



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

Issued by the Chief Inspector

Name of designated centre:	Sunbeam House
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	25 November 2024
Centre ID:	OSV-0001933
Fieldwork ID:	MON-0044461

About the designated centre

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

Sunbeam House is a bungalow situated in the grounds of a complex, close to the centre of a busy rural town. It provides a part-time respite service for children with intellectual disability and autism. Nursing care is provided when required. Both a waking or sleep-over night-time option is available which depends on the needs of the children staying over.

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
Monday 25 November 2024	13:00hrs to 17:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of a centre that was registered under a new provider on 29 July 2024. Its purpose was to monitor the transition and review compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

At the time of inspection, it was four months since the transition to the new provider took place. While the inspector found that the service provided met with the assessed needs of the children attending respite, significant improvements were required with the fire safety and risk management arrangements used. In addition, strengthening of compliance relating to the premises provided, staff training and overall governance of the service would improve the quality of the service provided.

Sunbeam House provides a part-time respite service which is offered during arranged midweek and weekend periods. Children attending have a range of assessed needs and the service is adapted as required to support those staying there. The service was not open on the day of inspection, therefore the inspector did not meet with children or their families on this occasion. However, the person in charge was available, along with a staff nurse and they facilitated this inspection.

A walk around of the premises found improvements since the last inspection which included new floor coverings and fresh paint. There was a large sitting room and a combined kitchen and dining room. Individual bedrooms were provided which were comfortable and if specialist equipment was required this was provided. There was level access throughout the property which meant that it was suitable for all. The premises presented as aging with signs of wear and tear. The person in charge told the inspector that the provider was aware of this and the premises was subject to ongoing maintenance and review.

During a tour of the premises, the inspector reviewed the arrangement for fire containment. They found that not all doors were closing correctly which presented a fire safety risk. An action was issued to the provider who subsequently provided written assurances that the doors were repaired. This was completed prior to the admission of children for respite care which was due to occur the following weekend.

The next two sections of this report will outline the findings of this inspection in relation to the governance arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

As outlined, a change in provider occurred this year, however, the person in charge remained in post which meant that consistent leadership arrangements were in place. As part of the changeover, new management systems were introduced. The person in charge and the staff nurse told the inspector that the change to the provider's systems and processes took time and were ongoing at the time of inspection. This was acknowledged by the inspector, however, a review of the change process was required to ensure that high level risks that the registered provider was aware of, were prioritised for action in the first instance. This will be expanded on below.

The person in charge was employed full-time and had responsibility for another designated centre on the same campus. They had the required skills and experience which met with the requirements of the regulation.

A review of staffing arrangements found that they were child-centred as they changed to meet with individual requirements. The roster provided an accurate view of the people employed at the centre. Where additional staff were required, a plan was in place to support this.

Staff employed had access to training as part of a professional development programme. This included a range of mandatory and refresher training options. However, not all staff had training provided in line with the recommendations of their personal plans. This will be expanded on under the regulation below.

A review of the resources available at the centre found that specialist equipment was provided along with access to a vehicle in the evenings and at weekends. However, improvements to information communication connectivity were required. Policies, procedures and guidelines relating to the new the provider were available to guide staff and the sample viewed were up to date.

Overall, the inspector found that consistency in leadership provided stability for the children, their families and the staff team during the change period. However, the inspector was not assured that fire and risk management arrangements in the centre were effective. In addition, improvements in staff training, maintenance of the premises and overall governance and management would further enhance the service. The next section of this report will review the quality and safety of the care and support provided.

Regulation 14: Persons in charge

The provider had a person in charge who had the appropriate qualifications, skills and experience and met with the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the staffing arrangements in Sunbeam were person-centred and in line with the statement of purpose. For example,

Nursing care was provided based on the assessed needs of the children attending the respite service. In addition, the night-time arrangement changed depending on the medical needs of the children. If a waking night staff member was required, this was provided.

The provider and the person in charge had arrangements in place to respond to staff shortages. Cover was provided by familiar staff from other areas of the service in the first instance. Otherwise, agency staff were employed through the new provider's employment agency. While they were new to the service, a review of the roster found that they were consistently employed and staff spoken with told the inspector that they provided induction training.

The inspector reviewed a sample planned and actual roster from 1 November 2024 to the date of inspection (25 November 2024) and found that it provided an accurate reflection of the staff on duty at the time of inspection. Some changes to the clarity of documentation were required which were completed on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training and development options which were appropriate to the needs of the residents, the service provided and the role held.

The inspector reviewed a sample of mandatory training modules which included fire safety, positive behaviour support, moving and handling, safeguarding and child protection. In the main, these modules were up to date. Some staff required moving and handling training, however, this was scheduled for dates in December 2024 and January 2025.

Bespoke training modules that were relevant to the needs of the children and the service were provided if required. This included access to training in a human rights approach to service provision.

However, the following required improvement,

- Not all staff employed had completed training in positive behaviour support as recommended in their behaviour support plans. These included agency

staff that were employed to cover staff absences where required.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider retained the original governance arrangements which were in place prior to 29 July 2024. This meant that consistent leadership was provided during the time of change. The person in charge continued to have responsibility for another designated centre and a separate non-regulated service on the same campus. The inspector acknowledged that the person in charge had a range of governance responsibilities with tasks associated with the change in provider to be completed. However, on discussion, the provider was aware of this and they had a plan in place to address these matters which was progressing at the time of inspection. The progression of this plan would enhance the service provided.

The inspector found that the following areas required strengthening;

- A review of the resources required to carry out the work of the designated was required. For example, access to effective internet services and information communication systems would strengthen the governance and management systems and the general oversight of the service.
- A review of the management systems and associated documentation found that they were changing to the new provider's format. This required ongoing work to ensure that high level risks were prioritised, that the changeover was completed in a timely manner and that guidance for staff was streamlined and clear.
- While the service was adapting to a new audit schedule, further work was required to ensure that audits were completed in line with the provider's policy and were effective in identifying gaps in the quality and safety of the service. For example, an issue with a fire door was identified on 21 October 2024 but yet to be repaired on the day of inspection.

Judgment: Substantially compliant

Regulation 30: Volunteers

A review of this regulation found that volunteers were not involved in the centre at the time of inspection and there was no plan for this to happen. However, the provider assured the inspection that if this were the case in the future, a policy was available to guide good practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures which met with the requirements of Schedule 5 of the regulation. The inspector requested a sample of the policies which were relevant to the service. They were readily available and those reviewed were up to date.

Judgment: Compliant

Quality and safety

As outlined, there were no children accessing the respite service on the day of inspection. However, from conversations with the nurse on duty and a review of the documentation it was clear that the care and support provided was child-centred in nature. Significant improvements required to fire and risk management systems will be expanded on in this section of the report, along with an outline of the work required to the premises provided.

The premises comprised a bungalow which provided level access for children with a range of support needs. The building was aging and the registered provider was aware of this. The person in charge told the inspector that a maintenance programme was ongoing.

As this was a respite service, children accessed medical and some multi-disciplinary supports while in the care of their families. However, there was evidence of collaborative working with children's families, school and multi-disciplinary team in order to ensure consistency of care. Where, children required positive behaviour support this was provided with reviews in progress at the time of inspection.

Overall, the inspector found that while good quality care and support was provided by a dedicated staff team, the fire safety and risk management systems were not effective at the time of inspection. This will be expanded on under the relevant regulations below.

Regulation 11: Visits

Sunbeam House provided a respite service where children came to stay for short

periods of time. Therefore, facilitation of visitors was rarely required.

However, staff spoken with told the inspector that visitors were welcome in the centre. The inspector found that adequate facilities were provided for visiting or to have a conversation with parents and guardians in the sitting room or in the kitchen of the premises.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the house provided met with assessed needs of the children at the time of inspection. However, the premises was observed to be aging and the following required review,

- Gaps were noted at the main entrance door of the property which meant that there was risk of heat escaping from the premises.
- While improvements to the flooring and paint work were noted, there was wear and tear to a radiator cover in the sitting room. In addition the premises was sparsely decorated and this required review to ensure it was bright and welcoming for the children attending.
- While a small outdoor play area was provided, the space for children to play outdoors was limited.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector was not assured that the risk management systems in the centre were effective.

- While completing a fire drill on 31 August 2024, it was documented that a child refused to leave the premises. The staff member completing the drill recommended a discussion with the child's family and the completion of risk assessment. The date on the risk assessment was 25 November 2024 which meant that there was a 12 week delay in completion of the risk which was assessed as high level.
- The control measures were not specific to the risk identified. They included access to primary care services, a liaison officer and signposted a policy on feedback. This was not relevant to a refusal to evacuate. This meant that there was no risk management plan.
- A review of incidents occurring found that a child opened the gate and left the designated centre on 31 August 2024. This documented that the child ran

from staff who followed closely until the child choose to return to the designated centre after 30 minutes. A risk assessment relating to this was not provided. A review of the resident's file found that the child did not have a missing person's profile for use if this were to reoccur. This was not in line with the provider's policy.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector was not assured that the fire safety systems in the centre were effective.

- During a review of the fire containment systems at the centre, the inspector found that kitchen door did not close when the alarm was activated. A review of the fire safety register found that this was first identified on 21 October 2024. The actions taken to address this when identified were unclear and not effective. An action relating to this and other doors that would not close fully was issued and assurances that this was addressed were provided to the Chief Inspector of Social Services on 26 November 2024 prior to any further admissions to the service.
- Where high level risks relating to refusal to evacuate were identified, a personal emergency evacuation plan (PEEP) was not updated accordingly. A risk of refusal to evacuate was identified on 31 August 2024, however the most recent review of the PEEP was 10 July 2024.
- The alarm system in the designated centre was linked to another designated centre nearby. This meant that if the fire alarm was activated in the other service that it would sound in the respite service. This could cause unnecessary distress to the children attending respite.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Children that required positive behaviour support had access to behaviour support specialists and behaviour support plans were in place. The provider's policy on positive behaviour support was in date.

The inspector found that the review of positive behaviour support plans was ongoing at the time of inspection. A co-ordinated approach was used which included members of each child's multi-disciplinary team.

Proactive strategies to support the children were recommended. These included the

use of pain monitoring scales, communication plans and use of treasure box type equipment to alleviate anxiety. In addition, behaviour monitoring charts were used. However, not all were available for review at the centre. The person in charge told the inspector that some actions relating to multi-disciplinary actions were in progress. In addition, the behaviour monitoring charts were returned to the behaviour support specialist for review.

Restrictive practices were used in this centre. They included environmental restrictions such as door locks to keep children safe and other restrictions such as wheelchair belts and bedrails which were prescribed by an occupational therapist.

While the inspector found areas for improvement under this regulation, they did not pose a medium or high risk to the children and overall, the behaviour support systems used kept children safe. Matters relating to the completion of recommendations and the oversight of documentation will be reported on under regulation 23.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Sunbeam House OSV-0001933

Inspection ID: MON-0044461

Date of inspection: 25/11/2024

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In order to come into compliance with Regulation 16 the following actions will be completed:</p> <ul style="list-style-type: none"> • Manual Handling training has been scheduled for four identified staff. This will be completed on the 05/02/2025 • Studio 3 training has been scheduled for three staff. This will be completed on the 29.01.2025. • The CH CDLMS training matrix has been implemented within the Centre and outlines the schedule for all, mandatory and site-specific training. The PIC will ensure this training matrix is reviewed and monitored monthly in order to ensure compliance. • Quarterly compliance reports are completed for the Registered Provider in respect of training from a governance perspective. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to come into compliance with Regulation 23 the following actions will be completed:</p> <ul style="list-style-type: none"> • Staff within the centre will have access to HSE computer system and emails : This will be completed on the 18/01/2024 • The HSE Network to be installed. This will be completed by 31/03/2025 • Assessment of Need Template for this Service reviewed by the Nurse Practice Development Co-Coordinator. All service users attending this service will have an 	

updated and reviewed Assessment of Need completed. This will be completed by 24/01/2025.

- The CH CDLMS Audit Schedule is now fully operational within the service. Going forward all actions identified through audit will be transferred to the centers Quality Improvement Plan and closed out within identified timeframes. Senior management will provide ongoing governance and monitoring of all actions and the close out of these
- All staff within the service are now aware of the correct reporting system of maintenance issues. Going forward any immediate actions will be escalated on the day they are identified. Completed on the 18/12/2024

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

In order to come into compliance with Regulation 17 the following actions will be completed:

- A new front entrance door will be installed within the centre. This will be completed by 20/02/2025.
- Damaged radiator cover has been replaced. This was completed on the 27/11/2024
- The service has requested a technical examination of the Centre report issued by the HSE Estates Department. Upon receipt of this report the service and the HSE Estates Department will set out a schedule of works to improve the premises and grounds.
- All service users have access to playground facilities in close proximity to the premises within the local community.
- Child appropriate furniture and fittings will be purchased for the house to ensure that the premises is suitable, bright and welcoming for all service users attending.

This work has commenced and will be completed by 28/02/2025

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In order to come into compliance with Regulation 26 the following actions will be completed:

- All HSE staff are scheduled to complete HSE Risk Management Training. This will be completed by 31/01/2025.
- The 2023 HSE Enterprise Risk Management policy and procedures has been implemented within the service.
- The service has completed a review of and updated all service users Individual Risk Assessments. This was completed 14/12/2025. These will be kept under continuous review.

• All service user's Missing Person's Profile have been completed.

This was completed on the 18/12/24.

- Where an existing or newly identified risk emerges through a significant incident occurring a new risk assessment will be developed or existing risk assessment will be updated within 24 hours.

• A referral has been made to the Children's Disability Network Team Behavioral Therapist to review the service user who left the building/declined to evacuate the building. There is an up to date risk assessment and control measures in place for this

service user.

- Assistive technology equipment has been sourced that can alert the staff in the event that a service user has left the building unaccompanied. This will be completed by the 31.01.2025.
- All Risk Assessments will be reviewed and transferred to the most up to date template. This will be completed by 24/01/2025.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

In order to come into compliance with Regulation 28 the following actions will be completed:

- All service users Personal Emergency Evacuations Plans' (PEEP's) have been updated and transferred onto the HSE template. This was completed on the 13/12/2024.
- All PEEP's now include the required information as to how to support the service user to evacuate the house safely inclusive of a situation where a service users refusal to evacuate.
- Where an existing or newly identified risk emerges in relation to Fire or evacuation a new risk assessment will be developed or existing risk assessment will be updated within 24 hours.
- A referral has been made to the Children's Disability Network Team Speech and Language Therapist for review of augmentative communication strategies which will further support a service user to safely evacuate the building. This will be completed on the 17/01/2025.
- A referral has been made to the Children's Disability Network Team Behavioral Therapist to review one service user who requires support in terms of behavioral management. This will be completed by the 15/02/2025
- Master fire are scheduled to upgrade and commission a new fire alarm panel and emergency lighting within the designated center which will ensure that service users are not disturbed by the noise in adjoining houses. This will be completed by the 28/02/2025.
- Fire Doors and free swings will be replaced within the designated Centre. This will be completed by the 28/02/2025

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	05/02/2025
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/03/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support,	Substantially Compliant	Yellow	31/03/2025

	develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	15/02/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	28/02/2025