



Office of the Chief Inspector

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

Name of designated centre:	Tús Nua
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	25 September 2019
Centre ID:	OSV-0005415
Fieldwork ID:	MON-0027447

About the designated centre

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

Tús Nua is a designated centre operated by Sunbeam House Services located in County Wicklow. It provides community residential services to four male or female adults with a disability. The centre is a detached bungalow which consisted of a kitchen/dining room, sitting room, four bedrooms, a staff sleepover room/office and a shared bathroom. There is a well maintained patio area and garden to the rear of the house. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge, nurses and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
25 September 2019	09:10hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the four residents living in the designated centre during the course of the inspection. The inspector also observed care practices and interactions on the day of inspection. In addition, feedback of the service was received through questionnaires completed by the residents and or their representatives which reviewed matters such as accommodation, food and mealtime experience, visiting arrangements, residents' rights, activities, staffing and complaints.

Overall, residents appeared relaxed in their home and at ease in the presence of staff. The inspector observed residents prepared to engage with their daily activities such as accessing the community, attending day services and engaging in activities of preference in their home. Throughout the inspection, positive interactions were observed between residents and staff. Through the questionnaires, the residents representatives expressed levels of satisfaction with the care and support the residents were in receipt of. However, one representative expressed dissatisfaction with a service vehicle.

Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents supported their individual choice and overall well being. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process. Overall, the governance and management arrangements in place provided effective oversight of the service and ensured that the service provided was of safe, quality care service.

There was a defined management structure in place. The centre was managed by a full-time person in charge who was suitably qualified and experienced and demonstrated good knowledge of the residents and their needs. The person in charge also had responsibility for an another designated centre and was supported in their management role by an experienced deputy client services manager. The provider was reviewing the service through a number of quality assurance audits which included annual reviews and the six-monthly unannounced provider visits as required by the regulations. In addition, there was a schedule of audits in place which included personal plans, health and safety and medication management. These audits identified areas for improvement, developed action plans and there was evidence that the actions were being implemented to bring about improvement to the service.

The person in charge maintained a planned and actual roster. From a review of a sample of rosters, the inspector found that on the day of the inspection, there was a sufficient number of staff to meet the health and social care needs of the residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

There were systems in place for the training and development of the staff team. From a review of the training records, for the most part staff had up-to-date training in mandatory training including safeguarding vulnerable adults, fire safety, people handling and medication management. However, there were some gaps in refresher training. This had been self-identified by the provider and refresher training had been scheduled to ensure that the staff team had up-to-date knowledge to meet the residents needs.

There was a complaints policy dated January 2018. The inspector reviewed the complaints log and found that complaints were managed and responded to. There was one open complaint, made in April 2019, in relation to a service vehicle. While this complaint remained open, there was evidence that the provider had investigated the complaint, kept the complainant informed on the progress in addressing the complaint and made an application to a funding body for a new vehicle. This issue remained ongoing at the time of the inspection and was noted in a questionnaire completed by a resident's representative.

The inspector reviewed a sample of incidents and accidents in the centre and found that all incidents were notified to the Office of the Chief Inspector of Social Services as required by Regulation 31.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster which demonstrated that there was a sufficient number of staff to meet the health and social care needs of the residents. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems for the training and development of the staff team. The staff team had up-to-date mandatory training and were required refresher training had been scheduled.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. There were a number of quality assurance audits in place including annual reviews and the six-monthly unannounced provider visits which identified areas for improvement, developed action plans.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose dated September 2019 contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy dated January 2018 and there was evidence that complaints were managed and responded to.

Judgment: Compliant

Quality and safety

The inspector found that there were systems in place to ensure that

residents received a safe, quality and person centred service. However, some minor improvements were required in capturing residents' and or representatives participation in the development of personal plans and in the evacuation arrangements.

The inspector, accompanied by the person in charge, completed a walk-through of the centre and found that the house was homely and well maintained. The centre is a detached bungalow which consisted of a kitchen/dining room, sitting room, four bedrooms, a staff sleepover room/office and a shared bathroom. There was a well maintained patio area and garden to the rear of the house. The residents' rooms which were decorated in line with their individual style and preference.

From a review of a sample of residents' personal files, the inspector found that an up-to-date assessment of need had been completed for each resident. The assessment of need identified residents' health and social care needs and informed residents' personal support plans. For the most part, personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs. However, some improvements were required so as to better represent the participation of residents and or family representatives in the development of some personal plans. Residents were supported to enjoy their best possible health and had access to a General Practitioner and a range of allied health professionals. Health care plans were in place for identified health care needs and suitably guided the staff team.

Positive behavioural supports were in place for residents who required support to manage their behaviour. Residents had access to allied professionals such as psychiatry and psychology as required. The positive behaviour support plans in place were up-to-date and appropriately guided the staff team. There were some restrictions in use in the centre. There was evidence that all restrictive practices were subject to review by the provider's human rights group and were removed or reduced where possible.

There were systems in place to safeguard residents. The inspector observed residents appearing comfortable in the house and positive interactions were observed between staff and residents. Staff spoken with demonstrated they had the knowledge of what to do in the event of an adverse incident or allegation occurring in the centre and the appropriate reporting procedures. The inspector reviewed a sample of incidents and found that they were appropriately reviewed and responded to.

The risk management policy date April 2018 and the inspector found that there were effective systems in place to identify, assess, manage and review risk in the designated centre. The centre maintained a local risk register which outlined measures in place to control identified risks. In addition, individual risk assessments were also in place in relation to management of individual risks.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, some improvement as

required in the containment of fire as one fire door did not close appropriately on the day of inspection. This had been self-identified by the provider and plans were in place to address this issue. While, fire drills were carried out regularly, they did not demonstrate that the arrangements in place were adequate to evacuate all persons in the event of a fire at night time. For example, a resident had not been involved in a recent night time fire due to a concerns related to the distress of the sound of the alarm. On the day of the inspection, this was discussed with the person in charge and the provider undertook to review of the arrangements in line with the resident's needs.

There were suitable practices in place in relation to the storing, ordering, administration and disposal of medicines. There were appropriate practices in place for the safe storage of medication. A sample of prescription and administration sheets were viewed and found to contain appropriate information.

Regulation 17: Premises

The designated centre was homely and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective systems in place to identify, assess, manage and review risk in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. However, some improvement as required in the containment of fire as one fire door did not close appropriately on the day of inspection. While, fire drills were carried out regularly, they did not demonstrate that the arrangements in place were adequate to evacuate all persons in the event of a fire at night time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable practices in place in relation to the storing, ordering, administration and disposal of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and a personal care plan was developed in line with their assessed health and social care needs. However, personal plans were not in place for some identified health and social care needs. However, some improvements were required so as to better represent the participation of residents and/or family representatives in the development of personal plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy their best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural supports were in place for residents who required support to manage their behaviour.

There was evidence that restrictive practices in use in the centre were subject to review and were removed where possible.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents from 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tús Nua OSV-0005415

Inspection ID: MON-0027447

Date of inspection: 25/09/2019

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A Vent were installed on the 10/10/19 fire door is closing appropriately.</p> <p>On the 01/10/19 at 07:10am An Emergency Evacuation was carried out where all four Residents were evacuated to a safe place by two night duty staff members.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Health and Social Assessed needs will have a corresponding plan in place. Residents will be centrally involved where possible and their representatives will be invited to be involved in future planning.</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/10/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/10/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	04/10/2019

Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2020
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