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:	Kilcarra
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0001708
Fieldwork ID:	MON-0033130

About the designated centre

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

Kilcarra designated centre is located in a rural, scenic area outside a small town in Co. Wicklow. The designated centre can provide residential care for up to four male or female residents over the age of 18 years. The centre provides services for residents that are dependent in many areas of their life requiring staff support to maintain and increase independence as much as possible. Staff are present in the centre both day and night to support residents living here. Three staff work in the centre during the day and two sleep over staff are assigned to the centre at night time. The centre is managed by a full-time person in charge who also has responsibility for another designated centre some distance away. 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:	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 - 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
Wednesday 2 June 2021	10:10hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

All residents, the inspector met with, were unable to provide verbal feedback on the service they received. Therefore, the inspector engaged in observations of residents in their home and carried out additional observations of the premises both inside and outside the centre.

The centre comprises of a detached bungalow located in a rural area in Wicklow. The designated centre is surrounded by scenic views of the rural countryside and mountains with neighbouring houses either side. Good attention and care of the garden areas to the front and back of the centre was noted. Staff and residents had taken the opportunity to create raised planters which contained pleasant flowers.

In addition, the inspector observed flowers were planted in other areas of the garden to the front which made the garden area look pleasant and well maintained. On the day of inspection, the inspector noticed a pheasant in the back garden area and horses in a field were also visible from the front garden area.

A resident living in the centre enjoyed spending time outside and to support them in doing so, the provider had placed a gazebo for them to use. In addition, residents were provided with a swing which could support wheelchair users. The inspector observed the resident spending time outside in the gazebo area on the day of inspection. When they wished to go inside they called for staff and were observed being supported to go back into the house for a cup of coffee.

Since the previous inspection, the provider had made arrangements to cut a number of trees to the rear of the property. This was a good improvement as it provided more natural light into the centre, particularly for residents whose bedrooms looked out onto the garden at the back. In addition, it formed part of the provider's action to address a complaint they had received in the previous year. Demonstrating appropriate action had been taken on foot of the complaint.

The inspector also noticed a number of improvements to the premises had been made since the previous inspection. A number of areas in the centre had been re-painted, for example, the living room, hall and a resident's bedroom. New flooring had also been installed in one resident's bedroom. Further aesthetic improvements included the hanging of framed photographs of residents and paintings residents had made were also hung in the living room area of the centre.

The inspector however, noticed some of the ground, particularly to the rear of the property was a little uneven. On further discussion with the person in charge, it was

noted while it did not pose a particular trip hazard to staff or visitors, it did pose a hazard for some residents while they used their mobility aids to engage in physiotherapy routines outside. In addition, while the provider had ensured ramps were available for residents, the hand rails for some ramps did not extend to the end of the ramp and therefore, impacted on their effectiveness.

Residents were observed going out with staff to attend appointments, while other residents were observed listening to music and engaging with staff while they were in their home. The inspector observed a stereo with large speakers and a light system located in the hall. The lights on the stereo changed with the music.

On further discussion with staff, they informed the inspector that this particular stereo system had been purchased to meet the sensory needs of one resident who enjoyed listening to music and enjoyed watching lights. This encouraged the resident to raise their head to look at the lights which helped with their posture and also provided an opportunity for meaningful engagement in an activity in their home.

During the course of the inspection, the inspector could overhear staff singing along to a song while encouraging the resident to enjoy the music and have fun. On review of the resident's plan it was noted the resident enjoyed music and loud, active environments.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by the ongoing pandemic restrictions. Overall, a good level of compliance was found on this inspection. Some improvement in personal planning and addressing maintenance issues in a timely manner were required.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

There was a person in charge employed in a full-time capacity, who had the required experience and qualifications to effectively manage the service. While the person in charge had responsibility for two designated centres, the inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre. They were supported in their role by a deputy manager

across the two designated centres they managed.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. It was noted the previous six-monthly unannounced audits had taken place remotely as a result of the ongoing COVID-19 pandemic. However, it was noted on this inspection that good levels of compliance were found and this corresponded with the findings from the remotely unannounced audits carried out by the provider for this designated centre.

In addition, the person in charge carried out quality audit checks on an ongoing basis in the centre in relation to areas such as medication management, residents' finances, restrictive practices, house keeping and cleaning and complaints. Further health and safety audits had also been completed in the centre, by a person on behalf of the provider.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place.

A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. Staff spoken with over the course of the inspection demonstrated good knowledge and understanding of residents' support needs.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, the inspector found that staff had received training in all areas identified as mandatory.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

The inspector reviewed a sample of complaints logged in the centre. There had been one complaint logged in the previous year and this had related to the trees located in the rear of the property. The provider had made arrangements to cut them back in response to the compliant. The inspector noted this was to the satisfaction of the complainant and the complaint had been closed off.

Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and

had worked with them for many years.

The person in charge appointed to manage the centre, was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

Appropriate governance support arrangements had been put in place by the provider to support the person in charge in managing more than one designated centre. A deputy manager formed part of the management team for the designated centre and supported the person in charge in their role.

Judgment: Compliant

Regulation 15: Staffing

Overall, a stable and consistent staff team worked in the centre.

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents and aligned to the whole -time -equivalent (WTE) numbers as set out in the statement of purpose.

Three staff worked in the centre during the day and two sleepover staff worked in the centre at night time.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

Mandatory training for staff was found to be up to date and refresher training was made available to staff with dates identified for the coming year.

Judgment: Compliant

Regulation 23: Governance and management

The provider had created an annual report for 2020.

The provider had ensured six-monthly reviews of the service had been carried out. The findings of the six-monthly unannounced audits corresponded with the findings of this inspection in relation to levels of compliance.

The person in charge also engaged in quality assurance audits within the centre. These audits reviewed key quality and compliance indicators and provided an action plan for the person in charge and/or staff to complete following each one.

The provider had carried out some premises improvement works since the previous inspection, improving the overall aesthetic and homely character of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was evidence to demonstrate complaints were responded to in accordance with the provider's complaints policy and managed in a timely manner, to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection. Some improvement was required to ensure more timely action was taken to address maintenance requests made by staff or the person in charge. Some risk improvement measures were required to eliminate any trip hazards for residents while engaging in their physiotherapy routines.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. Fire and smoke containment measures were in place, fire doors, with smoke seals, were located throughout the premises and had been fitted with automatic door closers. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date.

Each resident had a personal evacuation procedure in place. Fire evacuation drills had been completed regularly and included a night time drill to review the effectiveness of the evacuation plans for residents.

A review of safeguarding arrangements noted residents were protected from the risk

of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures. No active safeguarding plans were required at the time of inspection. Appropriate measures were in place to review instances minor injuries to establish their cause and out rule any safeguarding concerns. Staff spoken with demonstrated knowledge of safeguarding reporting procedures.

Each resident was provided with an intimate care plan which provided information with regards to the support needs they required.

Each resident had a personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. While residents' personal plans were comprehensive in scope, it was not evidenced that some recommendations made by allied professionals have been reviewed to assess their effectiveness for a long period of time. This required improvement.

While it was observed there had been enhancements and refurbishment upgrades to the centre since the previous inspection, improvements were required to ensure timely response and action was taken when maintenance requests were made. For example, the inspector noted a number of premises maintenance requests which had been logged in 2019 had not been addressed at the time of inspection. This required improvement.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. In particular, some residents presented with self-injurious behaviours or sensory behaviours and required specific restrictive interventions and behaviour support strategies for their management. While it was noted positive behaviour support plans were in place, these had been drawn up by the residents' key workers. This required improvement to ensure behaviour support for residents were overseen and assessed by an appropriately qualified allied professional with skills and expertise in this regard.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk.The person in charge maintained a restrictive practice register and reviewed and updated this register regularly.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. Centre-specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

PPE was in good supply and hand-washing facilities were available in the centre.

Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found, in general, risk was well managed. Identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well-being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks. The inspector identified one risk being managed in the centre that was not identified on the risk register, this was addressed during the course of the inspection.

Some improvement was required in relation to the mitigation and management of slips, trips and falls for residents. This related to improvement in the provision of grab rails that extended to the end of ramps. In addition, it was observed some of the ground around the perimeter of the centre was uneven in parts which could pose a trip hazard for residents while using their mobility aids outside as part of their physiotherapy programmes.

Regulation 17: Premises

The provider had carried out some premises enhancement works since the previous inspection which included repainting a number of areas throughout the centre, installation of new flooring in a resident's bedroom and maintenance of the garden areas to the front and rear of the centre.

While these improvements had made a noticeable and positive impact to the residents' home environment some further improvement was required.

It was noted a number of maintenance requests made by the person in charge and staff had not been responded to or addressed in a timely manner.

A sample of outstanding maintenance requests at the time of inspection included the following:

- Request for kick guards to fire doors to prevent them becoming damaged had been logged in 2019, this had not been evaluated or addressed at the time of inspection.
- Request for repainting a resident's bedroom and upgrading the storage options in the bedroom had not been addressed.
- Request for replacing the flooring in a resident's bedroom had not been

addressed.
- Request for improved hand rails along ramps had not been addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was evidence of the implementation of the provider's risk management policies and procedures in the centre to a good standard

There was a risk register in place, that evidenced a good understanding of the risks in the centre, with proportionate control measures in place.

Where risks were identified a corresponding risk assessment was in place which assessed the level of risk and documented control measures in place to mitigate and manage the risk.

During the course of the inspection a risk managed in the centre was added to the risk register.

Some improvement in the mitigation and prevention of slips, trips and falls were required in this centre. The inspector noted hand rails on some ramps did not extend to the full length of the ramp and therefore impacted on their effectiveness.

Some areas of the ground around the perimeter of the centre were a little uneven. While they did not pose a risk of falls to staff or visitors, residents used this area to engage in daily physiotherapy routines with their mobility aids and did pose a risk of falls or trips for residents while using mobility aids over uneven surfaces.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate PPE available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the

control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety systems and procedures were in place.

Fire doors were present in the centre and fitted with automatic door closers. Fire safety equipment had been serviced regularly with fire servicing checks and records maintained in the centre.

Residents had engaged in fire safety drills and personal evacuation plans were documented for each resident.

In addition, the provider had ensured high staffing to resident ratios in the centre during the day and at night-time, which enhanced the effectiveness of the evacuation procedures for residents living in this centre.

For example, three staff supported four residents during the day-time, two sleep over staff were available in the centre at night-time.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed.

Residents' needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified.

Residents were supported to identify and achieve personal goals within the context of COVID-19.

Some improvement was required to ensure recommendations made by allied health professionals were reviewed to assess their effectiveness. For example, the inspector noted all residents had received a sensory assessment in 2017, however, it was not demonstrated if these assessments had been reviewed for their effectiveness since that time. Similarly, it was not demonstrated if a swallow and

feeding plan, dated 2015, had been reviewed to assess it's effectiveness.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents were had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

However, behaviour support plans had been drawn up by residents' key workers and had not been updated or reviewed by an appropriately qualified allied professional. This required improvement.

A small number of restrictive practices were implemented the centre. Where such practices were implemented, they were to manage a specific personal risk and were reviewed and recorded on the centre's restrictive practices register.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding vulnerable adults and staff spoken with were knowledgeable of safeguarding reporting procedures.

No active safeguarding plans were in place at the time of inspection.

Residents were provided with intimate care planning supports which outlined specific details in how to care and support residents with personal care, while maintaining their privacy and dignity.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 Kilcarra OSV-0001708

Inspection ID: MON-0033130

Date of inspection: 02/06/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Quotes have been requested for the repair of the ground at the rear of the property this will reduce the risk of falls or trips for residents while using mobility aids. 30/07/2021 The handrails have been ordered and due to be installed in the next couple of weeks. 30/07/2021 Kick guards to fire doors will be sourced to prevent damage to the fire doors.30/07/2021 Painting and storage in residents bedroom will be addressed 31/08/2021. Flooring in residents bedroom will be replaced 31/08/2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider is conducting a review of its current maintenance recording system, to ensure timely responses and actions are taken when maintenance requests were made.	
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:
The Swallow and feeding plan for the resident had been closed off by SALT in 2017 as there was no deterioration or issues with their swallow. A referral for a review with SALT has been sent in for the resident for a private assessment, this will take place on Monday the 28/06/21. A Sensory assessment review will be completed on or before the 31/08/2021.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A review with the Behavioral support therapist is scheduled for the 15/07/2021 to review the residents' Positive behavioral supports plans.

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(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	30/09/2021

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	15/07/2021