



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

Name of designated centre:	Seahaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	14 January 2019
Centre ID:	OSV-0005594
Fieldwork ID:	MON-0022090

## About the designated centre

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

Seahaven centre has the capacity to support male and female residents aged below 18 years, with a diagnosis of intellectual disability, who require a level of support ranging from moderate to high. This service comprises of two houses in a rural location on the outskirts of a town. Transport is provided to access local amenities, such as; shops, restaurants, schools and pharmacists. Each house is comfortably furnished, has gardens to the front and rear of the building and meets the needs of the residents. Residents have support provided in-line with their assessed needs. The staff team includes the person in charge, care workers and care assistants. Staff are based in the centre and are available whenever residents are present, including at night time.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or 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
14 January 2019	10:45hrs to 14:30hrs	Catherine Glynn	Lead

## Views of people who use the service

The inspector did not meet or spend time with the residents during this inspection. Overall, the inspector found that this was a well-managed service which was person-centred. There was evidence that the residents were being consulted on a daily basis in regards to the day-to day running of the centre. The inspector found that staff were knowledgeable and spoke about all residents attending the centre with respect. In addition, there was evidence that the residents' representatives were frequent visitors to the centre and were also being consulted about the residents' needs as appropriate.

## Capacity and capability

Governance and management arrangements ensured that a high quality of care and support in accordance with residents' assessed needs. Care and support provided was individualised, which ensured the residents were kept safe and protected from harm.

Staffing arrangements ensured that the residents' needs were met in a timely manner and reflected their support needs, as described in their personal plans. Suitably qualified staff were in place to provide support and effective arrangements were in place to ensure that staffing levels were under regular review to meet residents' changing needs. This helped ensure continuity of care at all times.

The provider had put systems in place to monitor the service and self identify issues that might impact on the quality and safety of care provided to the residents. An annual schedule of management audits into all aspects of the centre's operations was completed by the person in charge and provider which ensured that a high quality of care and support was provided to residents. However, improvement was required with regard to the completion of the six-monthly unannounced audits in the centre, which is a key monitoring tool required by the regulations.

The provider had ensured that staff were equipped with the appropriate skills and knowledge to care for the residents. Staff knowledge was kept up-to-date through their attendance at regular team meetings, facilitated by the person in charge. In addition, effective arrangements were in place for staff to access regular training, which ensured that their care practices met the residents' assessed needs. Throughout the inspection, staff were knowledgeable on all aspects of the service provided and confident in relation to the management of behaviours of concern.

Regulation 14: Persons in charge
The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.
Judgment: Compliant
Regulation 15: Staffing
Staffing levels were appropriate to the assessed needs of the residents. The inspector reviewed the staff rota and found that residents received continuity of care and support from a team of regular staff.
Judgment: Compliant
Regulation 16: Training and staff development
On the day of inspection, the inspector reviewed training records and found that staff had completed all mandatory training as required by the regulations. In addition, staff were provided with formal and informal supervision as scheduled.
Judgment: Compliant
Regulation 19: Directory of residents
On review of the directory of residents, the inspector found that it contained all information required by the regulations.
Judgment: Compliant
Regulation 23: Governance and management
There were governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality service and safe service to residents. There was a clear management structure, and there were systems in place, such as audits and management meetings, to ensure that the

service provided to residents was safe and as described in the statement of purpose. The inspector found that improvement was required as the provider had not completed six-monthly audits at the frequency required by the regulations.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector found that the provider had maintained and made available a copy of the current statement of purpose. This was also reviewed on a yearly basis or sooner when required.

Judgment: Compliant

### Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to the resident was maintained to a good standard.

There were no safeguarding concerns in the centre at the time of inspection and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Staff had a good understanding of these systems and were observed to interact in a respectful manner during the inspection.

Fire precautions were taken seriously by the provider and appropriate systems were in place throughout the centre. This included effective emergency lighting, fire doors and fire extinguishers. In addition, a record of all servicing was maintained and reviewed by the person in charge. A system of checks was also in place for staff, which included, daily, weekly and monthly checks. Evacuation drills were completed and reviews of these were undertaken to identify any learning that arose from the drill. Personal emergency evacuation plans were completed and these guided staff on how to assist the resident in the event of a fire.

The centre had appropriate medication storage and administration practices in place. The provider had ensured that these practices would be maintained to a good standard by ensuring that staff had received appropriate training and by maintaining suitable prescription sheets and prescription records. The independence of the resident was also promoted with suitable assessments completed in regards to supporting each resident to manage their own medication.

The health of the residents was also promoted in the centre, ensuring that they

enjoyed a good life. Actions plans were in place, when required, to ensure consistency of care was delivered. The resident was also supported by healthcare professionals such as general practitioners, speech and language therapists and other relevant multidisciplinary supports when required.

### Regulation 10: Communication

The provider had communication policies and procedures in place that complied with legislative and regulatory requirements. Staff were found to be knowledgeable and comprehensive assessments were completed and in place in the personal plans reviewed.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents' were supported to participate in a range of activities which reflected their assessed needs and met their personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well-maintained. Facilities were provided to ensure the centre was accessible to residents and able to meet their assessed needs, including the provision of appropriate facilities for play.

Judgment: Compliant

### Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the centres residents' guide.

Judgment: Compliant



## Regulation 26: Risk management procedures

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire in the centre. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Residents' medication was securely stored at the centre and all staff had received training in safe medication administration. Residents had access to a pharmacist in the local area.

Judgment: Compliant

## Regulation 6: Health care

Appropriate access to healthcare professionals and individualised healthcare plans were in place, where required, to ensure that consistency of care was provided to residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had arrangements in place which ensured that residents were supported with any behaviour that may challenge. All staff were trained in the management of behaviours of concern, which ensured the residents were supported in-line with their assessed needs at all times.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard the residents from abuse, which included clear reporting protocols. Staff had access to regular training to ensure their knowledge was in-line with current practice developments.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Seahaven OSV-0005594

Inspection ID: MON-0022090

Date of inspection: 14/01/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Assistant Director of Services will carry out all six-monthly as per regulatory requirements. Two six-monthly will be carried out annually alongside annual review. A six-monthly review will be completed by the 20-02-19 to reach regulatory requirements.	

## 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
23 (2) (a)	Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	20/02/2019