. However, the ceiling in one bedroom was stained from a water leak, and the adjoining bathroom required upkeep, for example, there was mildew on the ceiling and rust on grab rails. Dampness was also observed around the windows in the other two bedrooms. The main bathroom was clean with good hand hygiene facilities. There was a crack in the exterior wall above the patio doors which caused a leak when there was heavy rain. The sitting room was bright and comfortable. The staff office required repainting, and the carpet on the landing was slightly stained.

The inspector observed good infection prevention and control arrangements, such as adequate hand hygiene facilities, provision of personal protective equipment (PPE), and use of colour-coded cleaning equipment as a measure against infection cross contamination.

The inspector checked some of the fire equipment and systems in the centre during their walk-around, such as fire doors which were found to close properly when released, and the servicing stickers on fire extinguishers and blankets. Fire safety is discussed further in the quality and safety section of the report.

The inspector met all three residents during the inspection. They told the inspector that they liked living in the centre, and were happy with their bedrooms. One resident said that they found parts of the centre difficult to navigate due to their mobility needs.

The residents had active lives and on the day of inspection were engaging in different activities such as attending day services and classes, visiting family, and going to cafés. Some residents worked in paid employment which they said they enjoyed. The residents also told the inspector about their plans to go on holiday later in the year.

They said they liked the food in the centre, and some liked to be involved in cooking and baking. They had participated in fire drills, and knew how to evacuate in the

event of an emergency. They told the inspector that staff in the centre were kind and supported them to engage in community activities of their choice. They felt safe in the centre, and had no concerns but said they could talk to the person in charge if they had.

The recent annual review of the centre had consulted with residents. Their feedback was mostly positive, and complimented the staff team. However, one resident expressed concerns regarding the accessibility of the centre. There was a visual staff rota and activity planner displayed on the notice board; and in the hallway, there was information displayed on safeguarding and advocacy services for residents to refer to.

The inspectors spoke with staff working during the inspection including the person in charge, day service staff and social care workers. They observed staff engaging with residents in a kind and warm manner, and it was clear they they knew each other very well.

The person in charge described the quality and safety of the service provided to residents in the centre as being excellent. They felt that residents' needs were being met, however was very conscious that some residents' needs were changing due to age.

Social care staff told the inspector that residents had a great quality of life which they attributed to the support and understanding they received from the staff team, and the arrangements to ensure that the service was safe and appropriate. They had completed human rights training, and spoke about how they supported residents to exercise informed choices and take risks in their lives.

From what the inspector was told, read and observed during the inspection, it appeared that overall, residents received a good quality and safe service in the centre. The centre was operated with a human rights-based approach, and residents had choice and control in their lives. However, the maintenance and accessibility of the premises required improvement.

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

Capacity and capability

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents. However, their responsiveness to the premises issues required improvement to ensure that the centre was well maintained and appropriate to meet all residents' needs.

There was a defined management structure with associated lines of authority and

accountability. There was a deputy manager to support the person in charge in managing the centre. The person in charge reported to a senior manager. They were satisfied with the arrangements for communicating and escalating concerns. The management team were found to have a good understanding of the residents' needs and of the service to be provided in the centre. In the absence of the local management team, staff could contact the senior manager or use the provider's on-call system during out of normal office hours.

The skill-mix in the centre comprised social care workers and day service staff. There were no vacancies in the complement. The person in charge maintained planned and actual rotas showing staff working in the centre. The rota was under going a review by the person in charge to ensure that the shift patterns were suiting the changing needs of residents.

Staff completed relevant training as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents.

The person in charge provided support and formal supervision to staff working in the centre. Staff spoken with said that they were satisfied with these arrangements. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of recent team meeting minutes which reflected discussions on safeguarding, audits, incidents, policies, residents' needs and supports, and the Assisted Decision-Making (Capacity) Act 2015.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed.

The provider had prepared a written statement of purpose. It had been recently reviewed and was available to residents and their representatives to view. Written agreements had also been prepared for residents which outlined the associated fees and details of the service provided to them in the centre.

Regulation 15: Staffing

The staff skill-mix in the centre consisted primarily of social care workers and day service staff. The person in charge was satisfied that the current staff skill-mix was appropriate to residents' needs. There were no vacancies, and staff leave was filled by regular staff to ensure consistency of care for residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of the

staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of residents, diabetes, infection prevention and control, manual handling, first aid, feeding and drinking, and medication management.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled three times per year as per the provider's policy, and supervision records and schedules were maintained. In the absence of the local management team, staff could contact a senior manager for support and direction, and there was also an on-call service for outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

However, their responsiveness to address ongoing premise issues was not adequate. As noted under regulation 17, some maintenance and renovation was required to the centre. Some the issues were first noted in 2020 and remained unresolved which was impacting on residents' use of their home.

There was a defined management structure with associated lines of authority and accountability. The deputy manager supported the person in charge in managing the centre by completing audits, managing rotas and providing day-to-day oversight of the centre. The person in charge was found to have a good understanding of the residents' needs and of the service to be provided in the centre. They reported to a senior services manager. There were good arrangements for them to communicate and escalate concerns. They had regular meetings, and the person in charge also attended meetings with other managers for shared learning purposes.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews which consulted with residents, and six-monthly reports had been carried out by the provider. Individual audits had also been carried out in the areas of

health and safety, risk, documentation, housekeeping, and medication. Actions from audits and reviews were monitored by the management team.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff could informally raise concerns and there were on-call arrangements for them to contact in the absence of the local management team. Staff spoken with advised the inspector that they were confident in raising any potential concerns.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared admission policies and procedures to govern the admission of residents to the centre. There had been no recent admissions to the centre.

The provider had prepared signed written agreements for residents and their representatives which outlined the associated fees and details of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised March 2023. The person in charge made a minor necessary revision to it during the inspection. It was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents spoken with were generally happy living in the centre, and overall the service provided was safe and of a good quality. However, improvements were required to the maintenance and accessibility of the premises which are described in further detail earlier in the report.

The inspector observed residents to have active lives and participate in a wide range

of activities within the community and the centre. Residents chose their activities in accordance with their will and personal preferences. Residents were also supported to maintain relationships meaningful to them, for example, with their families and friends.

Assessments of residents' health, social and personal care needs had been carried out which informed the development of personal plans. The inspector viewed a sample of residents' assessments and personal care plans. They were found to be up to date and reflected input from relevant multidisciplinary services as required.

There were good arrangements, underpinned by policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns.

The residents' guide was available to residents, and included the required information. Minor amendments were made by the person in charge during the inspection to ensure it was fully accurate.

The centre was bright, clean, nicely decorated and furnished. There was sufficient communal space, and nice gardens for residents to enjoy. However, some maintenance and repair was required which had been reported to the provider's maintenance department for attention. The layout of the centre also impinged on all residents being able to utilise all parts of the centre.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents had the opportunity to participate in the purchase, preparation, cooking, and planning of meals. Residents told the inspector that they were happy with the food and drinks in the centre. Some residents required support with their meals, and corresponding plans were available for staff to refer to. There was also information on healthy eating for residents to refer to.

There were good fire safety systems to protect residents from the risk of fire, such as fire detection, fighting and containment equipment, servicing of equipment, and provision of fire safety training for staff. Staff also completed regular fire safety checks. Fire drills were carried out to test the effectiveness of fire evacuation plans, and residents told the inspector they were aware of the fire evacuation arrangements. The inspector found that the fire related risk assessments required more consideration to ensure they were comprehensive.

Regulation 13: General welfare and development

Residents were supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. Some attended day services while others were supported by staff in the centre to access and engage in activities meaningful to them. Within their

community, they participated in art classes, fitness classes, sports, social clubs, and local committees. There was a vehicle in the centre to transport residents to facilitate social activities. Some residents walked into their local town and they could also use taxis.

Residents were supported to develop and maintain their personal relationships, for example, through visiting family, and socialising with friends.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a two-story building close to a busy town. The premises were found to be appropriate to the number of residents using the centre. It was clean, bright, warm, and comfortable. The communal space including a sitting room, kitchen and dining room, and spacious gardens. There was adequate bathroom facilities, and the kitchen facilities were well equipped. Residents spoken with told the inspector that they were very happy with their bedrooms which were nicely decorated.

However, the layout of the premises impinged on one resident being able to easily access and utilise all parts of the centre. The resident had expressed dissatisfaction about this, and it had also been noted in the provider's internal audits and assessments, however the matter remained unresolved.

Parts of the centre required maintenance and attention, such as dampness around bedroom windows, leak in the kitchen, rust in a bathroom, and repainting downstairs. Some of these matters had been reported to the provider.

Some residents used specialised equipment, such as electric beds, and servicing records indicated that they were up to date with servicing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre.

The inspector observed a good variety of food and drinks for residents to choose from. Residents told the inspector that they liked the food in the centre and were happy with the selection of food and drinks. Residents were involved in shopping for groceries, and some liked to cook and bake in the centre.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available for staff to follow. Staff had also completed relevant training to support residents with their meals. Residents also had access to speech and language therapy input as required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide. It was available to residents, and included information on accessing inspection reports, complaints, services and facilities provided in the centre, arrangements for running the centre, and terms and conditions relating to residency. A minor amendment regarding the facilities was made by the person in charge during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre.

There was fire detection, containment, and fighting equipment, and emergency lights in the centre. The inspector viewed a sample of the servicing records for the equipment, and found that the fire extinguishers, alarms, and emergency lights were up to date with their servicing. Staff also completed daily, weekly and monthly fire checks of the fire alarms, escape routes, and equipment. The inspector tested several of the fire doors, and they closed properly. The exit doors were easily opened without the need for a key to aid prompt evacuation.

Individual evacuation plans had been prepared to guide staff on the supports required by residents. There were regular fire drills, including drills reflective of night-time scenarios. Fire related risk assessments had also been completed, however more consideration was required to ensure that they were comprehensive.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. The inspector viewed a sample of the assessments and found them to be comprehensive and up to date. The assessments informed the

development of personal plans.

The inspector viewed a sample of residents' care plans including plans on health and wellbeing, safety, mobility, and intimate care. The plans were readily available and up to date.

Overall, it was found that the appropriate arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate healthcare.

Residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of the residents' healthcare assessments and plans, and found them to be up to date. There was also easy-to-read information for residents on their health needs and medications.

Residents had good access to a range of multidisciplinary services including psychiatry, social work, general practitioners, and speech and language. Residents were also supported to participate in national health screening programmes as appropriate.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures. There was also safeguarding information in the centre for staff and residents to refer to. The provider's social work department also provided support to residents regarding safeguarding concerns as required. Residents told the inspector that they felt safe in the centre.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There

was also a policy in relation to intimate care to guide staff 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 (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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sunny Gardens OSV-0005299

Inspection ID: MON-0035971

Date of inspection: 14/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider continues to work on planning for major structural works to enhance the center. In the interim the provider will assess for areas which can be made more accessible for the residents.</p> <p>The provider has an internal system where maintenance requests are logged these are monitored and prioritized by the maintenance department.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider continues to work on planning for major structural works to enhance the center. In the interim the provider will assess for areas which can be made more accessible for the residents.</p> <p>One residents bedroom is currently having an internal reconfiguration to provide more space. One resident was offered an opportunity to transfer to an alternative designated center which would provide a more spacious and suitable environment, however they chose to decline this offer, it was their will and preference to remain in their current location.</p> <p>New rails for the downstairs bathroom at the toilet have been ordered and will be installed when received. New plastic rails have be installed in the shower. A storage unit</p>	

which had rust on it in the bathroom has been replaced with a more suitable unit.

The maintenance team will review the drainage seal on the windows to ensure they are clear and draining, moisture absorbent dehumidifiers will be purchased and placed on each window seal to prevent a build up of condensation.

A contractor is continuing to investigate the source of the leak in the kitchen, cracks have been sealed with silicone. This leak is intermittent. The damp patch in the kitchen and bedrooms will be treated and painted.

One residents bedroom will be painted following a reconfiguration. The rest of the location will have a painting touch up.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2024
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	30/09/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids	Substantially Compliant	Yellow	30/09/2023

	and appliances to support and promote the full capabilities and independence of residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/04/2024
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	30/04/2024