



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

## Issued by the Chief Inspector

Name of designated centre:	Sunbeam House
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	21 September 2021
Centre ID:	OSV-0001933
Fieldwork ID:	MON-0026610

## About the designated centre

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

Sunbeam House is a bungalow situated in the grounds of a complex, close to the centre of a rural town in County Leitrim. It provides 3 overnight places on any given night for respite care for young people aged from 5 years to 18 years. It provides respite to young people with a mild to profound Intellectual Disability and Autism. One place per night is available to a young person with Intellectual Disability/Autism who is a wheelchair user. Nursing care is provided based on the assessed needs of the young people and residents are supported by staff members both day and night. Sunbeam House Respite Service is only funded to be open on a part time basis. When attending respite, residents have access to amenities including, local playgrounds, parks, shopping, eating out, visits to the country and educational visits. The centre is comfortably furnished and decorated and is equipped to suit the needs of children. The house consists of 4 bedrooms (one bedroom is for a sleepover staff), wet room, bathroom, kitchen/dining, living room/lounge, and office/utility space.

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

Number of residents on the date of inspection:	9
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## 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
Tuesday 21 September 2021	9:30 am to 2:30 pm	Úna McDermott	Lead

## What residents told us and what inspectors observed

Sunbeam House was a bungalow style property located on the outskirts of a busy town. There were no residents receiving respite care at this designated centre on the day of inspection and therefore there were no staff on duty. The inspector met with the person in charge and later with the service manager.

Sunbeam House was located on a shared site. The front entrance was located at the rear of the property and accessible through the car park. There were steps downwards towards an enclosed play area that led to the front door. There was a large kitchen/dining area provided and a small utility room. There were three bedrooms for residents use and a sleepover room which doubled as an office. There was an accessible shower room and a smaller bathroom nearby. The house was nicely decorated and in good repair. Outside, there were football goals and seating in the play area. The inspector noticed that there was no other playground equipment available on the day of inspection. A parental questionnaire was reviewed and this stated 'outdoor play area, slide etc, would be nice'. This reinforced the observations of the inspector.

This designated centre was spacious and accessible throughout. The inspector observed visual aids to assist with communication displayed around the house. For example, a whiteboard with pictures of the children due to attend the respite service was on the kitchen wall. Also, there was an activities board displayed, however, the inspector noted that the visual displays were high on the wall and not at a child's eye level which meant they may be difficult for children to see.

The person in charge provided the inspector with residents' questionnaires which were completed by family members. These questionnaire stated that the families found the centre warm and comfortable, and that the staff were easy to talk to and supportive. One family noted that it was difficult to find a car parking space during drop off and pick up times. The inspector noted that the car parking area was full on arrival and departure.

Although there were no residents or staff in Sunbeam House on the day of inspection, the inspector found that it provided a comfortable and spacious living environment for the children and young people. The next two sections of this report present the inspection findings in relation to the governance and management of the centre, and how this affects the quality and safety of the service provided.

## Capacity and capability

The inspector found that this designated centre had an suitable person in charge in place who was regularly available in the centre and that there were structures in place to support a safe service. However, improvements were required with the arrangements for staffing requirements and staff performance management.

The provider of this service was the North West Parents and Friends Association for Persons with an Intellectual Disability. The statement of purpose was reviewed and found to meet with the requirements of Schedule 1.

A person in charge was appointed who was regularly available in the centre and had the support of a service manager. The staff team consisted of nursing and healthcare assistant staff. A sample of staff files were reviewed and were found to meet with the requirements of Schedule 2. The staff roster was available and it showed staff on duty for both day and night shifts. However, improvements were required as the actual roster documented sleep over staff who were not on duty in the designated centre.

The inspector found that staff had access to training as part of a continuous professional development programme which included mandatory and refresher training options. The person in charge had a training needs analysis in place and this was completed annually. Also, there was a policy on staff appraisal and the inspector found that appraisal meetings were taking place and were up-to-date.

The provider ensured that an annual review of the service occurred each year, which included consultation with family members. Unannounced six monthly audits had taken place and there evidence of other daily, weekly and monthly internal audits. The provider told the inspector that a requirement for increased respite support was identified through the audit process and that a needs analysis had identified the requirement for further resources to support this. They stated that a plan was in place to progress this matter. The registered provider had an individual staff performance management policy and structure in place. However, although goals and objectives were agreed as part of a personal improvement plan, there was no action plan in place to progress these staff development objectives and no evidence of the objective being achieved which impacted on the quality and safety of the service delivered.

## Regulation 15: Staffing

The number and skill mix of staff provided was in line with the statement of purpose. Nursing care was provided. The person in charge had ensured that there was a staff rota in place however, this required maintenance as it documented staff that were not on duty in the designated centre.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training and development as part of a continuous professional development training programme.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had ensured that an annual review of the quality and safety of care and support provided had taken place and the unannounced visits were up to date. However, although goals and objectives for staff performance development were agreed there were no actions in place to ensure that these were achieved.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose was provided and met with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

This centre provided a good quality safe service which supported the care and welfare needs of the children and young people attending respite. It was evident that the children and their families were consulted about the running of the centre and about their day-to-day activities. However, improvement were required to the premises to ensure that it was suitable to the assessed needs of the children and young adults attending for respite.

The children and young people attending this respite service had access to an annual review. However, due to the impact of the COVID-19 pandemic, some of these had taken place by telephone. There was a specific plan in place for a full multidisciplinary team review in the near future. There was evidence that person centred goals were agreed and some had been achieved. As restrictions were being

eased, there was a plan in place to continue to progress the children and young peoples' goals which included a trip to the swimming pool and to a football ground.

Children and young people that required support with behaviours of concern had positive behaviour support plans in place. Staff had up to date training in positive behaviour support. Restrictive practices were in use in this centre and risk assessments were in place. There was a restrictive practice log available and there was evidence of regular review.

The provided had ensured that the premises was physically accessible, suitably decorated and in a good state of repair. However, some of the information displayed was too high on the wall for the children to see. This did not promote the resident's capabilities or their independence. Also, age-appropriate play and recreational facilities were required.

The information provided for the children and their families was available in an easy-to-read format such as the statement of purpose in picture version and a 'Book about me' which was available on each resident's file.

There were systems in place for the identification, assessment and control of risk and the inspector found that risks were well managed. The risk management policy was up-to-date and there was a robust process in place for the reporting of incidents. The risk register was reviewed and it was an accurate reflection of the risks in the designated centre.

The provider had ensured that there were plans in place for the prevention and control of infection, including the risks associated with COVID-19. These included individual COVID-19 risk assessments and an individual COVID-19 plan of care. The HIQA self assessment tool was completed, reviewed and was up to date.

The provider had ensured that there were effective fire management systems in place including detection, containment and evacuation plans which promoted the safety of the children and young people on respite at Sunbeam House. Staff training was up-to-date and regular fire drills were taking place.

Overall, the inspector found that the individual care and support needs of the children and young people was supported in a safe living environment.

## Regulation 20: Information for residents

The provider had prepared a guide in respect of the designated centre and this was available in an easy to read format for the children and their families.

Judgment: Compliant



Regulation 26: Risk management procedures
There were systems in place for the identification, assessment and control of risk and the inspector found that risks were well managed.
Judgment: Compliant
Regulation 27: Protection against infection
The provider had ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19, including up-to-date outbreak management plans and individual risk assessments.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective fire management systems in place including fire detection, containment and evacuation plans.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge had ensured that there was a multidisciplinary assessment of the residents health and social care needs carried out. Although some were delayed by the impact of COVID-19 there was an agreed short term plan in progress to address this.
Judgment: Compliant
Regulation 7: Positive behavioural support

Children who required support with behaviours of concern had positive behaviour support plans in place. Staff had up to date training in positive behaviour support.

Judgment: Compliant

### Regulation 17: Premises

The provided had ensured that the premises was physically accessible, suitably decorated and in a good state of repair. However, some of the information displayed was too high on the wall for the children to see. This did not promote the resident's capabilities or their independence. Also, age-appropriate play and recreational facilities were required.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Sunbeam House OSV-0001933

Inspection ID: MON-0026610

Date of inspection: 21/09/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The roster will be adjusted to provide clarity that while the sleepover staff is in the building at night, they are part of the staff complement of an adjoining service	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual appraisal template will be reviewed to include an action plan template which will identify goals set for staff and the timeframe for completion of same with review dates.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Visual Display boards will be brought to a lower level to allow all children access to same. This action will be completed by 22/10/2021</li> <li>• Quotations have been received and funding applied for to enhance the play area attached to Sunbeam House to include a soft play surface combined with age appropriate play and recreational facilities. Children attending the Service also have access to a local playground which is less than a five minute walk from the centre</li> </ul>	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/11/2021
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/03/2021
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive	Substantially Compliant	Yellow	22/10/2021

	technology, aids and appliances to support and promote the full capabilities and independence of residents.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	20/10/2021