Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Appleview
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0001702
Fieldwork ID:	MON-0043742

About the designated centre

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

Appleview is a designated centre operated by Sunbeam House Services CLG, located in an urban area of County Wicklow. The designated centre offers residential services to four male adults with intellectual disabilities. The designated centre consists of a detached house which is located in a housing estate and consists of a sitting room, dining room, kitchen, utility room, four individual bedrooms, a staff sleepover room, an office and a number of shared bathrooms. The house provides residents with a garden space to the rear of the property. The centre is staffed by a person in charge and social care workers. The person in charge works in a full-time capacity and they are also responsible for a separate designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 18 June 2024	09:00hrs to 14:20hrs	Kieran McCullagh	Lead
Tuesday 18 June 2024	09:00hrs to 14:20hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This was an unannounced follow-up inspection carried out to assess the provider's implementation of their compliance plan for a recent announced inspection in April 2024 where non-compliance was identified under Regulation 31: Notifications, Regulation 7: Positive Behaviour Support and Regulation 8: Safeguarding.

This inspection found the provider and person in charge had completed the actions as set out in their compliance plan response and this had brought about improved compliance with the regulations and also the quality of service provided to residents. The actions taken and improvements observed are further described under the relevant regulations in the report.

The inspection was facilitated by the person in charge and deputy client service manager for the duration of the inspection. Inspectors used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, inspectors found high levels of compliance with the regulations.

Inspectors found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "empower people with the necessary skills to live full and satisfactory lives as equal citizens of their local community". Inspectors found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre is situated in a coastal town in County Wicklow. The house comprised of five bedrooms, including one staff sleepover room, kitchen, dining room, sitting room, utility room and three bathrooms. The centre is registered to accommodate four people and inspectors had the opportunity to meet all four residents over the course of the inspection.

Inspectors spent time speaking with all four residents throughout the course of the inspection. Residents spoke about how they liked to spend their time, what they found relaxing and taking part in their preferred activities in their local community. For example, residents enjoyed watching sport on television, going to the gym, visiting family and shopping. Throughout the inspection inspectors saw residents being supported to participate in a variety of home and community based activities, which included residents being supported by staff to attend appointments and independent living skills, such as making tea and coffee.

One resident spent some time speaking to inspectors and told them they felt safe and happy in their home. This resident shared jokes with inspectors and it was apparent they had a great rapport with the staff team who supported them. It was also evident to inspectors that residents enjoyed being in each others company and had built up strong connections with each other. For example, residents spent time

watching television together and were observed chatting and laughing throughout the course of the inspection.

The person in charge and deputy client service manager spoke about the high standard of care all residents receive and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by inspectors, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke with inspectors regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding, medication management and feeding, eating, drinking and swallowing (FEDS). Inspectors found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs.

Inspectors observed that the house was clean, warm and welcoming. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. There was a private garden/driveway area to the front of the property and a large garden area to the rear. The gardens were well maintained and provided a tranquil space for residents to enjoy in times of good weather.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

On the day of the inspection inspectors observed there was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre and their regulatory responsibilities. The person in charge worked full-time and was responsible for this and another designated centre. They were present in this centre regularly and they were supported in their

role by a senior service manager.

Since the previous inspection, inspectors found that the provider had implemented improved effective oversight arrangements to ensure that residents were being provided with a good quality support service. It was evident that the person in charge was committed to the welfare of residents and they had comprehensive processes in place to undertake audits of the centre. Inspectors reviewed audits in the centre and found that they examined practices such as residents' individual plans, finances, medication and infection, prevention and control (IPC).

In compliance with regulatory governance requirements, the provider had completed unannounced visits to the centre twice per year and produced a report on the visits. Action plans were drawn up as part of these reports and inspectors observed that actions were being used to drive continuous service improvement.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 23: Governance and management

The provider had improved arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented. For example, there was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

Inspectors found that the governance and management arrangements were effectively identifying areas requiring improvement and ensuring that required actions were taken in a timely manner. For example, an annual review of the quality and safety of care had been completed for 2023. In addition, a suite of audits were in place including six-monthly unannounced visits, as per the regulatory requirement. Audits carried out included fire safety, health and safety, medication management and resident finance audits. On completion of these, action plans were developed to address any issues identified.

Following the previous inspection completed in April 2024, the provider submitted a compliance plan with specific, measurable, achievable, realistic and time bound

(SMART) actions to address non compliance identified. Inspectors reviewed the compliance plan and found that actions identified were complete or in progress. In addition, these actions were being used to drive continuous service improvement and effective in ensuring improvements in the quality of support for residents in the home. For example, improvements were evident under Regulations 7 and 8, which are discussed further in the body of the report.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector of Social Services, as per the regulations.

Prior to and during the course of the inspection inspectors completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, inspectors observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality and inform practice.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

Inspectors observed that the complaints procedure in place was accessible and in a format that the residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern.

Inspectors reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. However, improvements were required under positive behaviour support.

Inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

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, and informed the development of care plans which outlined the associated supports and interventions residents required.

Since the previous inspection inspectors observed improved oversight arrangements in place in relation to positive behaviour support and safeguarding. Proactive strategies were employed in supporting residents to develop skills that would improve their quality of life and address individual needs before behaviour escalated. There was a clear culture of openness, compassion, transparency and accountability and the provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse and that residents were empowered to do the same.

Inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Residents had sufficient opportunities and supports to partake in activities

in line with their wishes, capacities, and interests. Residents attended weekly residents' meetings. These meetings supported residents to exercise choice and control in relation to the running of the centre. Additionally, staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights.

Overall, the findings of this inspection were that residents in this house were in receipt of a good quality and safe service which was promoting and respecting the rights of each individual.

Regulation 26: Risk management procedures

The centre had an up-to-date risk management policy in place. Inspectors reviewed this and found it was subject to regular review and contained all the information as required by the regulations.

The provider had risk assessments and management plans in place which promoted safety of residents and were subject to regular review. Inspectors reviewed the service risk register and found that it was up-to-date. All potential risks were assessed, risk rated, and control measures were identified and implemented.

Individualised specific risk assessments were also in place for each resident. It was observed by inspectors that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Medication administration records reviewed by inspectors clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medication and were in receipt of training and on-going education in relation to medication management.

Residents had been assessed to manage their own medication but no residents were

self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed four residents' files and saw that files contained up to date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, inspectors observed plans on file relating to the following:

- Rights
- Communication
- Feeding, eating, drinking and swallowing (FEDS)
- Personal emergency evacuation plans (PEEPs)
- Safeguarding
- Money management

Inspectors reviewed two residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; learn a language, stay in touch with family and friends, go on a holiday and get paid employment.

The provider had in place systems to track goal progress, which included; actions taken, person responsible and status of the goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Since the previous inspection, inspectors found that there were improved arrangements in place to provide positive behaviour support to residents with an

assessed need in this area. For example, one positive behaviour support plan reviewed by inspectors was detailed, comprehensive and developed by an appropriately qualified person. In addition, the plan included proactive and preventative strategies in order to reduce the risk of behaviours that challenge from occurring.

Staff spoken with were knowledgeable of support plans in place and inspectors observed positive communications and interactions throughout the inspection between residents and staff.

There were some restrictive practices used in this centre. Inspectors completed a review of these and found they were the least restrictive possible and used for the least duration possible. Inspectors also reviewed the restrictive practice log and found that these had been assessed, logged and notified to the Chief Inspector as per the regulations. The provider had a restrictive practice committee in place and it was documented that restrictions were reviewed on a regular basis.

The provider had not ensured that staff had received training in the management of behaviour that is challenging. Although training had been scheduled and was due to commence in July 2024, this was a fundamental component in supporting staff to reduce the risk of behaviours that challenge from occurring and to create physical and social environments that were supportive and capable of meeting residents' needs.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the registered provider and person in charge had implemented improved systems to safeguard residents from abuse. For example, there had been a number of developments at policy level, which included a comprehensive review of the provider's policies on positive behaviour support and safeguarding of vulnerable adults. On the day of the inspection both of these policies were with the Chief Executive Office (CEO) for final review and sign off.

Since the previous inspection, there had been a reduction in the number of peer to peer safeguarding concerns. Inspectors reviewed two preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about safeguarding plans and their implementation and their safeguarding remit.

Following a review of four residents' care plans inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with resident's personal plans

and in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self-development. Each resident had completed a rights assessment and had a rights restriction support plan where required.

Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices. Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

Residents were consulted with in the running of the centre. The annual review of the quality and safety of care was completed in consultation with residents and their families. Inspectors saw that there was very positive feedback from residents and families about the standard of care in the centre. Residents contributed by saying that they were happy living in their home. Some residents said they were not satisfied with the level of choice and control in their lives and indicated they would like more support around decision making. However, on the day of the inspection residents told inspectors they felt that they could choose what activities they wanted to engage in. Inspectors also observed residents being consulted throughout the course of the inspection on what activities they would like to do.

Residents were furnished with accessible easy read documents to support decision making including information on advocacy and rights, the complaints procedure and their tenancy agreement. The registered provider had ensured that each resident's privacy and dignity was respected and upheld. Each resident had their own bedroom, and there was ample communal living space. Residents' personal information was securely stored to protect their privacy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Appleview OSV-0001702

Inspection ID: MON-0043742

Date of inspection: 18/06/2024

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Positive Behaviour support policy was reviewed and updated, now entitled Rights Based Positive Behaviour Support Policy on the 02nd July 2024. This was disseminated to all staff. All staff receive Crisis Prevention Intervention Training and in addition. The Behaviour Support department provide guidance and support to both clients and staff. The Quality, Compliance and Training department will support the rolling out of Behaviour Support training across the service commencing on the 24th July 2024 through to September 2024. Staff will be supported to develop the behaviour support skills through training, reflection and de-briefing as appropriate.	

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 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2024