



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

Name of designated centre:	Sunbeam House Respite Service
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:	04 September 2018
Centre ID:	OSV-0001933
Fieldwork ID:	MON-0022056

About the designated centre

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

Sunbeam House Respite Service can provide a respite service to young people of mixed gender from 5 to 18 years of age who have an intellectual disability and/or autism. One placement per night can be made available to a wheelchair user. This service is provided on a part-time basis and can accommodate up to three children or young people per night. Respite care is provided on the basis of planned, short stay placements. Sunbeam House is a bungalow situated in the grounds of a complex, close to the centre of a rural town. The centre is comfortably furnished and decorated and is equipped to suit the needs of children.

Children and young people are supported by a staff team which includes the person in charge, nurses and care staff. Staff are based in the centre when children are present and a staff member remains on duty at night to provide care and support to the children.

The following information outlines some additional data on this centre.

Current registration end date:	03/03/2019
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or 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
04 September 2018	09:20hrs to 17:15hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with one child who was availing of the respite service at the time of inspection. This child did not have the capacity to discuss the service with the inspector. However, the inspector observed that the child was relaxed and happy in the centre and in the presence of staff. The inspector received feedback and views from families of some of the children who used this respite service. Overall, this feedback expressed a high level of satisfaction with the service children received, and was very complimentary of staff.

Capacity and capability

There were effective governance and management arrangements in place to ensure that the service received by children and young people using this service was safe and of a good quality.

There were systems in place, such as audits and management meetings, to ensure that the service was provided in line with children's needs.

Annual reports on the service had been completed, and six-monthly unannounced audits were being carried out by the provider's representative. The most recent of these audits showed a high level of compliance, and any issues that required improvement were being addressed in a timely manner.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support the assessed needs of the child who was using the service on that day. Staffing rosters indicated that children were supported by nursing and care staff. It was evident that staff knew the children and their care needs well. During the inspection, staff focused on ensuring that the child was happy and enjoying the stay at the centre. Staff were observed to be interacting warmly and playing with the child. Staff who met with the inspector demonstrated a very clear knowledge of children's care health and social needs, and were also very mindful of the safety of children.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. The person in charge was based in an office adjacent to the centre and worked closely with the children and staff. Throughout this registration cycle,

inspectors had found the person in charge to be very familiar with children's care and support needs and competent in her role. There were also arrangements in place to ensure that all staff could access management support at all times.

Since the last inspection, the provider and management team had ensured that any issues that required improvement had been addressed, which improved the overall quality and safety of service to the children.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in an office adjacent to the centre and was very knowledgeable regarding the individual needs of each child.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and the staff skill-mix were sufficient to meet the assessed needs of children at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training

relevant to their roles such as first aid, safe administration of medication, feeding, eating and drinking. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents that included the required information relating to children who received respite services in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe respite service to children. There was an effective management structure, and there were systems in place, including audits and an annual review by the provider, staff supervision and staff meetings to ensure that the service was provided in line with children's needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service, and these had been agreed with the families of all children using the service. However, the sample of agreements viewed by the inspector did not state the duration of respite breaks to be provided to the children.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the statement were readily available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Residents and their representatives had been made aware of their right to make a complaint. While there had been a low number of complaints in the centre, all complaints had been appropriately recorded and investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of resident care. The provider's practices ensured that the children's well-being was promoted and that they were being kept safe. The inspector found that the children received person-centred care and support that allowed them to enjoy activities that they enjoyed, to play and to attend school during their respite breaks.

Children's quality of life was prioritised while they were in the centre and their rights and choices were supported. The inspector noticed that staff had established

the children's likes, dislikes and preferences by discussion with their families and were very focused on ensuring that these were met.

The centre suited the needs of the children who availed of respite breaks there. It was warm, clean, comfortable and suitably decorated. There was a selection of toys and activities supplied for the children. Each child had his or her own bedroom during respite stays. While, overall, there was adequate furniture in which children could store their clothing and belongings while they were staying in the centre, one room had no wardrobe space and the person in charge was asked to assess if the furnishing in that room was adequate. Assistive equipment, such as hoists and adapted bathroom facilities, were also provided to enhance comfort and safety for the children. There was an enclosed garden adjacent to the centre.

The provider had measures in place to reduce the risks associated with fire. These included up-to-date servicing of fire fighting extinguishers, the fire alarm system and the provision of fire doors in all bedrooms. Staff also carried out a range of fire safety checks and all staff had received fire safety training. Fire evacuation drills were being carried out, and staff who spoke with the inspector were very clear about fire evacuation procedures. However, some improvement was required to ensure that all staff attended these drills. The provider was also asked to ensure that there were suitable arrangements for the containment of fire and smoke if required, as it was not clear if the smoke seal on one door was effective.

Personal risks assessments had been carried out for all children who used the respite service and, where necessary, suitable control measures were in place to manage any identified risks. Staff on duty were very familiar with these risks and their control measures. However, the documentation of some identified risks and their control measures was unclear and required improvement.

Personal planning arrangements ensured that each child's needs were met during the duration of their respite stays. Given the short duration of children's stays in the centre, their health and social care needs were supported jointly by their families, school staff and staff at the centre, who met annually to review each child's care and to develop personal plans, including goals, for the coming year. As respite users were based in the centre at limited times their goals were primarily progressed by their families, with support from school staff, and staff in the designated centre. Residents' personal goal records included healthcare targets, involvement in sport and plans to transition to adult services.

Arrangements were in place to support children to attend school during respite breaks. Children also took part in social and developmental activities both at the centre and in the community. These included outings, playing, shopping, going to restaurants and sports, such as; swimming and horse riding.

The provider had ensured that children had access to medical and healthcare services to ensure that their healthcare needs were supported while in the centre. All children were under the care of the family general practitioner. Plans of care for good health were developed, which ensured that this care was appropriately delivered during respite stays.

Regulation 10: Communication

The provider had ensured that each child was supported to communicate in accordance with his or her needs and wishes. Plans for communication had been developed as required, and staff were aware of each child's communication needs.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to children in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. This included support to attend school and taking part in sporting, social and leisure activities.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the children's individual and collective needs. The centre was appropriately decorated, clean, suitably equipped and was well-maintained both internally and externally.

Overall the centre was suitably furnished. However, in one bedroom used for respite breaks there was limited space in which to store clothing and personal belongings and there was no wardrobe space.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an informative residents' guide that met most of the requirements of the regulations. This was made available to children and their families in a suitable, easy-to-read format.

Information was also provided for children and their families in central areas in the house. This included information, in user friendly format, about children's

rights, how to make complaints, meal plans and daily activity plans.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were arrangements in place to ensure that risks specific to each child using the respite service were identified, monitored, regularly reviewed and reflected staff practices and knowledge. However, the control measures for some of these personal risks were not clearly documented. Although staff who spoke with the inspector knew how to manage these risks, the absence of documented guidance presented a risk that all staff might not be aware of the control measures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had introduced measures to protect children and staff from the risk of fire, including fire training, fire drills, suitable servicing of equipment and provision of fire doors. However, not all staff had the opportunity to attend a recent fire drill and the measures for the containment of fire and smoke in one room needed review, to ensure that they were adequate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all children and were based on each child's assessed needs. Children's personal goals were agreed at annual meetings in consultation with children's families. However, for some goals, time frames for their achievement and the identified support requirements to achieve them, were not recorded. Therefore the progress in achieving some goals could not be monitored and effectively reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of children availing of respite services in the centre were well met. Comprehensive assessments of children's health and social care needs were carried out annually for each child. While children's families primarily took responsibility for their healthcare and appointments, plans of care for good health had been developed for children based on each child's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Although staff confirmed that behaviour management issues in the centre were negligible, all staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required. These plans were being implemented and there had been limited occurrences of incidents arising from behaviour that challenges. Input from a psychologist was available as required.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had measures in place to ensure that the rights of children were respected. These included consultation with children's families to establish their preferences, assessments of spirituality, information about children's rights and access to advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sunbeam House Respite Service OSV-0001933

Inspection ID: MON-0022056

Date of inspection: 04/09/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Current written agreements will be reviewed to include the duration of breaks for each individual child. All new agreements going forward will include duration of breaks to be provided.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Following advice received from OT as to the implication of putting more furniture in this room a single door wardrobe has been provided together with the existing 3 drawer storage unit.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident's guide has been updated and forwarded to the regulator and now includes the terms and conditions relating to residency.</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>The guidance in relation to a personal risk to one child i.e PEEP's has been updated to</p>	

guide all staff in relation to control measures.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

An audit was carried out to ascertain what staff have been involved in a fire drill. On the 10/10/18 a further 13 staff took part in a fire drill. Remaining 6 staff will be rostered to take part in fire drills.

All fire doors were assessed on 08/09/18 and brought into compliance where required

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All goals for children will be reviewed and updated to include timeframes for achievement, the supports necessary to achieve them, and persons responsible for implementation and review

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/10/18
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	05/09/18
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	05/09/18
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	02/11/18
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	04/09/18
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	08/09/18

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/11/18
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	26/10/18