



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

Name of designated centre:	Seaview Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	06 November 2018
Centre ID:	OSV-0002521
Fieldwork ID:	MON-0024499

About the designated centre

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

Seaview respite house provides three day a week residential respite care to both children and adults with a disability. The designated centre comprises of a two-storey house set in its own grounds, located in a rural area. Due to its rural location, Seaview respite house has access to its own designated vehicle to enable residents, while at the centre, to have access to amenities in the surrounding area such as shops, playgrounds, cinemas and restaurants. Seaview respite house provides accommodation for up to four residents, with children and adults availing of the centre at different times. In addition to their own bedrooms, residents have access to communal facilities which include a kitchen, dining room, sitting room, laundry room and bathroom facilities. In addition, overhead hoists are in place in one of the centre's bedrooms and a communal bathroom to support residents' assessed needs when required.

Residents at Seaview respite house are supported by a team of both nursing and care staff. Residents are supported with their needs by two staff; comprising of a nurse and care assistant, at all times. At night-time, nursing staff undertake a waking night duty, with the care assistant doing a 'sleep in' duty, but being available if required by to assist the nurse in supporting residents' needs. Furthermore, the provider has arrangements in place for management support to staff outside of office hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
06 November 2018	08:50hrs to 14:05hrs	Stevan Orme	Lead

Views of people who use the service

Due to Seaview respite house being open for only three days a week and no residents accessing the service on the day of the inspection, the inspector was unable to speak to residents about the quality of care and support they received.

Capacity and capability

Governance and management arrangements at Seaview respite house had improved since the last inspection. Improvements had ensured that previously identified areas of non-compliance with the regulations had been addressed and that regular monitoring audits had been undertaken on practices at the centre to ensure their effectiveness. Management arrangements at the centre ensured that residents were kept safe, supported with their assessed needs and helped to achieve their 'respite goals' on each admission for respite care.

Following the last inspection, the provider had reviewed governance and management arrangements at the centre. The provider had introduced a range of practice audits on all aspects of care and support provided such as medication administration, residents' finances, incident reporting and complaints management.

Audits were regularly completed throughout the year by the person in charge (or delegated staff) to identify areas for improvement or compliance with the provider's policies. Audit outcomes were being incorporated into the centre's 'Quality Improvement Plan' (QIP) and staff being informed of the result of audits, through regular team meetings. The centre's QIP was regularly updated to reflect progress made towards addressing any identified areas for improvement and was subject to monthly review by the person in charge and senior management.

In addition, the provider ensured that six monthly unannounced visits were carried out in-line with the regulations, which further examined the effectiveness of practices at the centre. The findings of the provider's visits, management audits and the centre's QIP were also used by the provider to complete an annual review into the care and support provided to residents accessing the centre.

The centre's staffing arrangements ensured that an appropriate number of staff were in place to meet residents' assessed needs as described in their support interventions and risk assessments. Due to the high support needs of residents who accessed the centre, the provider had ensured that both nursing and care staff were available at all times during the day and night - to meet residents' needs. Records showed that staffing arrangements supported residents

to participate in activities of their choosing both at the centre and the wider local community when at the centre.

The provider's training arrangements ensured that staff had regular opportunities to both refresh their skills and ensure their knowledge was updated in-line with current developments in health and social care practice. In addition, staff were supported to develop their personal competencies through annual 'Personal Development Plans' (PDPs). These PDPs ensured that staff were able to speak with the person in charge, on an annual basis, about their roles and responsibilities at the centre as well as identify future opportunities for training and career development. In addition, to their own personal development, staff were kept up-to-date on any changes to residents' needs or the operational running of the centre through their attendance at regular team meetings.

Following the last inspection, the provider had undertaken a review of risk management arrangements at the centre. Measures put in place subsequently had ensured that any identified risks which related to either residents, staff or the centre's operations were appropriately assessed, with control measures being implemented to mitigate against the effects of any further re-occurrence. Implemented risk interventions were subject to regular reviews to determine their ongoing effectiveness and were being updated, where required, to ensure they safeguarded residents from harm.

In addition, the provider had reviewed and updated the centre's emergency plan to ensure its effectiveness in all circumstances such as an outbreak of fire or loss of utilities. In addition, the provider had arrangements in place for the reporting of accident and incidents at the centre, these records were reviewed monthly by the person in charge to identify any areas for practice development and to ensure actions taken by staff were in-line with residents' support interventions and complied with the provider's policies and procedures.

Regulation 15: Staffing

The provider ensured that residents were supported by an appropriate number of qualified staff in-line with their assessed needs and were facilitated to participate in activities of their choosing during their stays at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured their skills met residents' assessed needs and reflected current developments in the health and

social care practices.

Judgment: Compliant

Regulation 19: Directory of residents

Following the last inspection, the provider had reviewed the centre's directory of residents and ensured that it was up-to-date and contained all information required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance and managements arrangements ensured that residents were kept safe from harm and practices at the centre were subject to regular review to ensure their effectiveness in meeting residents' assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre was subject to regular review by the provider to ensure it reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Following the last inspection, the provider had ensured that accessible information was available to residents to inform them about how to make a complaint about the care and support they received at the centre. Records further showed that all received complaints were investigated in-line with the provider's policies and documented the complainant's satisfaction with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Following the last inspection, the provider had ensured that staff had access to the policies required under the regulations. In addition, the provider had measures in place to ensure that policies and procedures were reviewed at least every three years to ensure they reflected current developments in health and social care practices.

Judgment: Compliant

Quality and safety

The provider had implemented measures which had led to the improvement in practices at the centre and the care and support received by residents following the last inspection. Improvements had ensured that residents were safeguarded from harm and their assessed needs were being met while at the centre. However, further action was required to ensure arrangements for residents' individualised personal plans were compliant with all aspects of the regulations.

The provider's care and support arrangements ensured that residents were supported to participate in a range of activities, which reflected their personal wishes and interests. On each admission to the centre, residents were supported by staff to complete a 'respite person centred plan', where they indicated the activities and goals they wished to achieve during their stay. These choices were then incorporated into the planned social activities schedule of the centre.

Following the last inspection, the provider had reviewed personal planning arrangements for residents. Following the review, personal plans had been updated to include further information to guide staff on how to meet residents' assessed needs in areas such as communication, medication and personal finance management. Where appropriate, residents' representatives were consulted to ensure residents' personal plans were up-to-date and included any changes to the residents' daily routines or multi-disciplinary professionals' recommendations.

However, although management arrangements ensured that personal plans were in the main up-to-date and reflected residents' needs; this was not consistent in all records sampled by the inspector. For example, one resident's personal plan did not contain a support intervention to guide staff on the management of an assessed need which related to a neurological condition.

Furthermore, the provider had not ensured that each personal plan was subject to

an annual multi-disciplinary review to ensure it effectively met all aspects of the residents' assessed needs when at the centre.

In addition, although personal plans guided staff on supports required by residents when at the centre, the provider had not put arrangements in place to provide residents with an accessible personal plan to inform them or their representative about how their needs would be met.

Fire safety arrangements at the centre ensured that residents were kept safe from harm and could be safely evacuated in the event of an emergency. Following the last inspection, the provider had reviewed fire safety arrangements at the centre to ensure their effectiveness. The review had resulted in the installation of additional emergency lighting at the centre, as well as a time based plan for the upgrading of existing fire equipment at the centre such as fire doors.

Following the last inspection, the provider had also ensured that residents' individual 'personal emergency evacuation plans' and the centre's overarching emergency plan had been reviewed to ensure they clearly guided staff on what to do in an emergency. The effectiveness of both plans was regularly assessed through the use of scheduled simulated fire drills throughout the year. The provider also ensured that staff were knowledgeable on fire safety arrangements at the centre through their involvement in scheduled equipment checks and accessing of regular fire safety training in-line with the provider's policies and procedures.

Since the last inspection, the provider had improved arrangements for positive behaviour management approaches. Residents' support plans clearly identified any behaviours of concern and guided staff on both proactive and reactive support strategies to be used. In addition, the provider ensured staff knowledge was up-to-date through regular positive behaviour management training. Although records did show that one staff member required training to update their skills following their return from a planned absence.

Improvements following the last inspection had been made in relation to the use of restrictive practices to meet residents' assessed needs. The provider had reviewed all restrictive practices used at the centre and ensured that a clear rationale was in place to guide staff on their use. Records had been introduced to monitor the use of agreed restrictive practices and each practice was subject to a review every three months into its effectiveness and to ensure it was the least restrictive practice available.

Regulation 10: Communication

Following the last inspection, the provider had ensured that residents' communication needs were assessed, with clear guidance on how to support them to express their views and wishes being reflected in their individual personal plans. In addition, the provider had introduced arrangements to enable residents to access

the Internet when at the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Following the last inspection, the provider had completed financial capacity assessments with residents to clearly identify the supports they required with the management of their personal finances when at the centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises reflected residents' assessed needs, with suitable aids and adaptations being available such as hoists if required. In addition, the provider introduced arrangements for increased storage facilities for items such as children's toys following the last inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements had improved at the centre since the last inspection. Risk assessments were completed on all identified risks both relating to residents' assessed needs and the centre's operations. Risk interventions were in addition discussed regularly with staff in team meetings to ensure consistency of approach and were regularly reviewed to ensure they effectively safeguarded residents from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had reviewed and updated all fire safety arrangements to ensure that residents could be safely and effectively evacuated from the centre in the event of an outbreak of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Following the last inspection, the provider had completed assessments into whether residents at the centre had the ability to self administer their own medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Management arrangements had not ensured that all assessed needs of residents were reflected in their personal plans. Furthermore, the provider had not implemented arrangements for the annual review of the effectiveness of each resident's personal plans and accessible versions of plans were not available to inform residents of how their needs would be met at the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care interventions were updated on each admission to the centre. However, review arrangements had not ensured that nursing interventions were in place to guide staff on supports required for one resident's neurological condition.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider ensured that positive behaviour support interventions, which were subject to regular review, were in place to support residents, where required. The majority of staff had received up-to-date positive behaviour management training.

The provider had reviewed arrangements for the use of restrictive practices to support residents' assessed needs. Each restrictive practice was subject to regular review to ensure its effectiveness and clear guidance was in place to inform staff on

its use.

Judgment: Compliant

Regulation 8: Protection

The provider's safeguarding arrangements ensured that residents were protected from possible abuse and regular training opportunities kept staff knowledge up-to-date and in-line with current developments in health and social care practices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seaview Respite House OSV-0002521

Inspection ID: MON-0024499

Date of inspection: 06/11/2018

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A system is in place for the assessment and planning of each residents needs and is conducted with the maximum participation of the resident and /or their representative. All residents have a comprehensive assessment of need completed.</p> <p>Each resident has a personal plan which reflects the resident’s assessed needs and outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.</p> <p>The personal plan reflects the resident’s needs and outlines the supports required to maximize the residents’ personal development in accordance with the residents’ wishes. Individual support plans are evaluated on a quarterly basis or more frequently should the need arise.</p> <p>Personal plans will be reviewed annually or more frequently with the resident, their representative, if appropriate and the multi disciplinary team, or more frequently if there is a change in need or circumstances.</p> <p>The review is conducted with the maximum participation of the resident and where appropriates his/her representative.</p> <p>The review assesses the effectiveness of the plan, takes into account changes in circumstances and new developments.</p> <p>Recommendations from the review are recorded and include:</p> <ul style="list-style-type: none"> • any proposed changes to the personal plan • the rationale for any such proposal changes • and the names of those responsible for pursuing objectives in the plan within agreed timescales <p>The personal plan is amended in accordance with any changes recommended following the review.</p> <p>Audit of personal plans has commenced and will be conducted thoroughly as per audit schedule and appropriate changes made following the audit.</p>	

Accessible Personal Plans will be developed in conjunction with the resident and their representative, if appropriate and made available to residents.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Appropriate healthcare is made available for each resident, having regard to that resident's personal plan.

When a resident requires services provided by allied health professionals, access to such services is provided.

A GP of the resident's choice or acceptable to the resident is made available to the resident.

Where medical treatment is recommended and agreed by the resident, such treatment is facilitated

The resident's right to refuse medical treatment is respected. Such refusal is documented and the matter brought to the attention of the resident's medical practitioner

Residents are supported to access appropriate health information both within the residential service and available within the wider community

Residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes

Residents are supported to access allied health professionals as required.

A Care Plan has been developed for a resident who has epilepsy.

A Protocol has been developed that provides guidance for staff on the administration of rescue medication for a resident with Epilepsy.

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 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/01/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	31/01/2019

	is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/01/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2019
Regulation 05(6)(d)	The person in charge shall	Substantially Compliant	Yellow	31/01/2019

	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	31/01/2019