



Office of the Chief Inspector

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

Name of designated centre:	Sea Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	19 September 2019
Centre ID:	OSV-0002624
Fieldwork ID:	MON-0024443

About the designated centre

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

Sea road services is a residential service run by the Health Service Executive. The service provides full-time accommodation for male and female residents from the age of 18 upwards. The centre can meet the care needs of adults with an intellectual disability who present with medical/sensory and mental health needs. The centre is comprised of two houses located in a housing estate on the outskirts of a large town. Both houses which form part of the centre are two storey detached houses, and are in close proximity to each other. Residents have their own bedrooms which are personalised to their individual tastes. The centre benefits from their own mode of transport for community outings, and also has the benefit of having access to public bus routes for access to, and from the local town. The staffing skill-mix comprises of nursing and social care staff. There is a waking night staff available in each house every night to support residents who may require assistance at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
19 September 2019	09:45hrs to 16:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector spoke with five residents who lived at the centre. Residents who the inspector spoke with said they were happy living at the designated centre and said that they would speak with staff if they were not happy with any aspect of the centre. Residents spoke about various activities that they enjoy in their community including getting the public bus to town, attending a spa in a nearby hotel, partaking in a dance class and being part of a local choir. Residents also spoke about their holidays and places that they have visited over the summer break, including visiting a chocolate factory and the Titanic Museum. There were photographs on display around the centre of residents taking part in various activities. One resident who the inspector spoke with talked about what they liked to do on return from their day service, and this was observed in practice on the day of inspection. During the inspection, staff were observed to support residents in a respectful and caring manner. Overall residents stated that they liked living in the centre, and that they were happy with the staff and supports given to them.

Capacity and capability

The inspector found that the designated centre was well run and that there were suitable governance and management arrangements in place. This ensured that residents who lived there received a person-centred, quality and safe service.

The person in charge worked full-time and was found to be knowledgeable about the needs of residents, and about her responsibilities as the person in charge. She was responsible for another nearby designated centre also, and managed her time between both centres. The person in charge was supported by a team of care assistants and a nurse who worked full-time in the centre.

Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the management team, if needed. The person in charge had commenced formal supervision meetings with staff who worked in the centre. Regular team meetings took place at a suitable time to facilitate the maximum attendance of staff working in the centre. Team meeting minutes were reviewed and showed good attendance at these meetings, with a variety of topics relating to the safe running of the centre being discussed. The person in charge maintained a training matrix which demonstrated that staff received mandatory and refresher training as part of their continuous professional development.

The provider ensured that unannounced provider led audits and an annual review of the quality and safety of the care and support of residents were completed as

required by regulation. These audits were detailed in nature and action plans that identified areas for improvement had been devised as a result of these audits. Furthermore, the person in charge had a quality improvement plan in place which reflected actions arising from various audits, and this was kept under ongoing review to ensure identified actions were followed up and addressed. This demonstrated a commitment by the provider to drive quality improvement in the centre to enhance the lived experiences for residents, and showed good oversight arrangements which ensured any issues were identified.

There was a comprehensive complaints management procedure in place. There was one open complaint at the time of inspection, and the inspector found that the complaint was being followed up by the person in charge to ensure a satisfactory resolution. Residents who the inspector spoke with said they were happy with the service provided and said that they would speak to staff if they were not happy about something. There was an easy-to-read version of the complaints procedure, which was accessible in the centre and contained details of who the complaints officer was. A review of residents' meeting notes showed that the complaints procedure was regularly discussed with residents.

Regulation 14: Persons in charge

The person in charge had recently taken over this role in the centre and was found to have the skills and knowledge to manage the designated centre. She worked full-time, and had the qualifications and experience as required by regulation.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training as part of their continuous professional development. There was a training matrix in place which ensured oversight of the training requirements of the staff team to meet the needs of residents. Supervision meetings took place between the person in charge and staff, and between the person in charge and the person participating in management.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had up-to-date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management arrangements in the centre ensured the quality of care and safety of residents. The provider ensured that unannounced audits and an annual review of the care and safety of residents were conducted as required by regulation. Where there were areas for improvement, these were identified and action plans were developed which were subject to ongoing monitoring and review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an easy-to read complaints procedure in place in the centre which was on display and easily accessible to residents. The inspector found that complaints were well managed and followed up. Residents were supported to understand the complaints process through regular discussion at residents' meetings.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were suitable arrangements in place which ensured a safe and person-centred service.

The health, personal and social care needs of residents were assessed and plans were developed to support residents where required. Residents and their advocates were involved in residents' annual review meetings. Feedback on the service was received from families by use of questionnaires as well as verbally at the review meetings. Residents were supported to identify and achieve personal goals, and residents spoken with talked about some of their goals. Residents were supported to engage in activities of choice both in house and in the community, including listening to music, sitting out in the garden, being part of a choir, swimming, dance classes and attending concerts.

Residents who required support with behaviours of concern had comprehensive plans in place which had a multidisciplinary input. Staff received training in

managing behaviours of concern. During the inspection the inspector observed staff supporting a resident as detailed in the resident's behaviour support plan. A resident that the inspector spoke with talked about some of the strategies that was outlined in their plan, and which they were supported to do to help reduce anxieties. There were no restrictive practices in the centre.

The premises had adequate space and facilities for the needs and numbers of residents. Each resident had their own bedroom which was personalised to their individual preferences. Both houses that formed part of the designated centre were clean and homely. However, one of the houses was in need of some internal painting and a general refurbishment of the bathroom. Both houses required improvements in the state of the external footpaths around the house, and one house required repair of the ground around which the boiler was located. This had been identified by the provider and person in charge through the robust auditing system; however the work remained outstanding at the time of inspection and was not completed in a timely manner.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained by the person in charge. Adverse events were assessed and plans were put in place to respond to emergency situations. The person in charge had a good understanding of risks within the centre, and specific risks which may impact on residents had risk management plans in place. Any risks that required escalating to higher management had been completed and were under review.

The provider ensured residents' safety while staying in the centre. Staff had completed training in safeguarding and staff who the inspector spoke with had a very good understanding of the safeguarding process. Where concerns of a safeguarding nature had been raised, these were responded to in a timely manner and safeguarding plans were put in place where required. Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read document and regular discussion at residents' meetings. There were plans in place for intimate care practices which guided staff in how to support residents.

Since the last inspection works had been completed to ensure that both locations in the centre had systems in place for the detection, containment and prevention of fire. Residents had personal emergency evacuation plans in place which were detailed and reviewed as required. Residents who the inspector spoke with were aware of what to do in the event of the fire alarm going off, and residents spoke about the specific procedures as detailed in their evacuation plans. Staff received training in fire safety and regular fire drills were carried out. There was a system in place for fire safety checks. However, improvements were required as the inspector found that checks were not consistently completed by staff as required.

Regulation 17: Premises

The inspector found that improvements were needed to ensure that the centre was kept in a good state of repair internally and externally. While these issues had been

identified by management, the works required were still outstanding at the time of inspection and required completion.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management system in place for the identification, assessment and review of risks in the centre. The person in charge had a good understanding of risk management and a log of risks was maintained and kept under ongoing review.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the centre had systems in place for the detection, containment and prevention of fire. Staff had received training in fire safety and regular fire drills were carried out. Residents had personal emergency evacuation plans in place and residents spoken with were aware of what to do in the event of a fire. There was a system in place for fire safety checks; however the inspector found that these checks were not consistently completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there were comprehensive assessments completed on residents' health, personal and social care needs. A review of residents' annual review meetings demonstrated the maximum participation of residents and their advocates at their review. Residents were supported to identify and achieve personal goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents with behaviours of concern were given supports in managing their behaviour. Comprehensive plans and protocols with

multidisciplinary input were in place to guide staff on how best to support residents.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were robust processes in place to safeguard residents. Staff who the inspector spoke with were aware of what to do if a safeguarding concern arose. The inspector found that safeguarding concerns were responded to promptly with measures put in place to ensure residents' safety. Residents were supported to develop the skills and awareness to understand self-protection and their rights, by use of an easy-to-read document and discussion at residents' meetings.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sea Road Services OSV-0002624

Inspection ID: MON-0024443

Date of inspection: 19/09/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The new footpath and base for oil tank base is completed in one house. All footpaths and driveway are cleared and have level surface. Repairs have been completed to the access gate to the side of the house. Internal decoration to one house has commenced and this includes painting of all rooms and refurbishment of the bathroom. Works have commenced to the footpath at second house. The external Egress route are cleared from shrubbery and debris.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Weekly fire checks as per fire register book have been completed and signed by staff on duty. In addition to ensure compliance a weekly duties list for staff to complete includes same, this has commenced to ensure checks are completed weekly, this is overseen by the PIC</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/10/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	27/09/2019