Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Seaview Respite Service
Name of provider:	RehabCare
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0002521
Fieldwork ID:	MON-0030787

About the designated centre

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

Seaview Respite House provides a holistic respite service supporting both children and adults on an alternating basis in a home from home environment. Seaview Respite House provides accommodation for up to four residents with autism and intellectual disability, and can provide accommodation up to two residents with a physical disability. The age range of adults to be accommodated is from 18 to 65 years, and children is from 6 to 18 years. Adults and children do not avail of respite service at the same time. The designated centre is a two-storey house in a coastal area close to a rural town. The centre has its own designated vehicle to enable residents to access amenities such as shops, playgrounds, cinemas and restaurants, during their respite breaks. Residents have their own bedrooms, and use of a kitchen, dining room, sitting room, laundry area, bathrooms, an outdoor yard and small garden. On the ground floor there are two bedrooms and a bathroom suitable for wheelchair users. Residents are supported during their respite breaks by a staff team including the person in charge, nurses and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 14 April 2021	13:30hrs to 18:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks.

Although the centre had the capacity to accommodate four residents for respite breaks with service to adults and children being offered on alternative weeks, the provider had reduced this considerably as a means of increasing infection control safety. Therefore at the time of inspection there was just one person availing of the service.

The inspector met with this resident. Although the resident was not able to verbally express views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. The resident was smiling and was clearly relaxed and happy in the centre. Although the time the inspector spent with the resident was limited in line with COVID-19 safety protocols, staff were observed spending time and interacting warmly with the resident, and were very supportive of the resident's wishes and preferred activities. Observations and related documentation showed that the resident's preferences were being met during this respite break.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in an office which was adjacent to, but separate from the residents' living space.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in how they lived their lives during their respite breaks. Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning during each break.

Residents had the right to have visitors in the centre during their stays, although due to the short nature of the breaks this was not a frequent occurrence. Supports were in place to ensure that residents who chose to could keep in contact remotely with families and friends could do so, while adhering to COVID-19 safety requirements. Communication plans had been prepared for residents to help them to communicate their needs, and during the inspection it was clear that staff communicated calmly and kindly with the resident.and in line with their needs

However, the house had minimal decorative and ornamental features and most rooms were quite bare in appearance. Consequently the centre was functional in

appearance and did not have a comfortable and homely atmosphere.

The centre was a large detached house with sea views. It was warm, clean, spacious and suitably furnished and equipped to meet the needs of residents. Two bedrooms and a bathroom were equipped with specialised equipment such as overhead hoists and adapted bathroom facilities which enhanced the comfort and safety of residents with physical and mobility issues. Each resident had their own bedroom during respite breaks. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their personal clothing and belongings while they were staying in the centre.

However, the centre were sparsely decorated with minimal decorative features provided throughout the house. In most parts of the house, walls and surfaces were bare and there no items of interest such as pictures, plants, or ornaments to provide a homely feel to the house. There was no evidence that this form of décor was based on residents' preferences or assessed needs. There was a large outdoor area, most of which was a car park and was not fully accessible for residents use. There was insufficient and inadequate lawn area for children to play and for adults to take part in outdoor activities. In addition there was no outdoor play equipment for children to use during their stays.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service.

The centre had been closed intermittently for several months as the respite service had been suspended due to COVID-19 infection control measures. This was a new service which was not long in operation when the COVID-19 pandemic started. Therefore the service has not been fully operational for much of the time since it opened. Since the service reopened, the provider had reduced the occupancy for respite breaks as an infection control precaution.

The provider had systems in place for the ongoing monitoring and review of the of care, support and safety of the service. The provider was aware of the requirement to carry out unannounced audits of the service twice each year and these had been carried out as required. These audits were effective as they were comprehensive, had identified areas where improvement was required, and had included action plans for addressing these issues. Audits of the centre’s practices were also being carried out by the person in charge and staff. An audit plan had been developed, which included audits of safeguarding, complaints, restrictive practice and health and safety. Although the centre had only reopened recently, records of audits carried out in this time showed high levels of compliance.

A review of the quality and safety of care and support of residents had been carried out to reflect the time that the centre was open in 2020. There was evidence that

consultation with residents and or their representatives had taken place in various formats throughout the year, and indicated a high level of satisfaction with the service. This information was included in the annual review. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support during respite breaks.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, fire drills, healthcare plans and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

While written agreements for the provision of service were in place for all residents and overall these were completed to a good standard, the agreements did not clearly state some aspects of the service agreed for each person. However, this had already been identified by the auditing process and work to address it was already in progress.

There were sufficient staff on duty to support residents' assessed needs, and both nursing and care staff were available to support residents' needs at all times. Rosters confirmed that this was the normal staffing level. This ensured that residents could take part in the activities that they enjoyed and preferred, in addition to having suitable support for their healthcare needs. There was a full time person in charge who was based in the centre. She was very familiar with residents who availed of the respite service and focused on ensuring that residents would receive high quality respite breaks that they really enjoyed.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, food safety, epilepsy awareness and people handling, in addition to mandatory training. In response to COVID-19, staff had also attended training in various aspects of infection control.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Records viewed were maintained in a clear and orderly fashion and were promptly made available as required during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents and overall these were completed to a good standard. However, the agreements required some improvement as they did not clearly state some aspects of the service agreed for each person.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This ensured that each resident's well-being was promoted at all times and that residents

were kept safe. However, improvements to premises and fire safety were required.

Review meetings took place annually, at which residents' support needs for the coming year were planned. As the centre had been closed for several months and for a significant period in 2020, the person in charge was planning residents' support meetings for 2021. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a large town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the current respite stay, the resident had spent time going places that they enjoyed and which were planned based on knowledge of the resident's preference.

The centre was a large detached house in a coastal area close to a rural town. While the house was spacious, warm, clean and well equipped, rooms were sparsely decorated and did not have a homely atmosphere. In addition, there was an old play area in the garden. It had been identified that the play equipment was not fit for purpose and should be removed. Although it was no longer in use, it had not been removed from the garden and replacement play equipment had not been provided for the children. However, the management team were aware that the garden required upgrade and plans to address this were being explored.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Due to the short duration and intermittent nature of residents’ respite stays, residents' healthcare arrangements were mainly supported by their families. However, residents' healthcare needs had been comprehensively assessed, plans of care had been developed and required care was delivered by staff during respite breaks.

There were suitable systems in the centre to control the spread of infection. There was extensive guidance and practice in place for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre. As the provider was very mindful of the risk of COVID-19, the occupancy of the centre had been reduced to one resident per stay to allow for social distancing and to reduce the risk of cross infection.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that residents

were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

The provider had measures in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in all bedrooms, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. However, fire drill records did not demonstrate that these drills were being carried out in line with residents' emergency evacuation plans and arrangements had not been made to include residents in evacuation drills where practical. In addition, some personal evacuation plans were generic and it was not clear if they accurately reflected the actual evacuation process to be used in the event of an emergency such as fire.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. For example, at the start of each respite break issues of importance to the resident, such as meal choices and activity planning, were planned for the coming stay. Preferences around involvement in religious and civil rights were explored and could be supported as required during respite breaks.

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, well maintained and suitably equipped.

However, some improvements to the centre were required:

- the centre were sparsely decorated with no decorative features provided throughout the house
- most of the outdoor area was a car park and was not fully accessible for residents use
- there was insufficient and inadequate lawn area for children to play and for adults to take part in outdoor activities
- obsolete play equipment had not been removed from the garden.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

However:

- records did not demonstrate that fire drills were being carried out in line with residents' emergency evacuation plans
- arrangements had not been made to include residents in evacuation drills where practical
- some personal evacuation plans were generic and it was not clear if they accurately reflected the actual evacuation process to be used in the event of an emergency such as fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised holistic personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seaview Respite Service OSV-0002521

Inspection ID: MON-0030787

Date of inspection: 14/04/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • The Person in Charge will review and amend all written agreements to ensure that they capture all aspects of the service agreed for each person. • This will include but will not be limited to transport arrangements to and from the service, and any costs that will be held by the service user in relation to social outings, entertainment and engagement in community activities. • This action will be completed by the 16th of July 2021.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The living spaces within the house will be redecorated. This action will be completed by the 31/08/2021. • The team will ensure to make the living spaces are appropriate homely and reflective of personalised photos and art works. This action will be completed over the coming months as the quantum of the service increases and social opportunities while at respite re-emerge for service users. This action will be closed by the 31/12/2021. • Where service users wish they can bring in their own decorative and personal objects to make their stay at respite more enjoyable. This communication has been issued via a	

letter from the PIC to all service users and families.

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• The outdoor area was reviewed at the HSE meeting on the 17/05/2021, a further site visit is planned for 24/05/2021. It is anticipated that outdoor works will be completed by 30/09/2021.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A team meeting will take place on the week of the 24th of May where the process for documentation of fire drills will be discussed to ensure that they capture and reflect each individuals PEEP. This action will be completed by the 31/05/2021 and will be on-going as fire drills are completed in the service.

• Records within the service reflect that service users partake in regular fire evacuation. The service will ensure that residents are all included in fire drills as the quantum of service increases as restrictions related to Covid-19 ease. This action will be completed on-going until all residents referred in to the service have been involved in a fire drill.

All PEEP's will be reviewed to ensure that they reflect the actual evacuation process for each individual who attends respite. This will be completed for all Service Users currently availing of Respite by the 16/07/2021 and return of other Service Users thereafter.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2021
Regulation 17(3)	The registered provider shall	Not Compliant	Orange	30/09/2021

	ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which	Substantially Compliant	Yellow	16/07/2021

	that resident shall reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	16/07/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/07/2021