



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

Issued by the Chief Inspector

Name of designated centre:	Vale Lodge
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	13 February 2024
Centre ID:	OSV-0004458
Fieldwork ID:	MON-0033869

About the designated centre

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

Vale Lodge is a designated centre operated by Sunbeam House Services CLG. The centre comprises a detached, dormer-style bungalow on its own private grounds. All residents' bedrooms are located on the ground floor and there is a sleep over room for staff. There is a large kitchen dining area, as well as a living room and a garden space for residents to use. Vale Lodge provides care for four residents, male and female, who are over the age 18 years. Vale Lodge supports residents who have severe and profound learning disabilities, some may also have physical and medical needs. All residents have a high level of dependency. Residents are provided with support in a safe, secure, and stimulating environment. The centre is staffed on a 24 hour basis. Residents are supported by competent and knowledgeable staff that are motivated and committed to delivering the best possible service to each person they support. The residents of Vale Lodge do not attend day services, and are supported by staff to use their local community and amenities such as shops, restaurants, cafés and other community based facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 February 2024	09:50hrs to 16:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

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

The centre comprised a detached house on spacious grounds. The house was close to a large town and there was a vehicle available to support residents to access their community and beyond.

The inspector carried out a thorough walk-around of the centre with staff on duty during the inspection. The house comprised individual bedrooms and sufficient communal spaces including bathrooms, sensory room, sitting room, utility room, and an open plan kitchen and dining space. The house was well maintained, clean, comfortable, and well equipped. It was also nicely decorated, for example, residents' photos and artwork was displayed in communal areas. Residents' bedrooms had been decorated in line with their personal preferences and provided sufficient storage space for them. In the hallway, the staff rota was displayed using photos for residents to view, and there was also information on making complaints and the upcoming inspection. Overall, the inspector observed a friendly, homely, and inviting atmosphere in the centre.

There were some restrictive practices implemented in the centre for residents' safety (such as locking the utility room door at certain times), and they were managed in line with best practice. The inspector observed good fire safety systems such as fire detection and fighting equipment in the centre. The premises, restrictive practices and fire safety are discussed further in the quality and safety section of the report.

There were three residents living in the centre and one vacancy. The residents were supported by staff in the centre with their social and leisure activities. During the inspection, they engaged in different activities based on their individual needs and personal preferences. For example, some residents spent time relaxing in their bedrooms and the sensory room, and others went out with staff to get coffee and have hair cuts.

The residents had complex communication needs, for example, some did not communicate verbally and used aids such as objects of reference. Only one resident chose to engage with the inspector. They briefly spoke (with staff support) about their personal goals such as going to musicals and rugby matches.

In advance of the inspection, staff supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that they

felt safe, had choice in their lives, and were satisfied with the services they received such as the premises, food, staff, and activities available to them. The inspector did not have the opportunity to meet any residents' representatives, however did read some documented compliments received from them regarding the care residents received in the centre.

The inspector observed staff engaging warmly and respectfully with residents, and residents appeared to be comfortable in their presence. Staff also spoke professionally and compassionately about residents.

The person in charge told the inspector that residents were safe and received good care in the centre. They spoke about activities residents enjoyed, such as going to sporting events, watching live music, eating out, walks, drives, art, and spending time with their families. The person in charge was supporting residents to have more opportunities to engage in social and leisure activities meaningful to them, for example, some had recently gone on holidays with staff for the first time. Two staff in the centre were also undertaking an educational course on activity co-ordination to enhance the activity planning in the centre.

The person in charge also spoke about other recent positive initiatives in the centre such as increased multidisciplinary team input to enhance the communication strategies for residents. Overall, it was clear that the person in charge was promoting a human-rights based approach to residents' care and support.

A care assistant told the inspector that residents had a good quality of life, and that the staff team were committed to meeting their needs. They told the inspector about residents' individual needs including health care, safety, and behaviour support. They demonstrated that they knew the residents well and the associated interventions to meet their needs. They had completed human rights training which they found useful in reflecting on practices and the services that residents receive. They had no concerns, but felt comfortable raising any concerns with the management team.

Overall, the inspector found that residents were in receipt of a safe and quality service, and that arrangements were in place to meet their assessed needs and wishes.

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

Capacity and capability

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

The provider had ensured that the centre was well resourced, for example, staffing arrangements were appropriate and the premises was well maintained.

The provider and person in charge had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out, and actions were identified to drive quality improvement.

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

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

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

Staff also attended monthly team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on audit findings, residents' care plans, staffing, fire safety, incidents, restrictive practices, infection prevention and control, and residents' activities.

The provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

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

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

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the

centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, deputy manager, nurses, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of residents. Staff leave was covered by staff working additional hours to ensure that residents received continuity of care and support.

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training records viewed by the inspector showed that staff were up to date with their training requirements. The training included safeguarding of residents, infection prevention and control, administration of medication, first aid, manual handling, supporting residents with modified diets, human rights, and fire safety. The person in charge had also scheduled upcoming bespoke communication and behaviour support training for staff to attend to further strengthen their practices.

The person in charge provided informal support and formal supervision to staff, and they could also utilise an on-call service outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

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

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

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge had responsibility for two centres and was supported in their role by a deputy manager, for example, they organised rotas, oversaw staff training, and helped to manage the centre on a day-to-day basis. The person in charge reported to a senior services manager. There were effective arrangements for the management team to communicate and escalate information, for example, governance and management meetings. The person in charge also attended meetings with other managers for shared learning purposes.

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

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

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support.

The person in charge had ensured that assessments of residents' needs were carried out which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and plans. They reflected multidisciplinary team input, and were readily available to staff in order to guide their practice. However, some plans required minor revisions which the person in charge made during the inspection. Aspects of the plans had also been prepared using pictures to be more accessible to residents.

Residents required support to manage their behaviours of concern. Positive behaviour support plans had been prepared, and the person in charge had scheduled bespoke training for staff to attend to aid their understanding of the plans.

There were several restrictive practices implemented in the centre for residents' safety. Their rationale for the restrictions was clear, and they were arrangements to ensure that they were applied in line with evidence based practice.

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

The premises were clean, bright, homely, well maintained, and nicely decorated. Since the previous inspection of the centre in September 2022, parts of the premises had been renovated. For example, there was new storage units in the kitchen and main bathroom, and kitchen appliances had been replaced. Residents had their own private bedrooms, and there was sufficient communal space including space for residents to receive visitors.

There were good fire safety precautions. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. The fire panel was easily found in the hallway (it was addressable, but limited in scope). Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre.

There were also effective risk management procedures, to ensure that risks presenting in the centre were identified, assessed, and managed for the safety of residents.

The vehicle used to transport residents was roadworthy, serviced, and insured.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises were designed and laid out to meet the number and needs of residents.

The premises comprised a detached house on the outskirts of a busy town. The house contained individual bedrooms (some with en-suite facilities), bathroom, staff office, sensory room, sitting room, utility room, and open plan kitchen and dining space. There was also gardens for residents to use; the rear gardens had been nicely decorated to be an inviting space, for example, particular plants had been planted to illicit a sensory experience.

The premises were well maintained, clean, spacious, comfortable, and pleasantly decorated, for example, residents' artwork and photos were displayed on the walls. Residents' bedrooms had also been decorated in line with their personal preferences. The kitchen was well equipped and the appliances were in good condition.

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

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective risk management procedures to ensure that hazards in the centre were identified and control measures were in place to mitigate risks.

The person in charge maintained an up-to-date risk register. The risk register reflected the known risks in the centre which had been assessed to identify the associated control measures. The inspector found that the control measures were

being effectively implemented in the centre. The person in charge was also ensuring that incidents in the centre were being recorded and reviewed for learning purposes to reduce the likelihood of the incidents recurring.

There was a large wheelchair accessible vehicle used to transport residents. It was recently serviced, insured, and appeared to be roadworthy. The inspector observed that the front passenger interior side of the vehicle required cleaning which the person in charge cleaned before the inspection concluded. Part of an interior wall was damaged, however had been reported to the provider's maintenance department for repair.

Judgment: Compliant

Regulation 28: Fire precautions

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

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

The inspector viewed a sample of residents' care plans, including those on communication, safety, dysphagia, intimate care, and specific health conditions. The plans were readily available to guide staff practices.

The inspector found that some plans required revision to better demonstrate that they had been reviewed; the person in charge reviewed and updated these plans before the inspection concluded.

Residents were supported to plan personal goals such as going to certain social events. The plans reflected resident (and representative) input, and were prepared using pictures to be more accessible to residents.

Overall, the inspector found that appropriate arrangements were in place to meet the residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate health care in line with their assessed needs and personal plans.

Residents' health care needs were being assessed on an ongoing basis. They had their own community based general practitioners, and had access to a wide range of multidisciplinary health services as they required, for example, dentists, dietitians, occupational therapists, speech and language therapists, mental health services, and specialised nursing. Within the centre, nurses were available to oversee the health care interventions required by residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. Written behaviour support plans had been prepared by the provider's behaviour support specialist. The plans outlined the strategies to be in place to support residents to manage their behaviours. The person in charge had also scheduled bespoke training for staff to attend in April 2024 to further support staff in responding effectively to behaviours of concern.

There were several restrictive practices implemented in the centre. The rationale for the restrictions was clear and they were deemed to be the least restrictive options. Their use had also been referred to the provider's human rights committee for approval.

The person in charge maintained a restrictive practice register, and was committed to minimising the use of the restrictions in the centre. For example, the practice of night-time checks had been recently lifted, the use of restrictions in the vehicle had reduced, and there were plans to trial an alternative option to bed rails used by one resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, and managed.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant