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:	Sunbeam Lodge Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	10 July 2023
Centre ID:	OSV-0001932
Fieldwork ID:	MON-0039843

About the designated centre

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

Sunbeam Lodge Community Group Home is a bungalow situated in a busy town close to all community amenities. It currently provides full-time accommodation to female adults with a moderate to profound intellectual disability and a range of high support needs. The house is staffed by nurses and healthcare assistants. A waking night-time arrangement is in place. The centre comprises of three bedrooms (one of which is en suite), a bathroom, kitchen, utility room, dining room and sitting room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 10 July 2023	14:00hrs to 19:15hrs	Úna McDermott	Lead
Monday 10 July 2023	14:00hrs to 19:15hrs	Mary McCann	Support

What residents told us and what inspectors observed

This was an unannounced follow up inspection to an inspection that took place in February 2023. At that time, the inspector found non-compliance in nine regulations and substantial compliance in one regulation. There were concerns in relation to the welfare of the residents and the safety of the service provided. Further to this, a warning meeting was held with the provider during which the provider was put on notice of the enforcement action that would be initiated should they fail to address the areas of non-compliance and areas of risk identified.

In response to the findings of the February inspection, the provider submitted a compliance plan which detailed the actions that they planned to take in order to bring the centre into compliance. The purpose of this inspection was to assess the provider's capacity and capability to complete the actions required and to sustain an ongoing response in order to return to and maintain compliance with the Care and Support Regulations (2013). On this inspection, inspectors found improvement in the capacity of the provider to ensure effective oversight of the service and improvement in the safety of the care provided. However, ongoing work was to ensure that residents living in this designated centre were compatible with each other and to ensure that risks associated with compatibility were managed effectively. In addition, some improvements with training arrangements and the premises provided would further enhance the quality and safety of the service provided.

Sunbeam Lodge comprises one property located close to a busy town. It is located on a small campus which includes a respite service and a day service. The property provided is three bedroom bungalow, one of which has an en-suite. The inspectors found that concerns raised in relation to the premises at the time of the February inspection were addressed in the main. The floor covering was replaced and the walls were freshly painted. These matters will be further outlined under regulation 17 below. Overall, the property was clean, tidy and welcoming. Residents had access to a second sitting room which offered a choice of places to sit and relax or to spend time with their visitors. In addition, the provider was looking at options for a suitable outdoor space for use by the residents in Sunbeam House and in particular for a resident who may benefit from the use of a dedicated garden space.

On arrival at the centre, the inspectors met with two healthcare assistants on duty and two staff nurses later in the afternoon. They told the inspectors that the person in charge was not available on the day of inspection, however, the person participating in management (PPIM) was available. They arrive later.

On the afternoon of inspection, there were two residents residing in Sunbeam Lodge. This was a reduction in number since the last inspection. One resident was observed moving from their bedroom to the kitchen. They were observed carrying the remote control for their television and requesting the staff to play music it for them. This request was attended to promptly. In addition, they were observed

sitting briefly at the table and enjoying an afternoon snack which they were reported to enjoy. The resident did not hold conversations with the inspectors. However, they smiled briefly from time to time and used vocalisations to make their wishes known. Staff were observed to be very familiar with the resident's wishes and with their communication style. Interactions between the resident and the staff on duty were observed to be kind, caring and respectful.

The second resident was at their day service. They returned to their home later in the evening. They agreed to show an inspector their bedroom which was observed to be comfortable and personally decorated. Later, the resident was observed relaxing in the larger sitting room while spending time with staff and watching television.

Inspectors met with four staff members and the provider representative during the course of the inspection. They spoke with the inspectors about gradual improvements in the service and of the supports in place for a resident who experienced behaviours of concern. These included medical assessment and intervention, and arranging multi-disciplinary reviews. In addition, the resident was reported to be choosing to leave the centre more frequently than before. When at home, a range of in-house activities were provided which they were reported to sometimes enjoy. In addition, staff spoke about the staffing levels provided and the importance of familiar staff and consistency of care.

Overall, the inspectors found improvement in the capacity of the provider to ensure effective oversight of the service and improvement in the quality and safety of the care provided. However, it was clear that ongoing work was required in order to sustain these improvements, to support all residents with meaningful activity, to ensure compatibility and minimise the risk of adverse incidents occurring.

The next two sections present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to the residents.

Capacity and capability

Inspectors found that the provider had improved their capacity and capability to provide a safe and person-centred service. The governance and management arrangements in place had improved since the last inspection. The person in charge (PIC) continued to have a range of responsibilities on the campus including the designated centre, the respite service and a day service that operated every second weekend. However, staff reported that the PPIM was regularly available by telephone contact and through visits to the service. In addition, inspectors found that improvements in the monitoring and oversight arrangements impacted on the standard of documentation held at the centre which was organised and under regular review. However, improvements to the staff training arrangements in place, the premises provided and the overall governance and management of the centre

would further enhance the quality and safety of the service provided.

The provider had a statement of purpose for the service which was reviewed recently. It provided an accurate reflection of the service provided and was in line with the requirements of Schedule 1 of the regulations.

Staffing arrangements were reviewed as part of the inspection. A planned and actual roster was available. Inspectors found that they were well maintained and provided an accurate account of the staff present at the time of inspection. The number and skill mix of staff was found to meet with the assessed needs of the residents. This included the improved presence of nursing staff which was in line with statement of purpose. Where additional staff were required they were provided by agency staff members. A recruitment campaign was ongoing.

Staff were provided with mandatory and refresher training as part of a continuous professional development programme. The provider had a training matrix which documented modules completed by staff. A sample reviewed found that all training provided to the core staff team was up to date. This included training in positive behaviour support and safeguarding and protection. This was an improvement on the last inspection. In addition, staff had completed additional modules in quality assurance in health and social care, human rights and understanding autism. However, this centre used agency staff on a regular basis and not all training records were available at the centre on the day of inspection. This required review.

A review of governance arrangements found that there was a defined management structure with improved lines of authority present in the centre. For example, the person in charge had a number of responsibilities and the person participating in management was reported to be regularly present in the centre. In addition, management systems were enhanced to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre. The annual review of care and support was completed in March 2023 and the unannounced six monthly audit was up to date. The person in charge had a quality improvement plan (QIP) which documented the actions arising from the audits completed. Team meetings were taking place on a regular basis and the minutes were available for review. The provider had an adverse incident reporting system in place. When incidents occurred they were reported to the Chief Inspector of Social Services through three day or quarterly monitoring notifications. This was an improvement on the findings of the previous inspection.

Overall, the inspector found that the enhanced governance and management arrangements in the centre led to improved outcomes for resident's quality of life and the standard of care provided. Ongoing work was required in order to sustain the improvements made and to maintain compliance.

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required they were provided by agency staff. A recruitment campaign was ongoing.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training as part of a continuous professional development programme. A sample of modules were reviewed and found to be up to date. The following required review;

- To ensure that evidence of completion of mandatory training was available for all staff, including agency staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider ensured that there was a defined management structure with improved lines of authority present in the centre. Management systems were enhanced to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The annual review of care and support and the provider-led unannounced six-monthly audit was up to date. The person in charge had a quality improvement plan (QIP) which documented the actions arising from the audits completed which was under regular review. However, the following required review;

- To ensure that training records for all staff were available in the centre
- To ensure that the recommendations of premises audits were actioned in full

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the service which was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notice of adverse incidents occurring were submitted to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

Inspectors found that the care and support provided to the residents living at this designated centre continued to be of a good quality and the staff were observed to be caring and responsive to the needs of the residents. Improvement in the capacity and capability of the provider had a positive impact on the quality and safety of the care provided. Further improvements in the training arrangements in place, with the premises provided and in the overall governance and management at the centre would further enhance the quality of the care provided.

Residents had updated assessment of their health, personal and social care needs completed with person-centred goals in place. Inspectors found that the core assessments and plans in place were organised which promoted ease of access. One resident had a home-based day service provided. This included a daily activity timetable which they could participate in if they choose to do so. For example, on the morning of inspection this included a music therapy session which had occurred in line with the plan provided. The resident's enjoyment of sessions provided was monitored and outcomes documented in order to assist with future planning. Another resident wished to attend a food festival in the local town. This was planned for in consultation with the resident and attendance was supported and facilitated. The resident was reported to enjoy this and the outcomes were recorded on their person plan.

Resident who required positive behaviour support had access to a positive behaviour support specialist and an updated support plan was in place. All staff were provided with training in positive behaviour support and were aware of what to do should an incident occur. For example, staff spoke about a low arousal approach, the use of behaviour monitoring charts and the use of items of distraction if required. In addition, the resident had access to a speech and language therapist and their assessment was reviewed annually. Staff spoke about the use of objects of reference. For example, showing shoes to offer the choice of going out. A review of all behavioural incidents was completed recently which provided information on trends occurring. Restrictive practices were in use in this centre. They were reviewed regularly and protocols were in place if required. This was a significant improvement on the last inspection.

As outlined, inspectors found that although the level of safeguarding incidents occurring at the centre had reduced, they continued to arise from time to time. However, all staff had up-to-date training in safeguarding and protection and additional staff had completed training in the role of the designated officer. In addition, staff spoken with were aware of the identity of the designated officer and of how to report a concern if required. As outlined, the provider had an adverse incident reporting system in place. This included signposts to other reporting documentation if required. For example, HIQA notifications and HSE safeguarding and protection screening forms.

The provider had updated the systems in place to reduce and manage risk in the designated centre. This included an adverse incident management policy and systems for the assessment, management and ongoing review of risk. A centre level risk register was in place along with specific risk assessments for service users. Hazards were clearly identified and specific control measures were in place. These were up-to-date and the risk control measures were proportionate to the level risk identified. In addition, the provider had a quality, risk and safety management structure in place which was meeting regularly in order to monitor and learn from incidents that may occur.

As previously outlined, the premises provided had improved since the last inspection. It was upgraded recently and was clean, tidy and in a good state of repair. The provider had an environmental assessment completed recently and actions were required. This included significant remedial work to a room in the property which was completed. An action in relation to the efficiency of the heating system provided was in progress. In addition, an environmental occupational therapy report was completed recently. This highlighted concerns in relation to the bathroom facility at the centre. The provider representative acknowledged these concerns. They provided assurances that the recommendations were under review and a plan to progress them was ongoing.

In summary, the residents living at this designated centre were provided with a good quality service, where their preferences were respected. There were improved governance and management arrangements in the centre which led to improved outcomes for the quality of life and care provided. Further improvements to staff training, the premises provided and overall governance and management would further add to the quality and safety of the service provided.

Regulation 13: General welfare and development

Residents were provided with improved opportunities to access facilities for occupation and recreation. This included home based activities, a structured day service and opportunities to maintain links with their local community if they choose to do so.

Judgment: Compliant

Regulation 17: Premises

The premises provided was upgraded recently. It was clean, tidy and in a good state of repair. An environmental assessment was completed recently and actions were required. In addition, an environmental occupational therapy report was completed. The following required review;

- To ensure that all actions from the environmental audit are in line with the recommendations made, to include an action in relation to boiler efficiency.
- To ensure that all actions from the occupational therapy audit are completed in line with recommendations made, to included actions in relation to the bathroom provided.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included an adverse incident management system and arrangements for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had updated assessment of their health, personal and social care needs completed with person-centred goals in place. Inspectors found that the core assessments and plans in place were organised which promoted ease of access. Goals were planned in consultation with the residents and outcomes were documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident who required positive behaviour support had access to a positive behaviour

support specialist and support plans were in place. Staff training in positive behaviour support was up to date. Information gathered on behavioural incidents was under ongoing review.
Judgment: Compliant
Regulation 8: Protection
The provider had improved systems in place to ensure all concerns were acknowledged and documented as safeguarding concerns if required. Safeguarding and protection processes followed were in line with local and national policy.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sunbeam Lodge Community Group Home OSV-0001932

Inspection ID: MON-0039843

Date of inspection: 10/07/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Staff training records are currently held centrally. • Mandatory training requirements will be reviewed and a cross-check of compliance for all staff carried out by 31st August 2023 • Mandatory training requirements will be made available to all supplier Agency companies and the requirement for compliance (as stated in the contract for services) will be reinforced. Training records for Agency staff will be made available within Sunbeam Lodge and a random audit process will be introduced by 31st August 2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The name/roster of PIC will be added to rosters held in Sunbeam Lodge by 21st August 2023. • Staff training records for Agency staff will be made available within Sunbeam Lodge. This will be secured by 31st August 2023 • Audits of premises will be reviewed - options to current bath will be identified and followed up as required. This will be secured by 31st August 2023	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Quotation for the replacement of boiler (necessary to improve efficiency of heating) will be sought and submitted for Board approval by 30th September 2023.	

• Options for the replacement of the bath will be identified and submitted for Board approval by 31st August 2023.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	31/08/2023

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			