



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

Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	03 August 2022
Centre ID:	OSV-0007757
Fieldwork ID:	MON-0028388

About the designated centre

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

This designated centre can provide support for up to four adult male residents between the ages of 18-90 years. Residents residing in Hillview designated centre have an intellectual disability ranging from mild to moderate and some require high support needs. All residents in the designated centre are mobile and generally independent in their care, with some low level staff support at times. Some residents require a high level of supervision.

The designated centre is a large dormer bungalow located in a town in County Wicklow. Each resident has their own bedroom with en-suite bathroom. There is a communal lounge, dining room, bathroom, kitchen and conservatory for residents to use, along with three other sitting rooms for residents to use as their personal space. The designated centre has a large garden with outdoor furniture and a shed. The designated centre is staffed with a team consisting of nurses and social care staff. There is always two staff on duty each day and night, and additional staffing during the week to support residents with activities. One to one support is available for residents who require this at particular times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 3 August 2022	09:55hrs to 16:35hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all four residents who lived in the designated centre, and spent time speaking with residents about their experience of living there. The inspector was also given four questionnaires, which residents had either completed themselves or with some support from the staff team.

Overall, the questionnaires outlined that residents were happy with their home, how comfortable it was and their access to shared spaces and the garden area. Residents felt they had enough space and storage for their personal belongings and were happy with how easy it was for visitors to come to their home and their choice and control over their day to day tasks. The questionnaires outlined that residents were happy with the food and drinks available, their choices around what to eat and when they would have their meals. Of the four questionnaires received, all outlined that they knew who to go to if they wished to raise a complaint. One was happy with how a previous complaint had been quickly dealt with, while one questionnaire indicated they were not happy when they raised a complaint and were unsure of what was happening with it.

During the inspection it was seen that residents were relaxed in their home, had ample communal and private space and had a respectful relationship with the staff supporting them. There were a number of living areas in the designated centre, some of which were for private use for some residents. For example, a large attic room upstairs was a living space for one resident, with suitable furniture and storage. Residents also had spacious private bedrooms. Residents had decorated their private spaces in a manner that suited their interests and tastes, for example, by displaying memorabilia of television shows they enjoyed and sports teams.

During the morning, staff were preparing fresh vegetables for the dinner later that afternoon. Residents were chatting with staff as they prepared the meal and were discussing their plans for the day ahead. Residents told the inspector that they enjoyed the meals in the designated centre. Some residents liked to take part in food preparation and cooking, while others chose not to. Residents talked to the inspector about how each Sunday they would agreed together with staff, the menu plan for the week ahead. On review of the previous menus it was clear that residents were provided with nutritious and healthy home-cooked meals. Some residents enjoyed home-baking and making sweet pastries such as apple tart. Residents were growing their own tomatoes in the sun-room, and often used locally grown vegetables from neighbours or sought locally.

Residents spoke to the inspector about how they liked to spend their time, their hobbies and interests and amenities they used in their local town. For example, some residents had joined a local rugby team and had considered joining Tidy Town initiatives. Residents often went to their local pub and restaurant for their meals and used the local post office, bank and other shopping facilities near-by.

Residents were able to walk to the town, and were seen to do this throughout the inspection. There was also a vehicle available for the staff team to use to support residents to go to Dublin, or on other trips or appointments. Residents who wished to, managed their own finances and were saving up for enjoyable experiences, for example, going to concerts, or holidays abroad. During the inspection, some residents went to a local gym, others went to shopping centres in Dublin for the day and some residents walked to the nearby town to attend the bank.

While some residents felt that any concerns or complaints they raised were quickly dealt with locally and they were happy with the outcome, other residents said that they were not happy that something they raised had not been responded to, or followed-up.

In summary, this inspection found that residents were afforded a spacious and well maintained home to live, had a stable and consistent staff team to support them and had lives of their choosing. Residents had personal goals to aspire to, and had enjoyable things to do during the day and evening time in line with their interests and hobbies.

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

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations. The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, and there were adequate premises, facilities and supplies.

The provider had applied to renew the registration of the designated centre, for four adult residents. The provider had submitted all required documentation to support their renewal application.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. The staff team were managed and supervised by a full-time person in charge. The person in charge was based in the

designated centre for part of the week, and worked in a full-time capacity. They were also responsible for one other designated centre, and the arrangements to ensure effective oversight was sufficient. The person in charge was supported in their role by a deputy manager. The person in charge reported formally and informally to a senior manager, the staff team met together with the person in charge on a monthly basis, and had one-to-one supervisions regularly throughout the year.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care. Along with this, there were local auditing and review systems in place.

Residents were supported by a stable and consistent staff team of and social care staff and nurses who worked in the designated centre. Residents were supported by a team of trained staff who knew them well, and were familiar to them. Agency staffing that worked in the centre attended staff meetings and staff training and were assigned to this designated centre to promote continuity of care for residents.

Overall, the provider had sustained high levels of compliance with the regulations since the previous visit and were operating the centre in a manner that was meeting residents' needs, was safe and promoted good quality of care and support. Some improvements were required to ensure all issues raised by residents were processed through the complaints procedure and responded to.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a application to renew their registration of the designated centre. The provider had submitted the required documentation and application form, as outlined in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the required staffing, as outlined in their written statement of purpose was in place. Residents were supported by a team of social care staff members and some staff nurses. There were two staff members on duty each day, and night-time along with support from a day services staff member throughout the week. The person in charge and deputy manager were also located in the designated centre during the week to support the team.

The person in charge maintained an actual and planned roster, showing who was on

duty each day and night. The person in charge and deputy manager were also included in the written rosters so that staff and residents were aware of their days located in the designated centre.

The provider had undertaken a recruitment campaign to fill a vacant staff role in the designated centre. While some shifts were covered by agency staff members, any agency staff working in the designated centre were familiar to residents, attended staff team meetings and were offered training with permanent staff. Residents told the inspector that they were supported by staff who knew them well and were very familiar to them, or had worked with them before.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement. The provider had carried out an annual review in line with the National Standards on a yearly basis, and unannounced visits and reports on a six month basis.

The local management team completed regular audits and reviews in areas such as care planning documentation, financial records, staff knowledge and housekeeping/hygiene. The provider had arranged for a health and safety audit and a medication audit by professionals who did not work in the designated centre. From a review of audits completed, it was seen that any action identified for improvement had been acted upon in a timely manner, for example, the replacement of signage for the assembly point and updating health records in residents' files.

There was a defined governance structure in the designated centre with clear lines of reporting and responsibility, which was known by residents and staff. At the time of the inspection, there was a change to senior management personnel which had been notified to the Chief Inspector.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a written policy for complaint management, and a procedure to be followed in the event of a verbal or written complaint. There was information on the complaints process on display in the designated centre, including details of the complaint officer for the organisation.

Residents understood the complaint process and policy, and knew how to raise a complaint in the designated centre. Residents were generally satisfied that when they raised a complaint to the person in charge, it was quickly dealt with and they were happy with the outcome.

Some residents outlined to the inspector that they had raised issues that had not been responded to. While residents were offered the complaint process to use, some issues had not all been formally processed in line with the provider's policy, or records maintained to indicate that residents had declined the opportunity to bring them further.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge were operating the designated centre in a manner that offered a safe and pleasant place to live and a good quality of life for residents.

The person in charge and staff team knew residents well, and understood their care and support needs. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge and deputy manager of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support.

Residents were being supported to explore opportunities for meaningful activities and to plan their days in line with their interests and wishes. Residents used local community based facilities, amenities and groups and were supported to structure their days with activities and tasks that they enjoyed.

Residents had private bedrooms and living spaces that were uniquely decorated, and communal areas were well kept, accessible and nicely decorated. There were

systems in place to repair or upgrade facilities or equipment, if this arose.

Residents were protected against risk in the designated centre, through effective fire safety systems, infection control practices and safeguarding processes.

Overall, residents were supported by a staff team that understood their needs in a person-centred, community based designated centre.

Regulation 11: Visits

The provider and person in charge facilitated residents to have visitors in accordance with their wishes.

The premises allowed for ample space for residents to meet visitors in private, or in communal areas if they wished.

There were no restrictions on visitors in the designated centre, unless required due to infection outbreaks or other risks. Any restrictions on visits was explained to residents and risk assessed to ensure it was not overly restrictive.

During COVID-19 restrictions, residents could see visitors in their garden area or keep in touch through other technology aids.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring residents had appropriate care and support in accordance with their assessed needs. Residents had access to recreation and activities that they enjoyed.

Residents did not attend a formal day service, but were supported from within their home by the staff team to take part in activities, hobbies and community events. For example, some residents enjoyed woodwork and providing music for events, there was a basketball hoop in the garden and space for residents to grow plants and vegetables in their garden. One resident had been referred to link back in with their formal day services for periods of time throughout the week, as they enjoyed the social nature of this. While awaiting this formal arrangement, they had been supported to keep in contact with their previous day service group, and met up with them regularly for fun activities.

Residents were encouraged to use the community amenities locally and could walk to the local town. Some residents were involved in community groups.

Residents were encouraged to maintain relationships with their families and friends, for example, by spending the weekend with family members, visiting friends and keeping in touch on the telephone.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the individual and collective needs of residents. Residents had ample communal and private space and adequate facilities for storage of their belongings. Residents had private bedrooms which were decorated in line with their own interests and wishes.

The designated centre was well maintained, clean and nicely decorated. For example, there was a pool table for residents to use downstairs, numerous living spaces and the centre was decorated with plants and window box displays. Residents had access to a large front and back garden with outdoor seating and dining facilities.

There was an adequate number of toilets and showering facilities, some of which were en-suite. There were arrangements for waste disposal and a system in place to raise any maintenance issue with the provider for addressing.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were encouraged to buy, prepare and cook their own meals in the designated centre, if they so wished. Residents agreed together once a week on a menu plan that they all enjoyed, and had choices regarding the food they ate, and the times that they chose to have their meals.

There were local procedures and staff training to ensure food was prepared and cooked in a safe manner, for example, fridge temperature checks and food temperature checks. Meals provided were generally home-cooked and where wholesome and nutritious. Residents could choose to have a take-away of a meal in a pub or restaurant during the week, if this was their choice.

Residents enjoyed having barbeques and eating meals in the garden during nice weather. For residents who required additional support regarding meals or diet this was available. For example, residents had access to speech and language therapy or occupational therapy if they required additional support or aids for their meals.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy as per schedule 5 of the regulations, and procedures for identifying, assessing, managing and reviewing risk in the designated centre. The person in charge maintained a risk register, of known risks and their control measures.

Individual risks were assessed and managed through appropriate control measures, for example, increasing staff support, following personal plans and ensuring adequate resources and access to allied health professionals.

Risk control measures were reviewed regularly and if the management of risks affected residents' rights or quality of life, then these were considered and reviewed periodically with the Human rights committee in the organisation. Residents were aware of control measures in place to manage risks.

There were systems in place for the recording and reporting of adverse events of incidents in the designated centre, and these were reviewed by the person in charge. Should any incident or risk be deemed as high risk, there were escalation pathways in place to inform senior management and the provider.

Judgment: Compliant

Regulation 27: Protection against infection

The premises and environment were clean, tidy and well kept and there were systems in place to raise issues with buildings or their facilities and to routinely clean and maintain premises and equipment. Personal protective equipment (PPE) was available in the designated centre, and staff were seen to be wearing the correct PPE as advised in the most recent guidance. Hand sanitiser was available throughout the building.

There were written protocols and risk assessments in place for the management of COVID-19. Risk assessments were in place for known infection prevention control risks in the designated centre along with control measures to manage them. There were structures in place to consistently review and monitor these risks and adapt control measures in response to changing circumstances or information. Residents had isolation plans to be followed in the event of an outbreak, and the premises supported ease of isolation.

Residents were supported to understand risks in relation to COVID-19 and how to protect themselves and had been supported to avail of vaccination programmes, if

they consented to this.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local household and health and safety audits and as part of the provider's wider auditing systems.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre.

There was an identified assembly point and residents knew what to do and how to respond in an emergency. Staff were provided with routine training in fire safety and fire procedures were included in induction.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a formal system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed monthly by the person in charge and deputy manager. Residents had information and files in their room regarding their personal plans, if they so wished. Residents had regular key-worker meetings and discussions.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by the staff team in the designated centre along with the person in charge and information maintained in specific health care plans.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, psychology services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required. Residents had access to consultants or professionals through primary care for specific health care needs, for example, neurology hospital teams.

Residents were supported to access national screening programmes, based on their age and gender.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a routine basis.

Concerns or allegations of a safeguarding nature were recorded and reported in line with national policy, and if required residents were supported with safeguarding plans.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillview OSV-0007757

Inspection ID: MON-0028388

Date of inspection: 03/08/2022

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Should any resident express unhappiness about any aspect of service delivery to any member of staff, the provider complaints policy shall be adhered to, and due process followed. This will be followed up by the CSM.</p> <p>The complaint will always be thoroughly investigated, and due process followed. This was an item on the August team meeting, the providers complaints policy was discussed, and all staff are now aware of same.</p> <p>All keyworkers discussed the easy-to-read complaints policy, including the appeals process and how to make a complaint with the residents. This will be followed up on and discussed at each key working session and documented.</p> <p>A resident who makes a complaint shall be kept up to date of the status of the complaint and the outcome. The workflow shall be documented on CID.</p>	

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 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	31/08/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint	Substantially Compliant	Yellow	31/08/2022

	and whether or not the resident was satisfied.			
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