



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

Issued by the Chief Inspector

Name of designated centre:	Villa Maria
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 February 2024
Centre ID:	OSV-0001686
Fieldwork ID:	MON-0034028

About the designated centre

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

Villa Maria is a designated centre operated by Sunbeam House Services CLG. Villa Maria is located in a town in Co. Wicklow. The designated centre can provide residential care for up to six male or female residents over the age of 18 years. The centre provides services for residents who are dependent in many areas of their daily life and require staff support to maintain and increase independence as much as possible. Staff also support residents to manage personal risks and provide healthcare supports. The centre is managed by a full-time person in charge who also has responsibility for another designated centre. They are supported in their role by a deputy manager. A senior services manager is also assigned to the centre and provides supervisory support to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 21 February 2024	09:30hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that the centre was operating at a good level of compliance with regulations, and that overall residents were in receipt of a safe and quality service.

The centre comprised a two-storey house in a large town. The house was within walking distance to many amenities and services. There was also a vehicle available to support residents to access their community and beyond.

The inspector carried out a thorough walk-around of the centre with the person in charge. The house comprised individual bedrooms and communal spaces including bathrooms, sitting rooms, and an open plan kitchen and dining space. Residents' bedrooms had been decorated in line with their personal preferences and provided sufficient storage space for them. There was also a utility room, staff offices, and front and rear gardens.

The house had been renovated and refurbished in 2023. Overall, it was found to be bright, clean, comfortable, and well maintained and equipped. It was also nicely decorated, for example, residents' photos were displayed in the hallway. There was also information displayed on the provider's complaints procedure and safeguarding.

The inspector observed several restrictive practices implemented in the centre. Staff told the inspector about the rationale for the restrictions, however the inspector found that the implementation of certain restrictions required improvement to ensure they were clearly defined and based on an assessed need.

The inspector observed good fire safety systems such as fire detection and fighting equipment in the centre. The premises, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

The inspector had the opportunity to meet all six residents living in the centre. They had complex communication means and did not express their views to the inspector. However, they appeared content in their home and staff engaged with them in a familiar and warm manner.

In advance of the inspection, surveys on what it was like to live in the centre were completed by residents' representatives on their behalf. Their feedback was positive, and indicated that residents were safe, got on with their housemates; and were happy with the services they received in the centre such as the premises, facilities, food, staff, visiting arrangements, and activities available to them. The comments included "this is my home and I am very comfortable here", "I love all the staff",

"staff always explain things to me", "the food is delicious", and "very happy at Villa Maria". The provider's recent annual review of the centre had also consulted with residents and their representatives, and their feedback was positive.

Residents were consulted with on a daily basis about their care and support. Some used communication aids such as pictures. The person in charge had recently arranged for the provider's speech and language department to complete communication assessments for residents and to develop associated plans to help ensure that they were being supported to express their wishes and needs.

Residents were supported by staff working in the centre to engage in social and leisure activities. The provider's occupational therapy department had recently developed activity profiles on residents' interests to guide staff on the activities meaningful to them. During the inspection, residents engaged in different in-house and community activities, such as using electronic smart devices, watching television in their bedrooms, having massage treatments, shopping, and bowling. The inspector viewed a recent shift planner which recorded the activities residents had engaged in, such as going out for lunch, drives, walks, shopping, massages, art, music, bowling, and visiting family.

During the inspection, the inspector met different members of staff including the person in charge, senior services manager, and nurses.

The person in charge told the inspector that residents' needs were being met in the centre and that they received good care. However, the person in charge was keen to further develop the communications supports available for residents and to enhance their opportunities for social activities. They were satisfied with the staff skill-mix and complement. They told the inspector that the staff team knew the residents' needs and individual personalities well, and had built good relationships with their representatives.

The person in charge demonstrated very good oversight and understanding of the service to be provided in the centre. They had no significant concerns, however felt confident in raising any concerns with the senior services manager.

A nurse told the inspector that residents received a good quality service in the centre. They spoke about some of the recent improvements in the centre, such as the quality initiatives introduced by the person in charge, and new mobility equipment for a resident that had increased their opportunities for different community activities. They told the inspector about residents' healthcare needs and behaviour support strategies, fire safety precautions, and the procedures for safeguarding residents; and demonstrated good knowledge of these matters.

Overall, the inspector found that residents were in receipt of a safe and quality service, and that arrangements were being implemented to meet their assessed needs and wishes. However, improvements were required to aspects of the service provided in the centre, such as the use of certain restrictive practices and the oversight of care plans.

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

There were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs.

The provider had ensured that the centre was well resourced, for example, staffing arrangements were appropriate to residents' needs and multidisciplinary team services were available as required.

The provider and person in charge 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, and actions were identified to drive quality improvement.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were supported in the management of the centre by a deputy manager. The local management team also had responsibility for another two centres, however this was not impacting on their effective governance and management of the centre concerned. The person in charge reported to a senior services manager, and there were systems for them to communicate.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were also effective arrangements to ensure continuity of care for residents. Staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

There were arrangements for the support and supervision of staff working in the centre, and staff spoken with told the inspector that they were satisfied with the support they received. Staff could also contact an on-call service if outside of normal working hours.

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 the recent staff team meetings from January 2024 which reflected discussions on audit findings, health and safety matters, residents' updates, incidents, restrictive practices, safeguarding, staffing, infection prevention and control, and the premises.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and

the related schedules, for example, insurance contracts, statement of purpose, and the residents' guide.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector in accordance with the requirements of regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were in their role since June 2023. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

The person in charge had a clear understanding of the service to be provided in the centre, and was promoting a human rights-based approach to the delivery of care and support. They were also driving quality initiatives which were enhancing the services provided to residents in the centre.

The person in charge had responsibility for another two centres. However, this was not impacting on their effective governance, management, and administration of the centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, deputy manager, nurses, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of the residents living in the centre. A social care worker vacancy had been recently filled to complete the full staff complement. Staff leave was covered by agency staff and the provider's staff worked additional hours to ensure that residents received continuity of care and support.

The inspector viewed a sample of the recent planned and actual staff rotas, and found that they clearly showed the names of staff working in the centre during the day and night including agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, first aid, manual handling, supporting residents with modified diets, management of behaviours of concern, restrictive practices, infection prevention and control, and fire safety. The training records viewed by the inspector showed that most staff were up to date with their training requirements. Some staff required training in first aid and managing behaviours of concern; and the person in charge had scheduled them to attend the training in the coming months.

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision policy. Records of formal supervision and probation reviews were maintained by the person in charge. Staff told the inspector that they were satisfied with the support they received.

Staff could also utilise an on-call service outside of normal working hours if they required support.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was well resourced to ensure the delivery of effective care and support, for

example, the staffing arrangements were appropriate to residents' needs.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for three centres and was supported in their role by a deputy manager, for example, they completed audits, supervised staff, and carried out staff appraisals. The person in charge reported to a senior services manager. There were effective arrangements for the management team to communicate and escalate information.

The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports and annual reviews, and detailed audits on health and safety, infection prevention and control, communication, and medication management. The audits identified actions for quality improvement which were monitored to ensure progression.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge.

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 available in the centre to residents and their representatives. During the inspection, the person in charge made minor amendments to it to ensure that it was sufficiently detailed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre, for example, minor injuries, use of restrictive procedures, loss of power, and allegations of abuse, were notified to the Chief Inspector in line with the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvements were required in relation to the oversight of residents' personal plans and on the management of restrictive practices.

The person in charge had ensured that assessments of residents' needs were carried out which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and personal plans. The assessments were up to date, and the plans were readily available to guide staff practice. However, the inspector found that some plans required updating and more specific detail on the interventions required by residents.

Positive behaviour support plans had been prepared by the provider's behaviour support specialist to guide staff on supporting residents to manage their behaviours of concern.

There were several restrictive practices implemented in the centre. There were good arrangements to assess, monitor, and review the use of most of the practices. However, the rationale for the use of night-time checks which could impact on residents' right to privacy was not clearly outlined. Furthermore, the checks were not defined or described in documentation for staff to follow which posed a risk to the quality and safety of care provided to residents.

Appropriate arrangements were in place to safeguard residents from abuse, for example, staff had received relevant training to support them in the prevention and appropriate response to abuse.

The premises comprised a large two-storey house with gardens. The house was clean, bright, well maintained, and nicely decorated. Residents had their own private bedrooms, and there was sufficient communal space including space for residents to receive visitors. Some upkeep to the premises was required, and had been reported by the person in charge to the provider's maintenance department.

The environment could be busy at times. For example, on a typical day, there were six residents, four staff, and the person in charge or deputy manager present in the centre (there could also be other parties such as residents' families or therapists visiting the centre). While this was not seen to be having an impact currently on residents, the communal space in the centre required ongoing assessment by the provider.

There were good fire safety precautions implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. The fire panel was easily found in the hallway (it was addressable, but limited in scope).

Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part

of fire drills carried out in the centre.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. The premises provided suitable communal facilities and private space for residents to spend time with visitors such as their family members.

Judgment: Compliant

Regulation 17: Premises

The premises comprised a large two-storey detached house. Residents had their own bedrooms (some had en-suite facilities) which had been decorated in line with their personal preferences and provided sufficient space and storage. The communal areas included bathrooms, two sitting rooms, and open plan kitchen and dining space. The kitchen was well equipped and the appliances were observed to be in good condition. There was also a utility room, staff offices, and front and rear gardens.

The premises were found to be clean, bright, comfortable, and nicely decorated. Efforts had also been made to make the house more homely, for example, additional furniture had been recently sourced by the person in charge.

Generally, the premises were well maintained. However, the bathrooms required some attention, for example, exposed pipes required covering. The person in charge had reported these matters to the provider's maintenance department, and also requested that the garden facilities were upgraded.

The provider had ensured that technology such as electronic smart devices and communication aids were available to residents. Some residents also used specialised mobility equipment such as electric beds, and there were arrangements to ensure that the equipment was kept in good working order, for example, through scheduled servicing.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It

contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents involvement in the running of the centre. The person in charge made minor revisions to the guide during the inspection to ensure that all of the information was accurate.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks. The inspector observed that all of the fire doors closed properly when released.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff had also completed fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input such as occupational therapy, speech and language therapy, and dietitian services. The assessments informed the development of care plans for staff to follow.

The inspector viewed a sample of residents' care plans, including those on communication, safety, dysphagia, intimate care, and specific health conditions. The plans also included information on residents' personal preferences. The plans were readily available to guide staff practices. Some of the plans reflected resident (or their representatives) input.

The inspector found that some plans required minor revisions to reflect updates to information and to better outline the specific supports residents' required, for example, intimate care plans were limited in detail under some sections.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. Written behaviour support plans had been prepared by the provider's behaviour support specialist. The plans outlined the strategies to be in place to support residents to manage their behaviours.

There were several restrictive practices implemented in the centre including environmental, physical and rights restrictions, such as night-time checks, locked doors and gates, a chest harness for travelling in the vehicle, and restricted access to taps. Most of the restrictions were being managed in line with the provider's policy, for example, they were deemed to be the least restrictive options and had been referred to the provider's human rights committee for approval. Social stories had also been discussed with residents to help them understand the purpose of the restrictive practices impacting them.

The person in charge maintained a restrictive practice register, and was committed to minimising the use of the restrictions in the centre. For example, the locking of bedroom doors had been recently reviewed at a staff team meeting and was deemed no longer necessary. The person in charge had also requested that provider's maintenance department change the lay out of a residents' bedroom and en-suite in order to potentially lift another restriction impacting them.

However, the inspector found that the management of night-time checks required improvement to ensure that they were based on an associated need, were the least restrictive option, and were for the shortest duration necessary.

The assessments for the night-time checks did not clearly outline their rationale. Furthermore, how the night-time checks were to be carried out and recorded was not defined. This presented a risk of inconsistency to residents' care and support, and did not demonstrate if the checks were for the shortest duration necessary.

The provider's recent unannounced visit report in January 2024 had also noted that the use of night-time checks required more consideration, and the person in charge had escalated their use to the senior management team for guidance.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance in the centre for them to refer to. Staff spoken

with during the inspection were aware of the safeguarding procedures.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, and managed.

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	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Villa Maria OSV-0001686

Inspection ID: MON-0034028

Date of inspection: 21/02/2024

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 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: The client files have been reviewed by the PIC and keyworkers. Any identified updates have been made to reflect client specific supports. These plans are now updated. Completed 15/03/2024</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The assessment of night-time checks has been updated to better reflect individual need. This includes the rationale, how the checks are conducted and recording of these on CID. The PIC will continue to keep these under review to ensure the least restrictive option is being pursued at all times. Completed 15/03/2024</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 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	15/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	15/03/2024
Regulation 07(4)	The registered	Substantially	Yellow	15/03/2024

	provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Compliant		
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	15/03/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	15/03/2024