

**Note of Provider Warning Meeting held with Sunbeam House Services regarding 'Ard na Greine' (OSV-0001689).**

<b>Date of meeting</b>	27 July 2022
<b>Venue</b>	Via Zoom videoconference
<b>Time of meeting</b>	14:00 – 14:30

**In Attendance:**

<b>Name</b>	<b>Role and Organisation</b>
Bernie Ivers (BI)	Board Member, Sunbeam House Services
Joe Lynch (JL)	CEO, Sunbeam House Services
██████████	Acting Senior QCT Manager, Sunbeam House Services
██████████	Facilities & Corporate Services Manager, Sunbeam House Services
John McCormack (JMCC)	Acting Senior Services Manager, Sunbeam House Services, SSM (Ard Na Greine)
Stephen Kearns (SK)	Senior Services Manager, SSM (Helensburgh)
Stevan Orme (SO)	Regional Manager, HIQA
Jacqueline Joynt (JJ)	Inspector of Social Services, HIQA
Michéal Kelly (MK)	Regulatory Support Officer, HIQA (note taker)

**1. Introductions**

SO welcomed all attendees. All attendees introduced themselves and their roles.

**2. Outline of legislative remit**

SO noted the functions of the Chief Inspector as outlined in Section 41 of the Health Act 2007, as amended ("the Act"). SO stated that this meeting represents formal engagement between the Chief Inspector of Social Services and the registered provider.

For the purpose of this meeting, the Chief Inspector is represented by SO – who has been appointed to carry out functions of the Chief Inspector under Section 41 of the Act – and the registered provider is represented by JO'Q, as 'Registered Provider Representative'.

**3. Purpose of the meeting**

The provider warning meeting was held with a warning letter issued in response to failures on the part of the registered provider to act in compliance with the Health Act 2007, as amended, and the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations

2013 regarding designated centre ‘Ard na Greine (OSV-0001689)’ following the findings of an unannounced inspection which took place on 23 June 2022.

SO outlined the purpose of the warning meeting and its place in the escalation process as a written warning to the provider that their registration may be cancelled if they do not come into compliance with the Health Act 2007 (as amended).

#### **4. Summary of discussions and agreed actions**

##### *4.1 Nature of Non-Compliances and Provider Warning Letter*

The registered provider confirmed that they had received a soft copy of the warning letter prior to the warning meeting being held, a hard copy of the warning letter will be issued following the meeting.

SO summarised that from a review of the inspection findings illustrated between the two inspection reports that there were key areas of concern which need to be addressed by the provider:

- The compatibility of residents, in regards emergency admission of residents to both centres, and the effective management of resulting risks to ensure the safety of residents and their needs are met.
- The effectiveness of management audit/quality assurance arrangements to ensure that all risks identified and where highlighted action is implemented, monitored and reviewed to ensure effectiveness.

In addition, areas of further concern relate in Helensburgh to the consistent provision of staffing to manage a known safeguarding risk. While at Ard Na Greine, the need for systems to be in place to effectively support staff in the absence of a management presence.

SO read aloud the contents of the warning letter relating to ‘Ard na Greine’ which outlined the provider’s continued failure to address non-compliances with the following regulations:

- Regulation 8: Protection
- Regulation 24: Admissions and contract for the provision of services
- Regulation 31: Notification of incidents

As a result of these non-compliant findings, the regulator is concerned further by the findings at Helensburgh and Ard Na Greine as similar issues relating to the effectiveness of governance and management were raised in regards Parknasilla (OSV-0001691) and resulted in the issuing of a warning letter on the 9 June 2022.

## *4.2 Inspector's Evidence*

JJ provided evidentiary examples of the non-compliances found relating to the inspections of Helensburgh (OSV-0001703) and Ard na Greine (OSV-0001689), which has ultimately led to the issuance of warning letters today, respectively.

The governance and management oversight within 'Ard na Greine' was negatively impacting other regulations within the designated centre such as emergency admissions which were not in line with the statement of purpose, an unsafe environment which is not appropriate to residents' needs in preventing safeguarding incidents, a lack of awareness of arrangements when the person in charge is absent in ensuring the general welfare and safety of residents as well as not notifying the regulator of incidents which occurred.

Some residents relayed their unhappiness about their lived experiences in the centre and how it was impacting on them in a negative way. The inspector found, through conversations with residents, that not all residents felt comfortable living in the house and at times were anxious and afraid to be in the same room as other residents.

## *4.3 Registered Provider's Response*

JL acknowledged the contents of the warning letter and expressed disappointment as a result of the inspection findings, but recognised that there is work to be done to come into compliance with the related regulations.

█ stated that the provider will conduct a review of their current admissions policy and will formally email the authority assurances to [dcd@hiqa.ie](mailto:dcd@hiqa.ie) for the attention of both JJ and SO, with a new date for submission of the detailed compliance plan and additional information under section 65 to be communicated to the regulator.

### **Actions Arising the Meeting:**

The registered provider is required to submit a detailed plan on how they will address the findings in each of the centres and ensure the safety and well-being of residents. The plans need to be SMART in design, robust and comprehensive in content with key date specific and measurable milestones included.

The plan for each centre will be submitted to the Chief Inspector for review by the 2 August 2022.

Upon receipt the plans for each centre they will be reviewed to assess whether or not they provide appropriate assurances that the issues highlighted are being addressed and governance arrangements will ensure sustained compliance with the regulations and lead to quality care and support being provided to residents.

## **Additional Information request under S65 of the Health Act**

In addition, due to concerns identified on inspection, the provider is required to undertake a review of its admission policy, in order to ensure the assessment of resident needs and compatibility of residents in designated centres. Assurances that this review has been completed and outcome are also required by the 2 August 2022.

If the submitted compliance plans do not provided said assurances to the satisfaction of the Chief Inspector on how they will address the identified regulatory non-compliance at the designated centres it may result in the:

### **Cancellation of registration for the designated centres**

The meeting concluded at 14:30 and SO thanked all for their attendance and informed the provider that a meeting note would be issued in due course.

<b>Agreed Action</b>	<b>Responsible Person</b>	<b>Due Date</b>
Issue hard copy of warning letter to the registered provider.	HIQA	29/07/2022
Response to the stage 1 of inspection MON-0033714 report.	Registered Provider	02/08/2022 (provisional)
S65 Request – Additional Information (review of admissions policy, code of conduct and complaints procedure)	Registered Provider	02/08/2022 (provisional)
A compliance plan is to be submitted in response fieldwork event MON-0033714to <a href="mailto:dcd@hiqa.ie">dcd@hiqa.ie</a> .	Registered Provider	02/08/2022 (provisional)
Issue note of meeting to attendees.	MK	29/07/2022