



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

Issued by the Chief Inspector

Name of designated centre:	Ocean Crescent
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	09 July 2020
Centre ID:	OSV-0005383
Fieldwork ID:	MON-0029808

About the designated centre

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

Oceans Crescent provides full-time residential care and support to adults with a disability. The designated centre is located in a congregated setting in Co. Sligo and comprises of five one-storey chalets that accommodate between three and five beds. Residents living at the centre have access to communal facilities such as a sitting room, dining room, kitchen bathroom. Each resident has their own bedroom. Oceans Crescent is located close to local amenities such as shops, public houses and restaurants. In addition, the centre has its own vehicles, which enables residents to access the community and other amenities on the campus, such as the day services, cafeteria, swimming pool and other leisure facilities. Residents are supported by a staff team of both nursing and care staff. During the day, each of the chalets has two staff support, with at a minimum of one nurse being available at all times to meet residents assessed needs. At night-time, residents are supported by at least one staff member and have access to nursing care as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 9 July 2020	11:05hrs to 16:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre consisted of five single storey chalets on a campus setting. As part of the de-congregation plan for this setting, 17 residents had moved to community group homes and at the time of inspection there were currently 10 residents living in three chalets in the designated centre. One resident was at home with their family during the COVID-19 pandemic and the inspector got the opportunity to meet with four residents who lived in one of the locations.

The inspector spent time reviewing documentation and meeting with management and staff in one vacant chalet of the centre. Residents had completed scrapbooks with photographs of activities that they had engaged in during the COVID-19 pandemic, and these were reviewed as part of the documentation review. In addition, the inspector got the opportunity to spend time meeting with three residents in their garden area, and also briefly met with one resident who was inside the house having a beverage with staff.

Residents were observed to be comfortable in their environment, with staff and with each other. Three residents spoke about their upcoming move to a new community group home in another town as part of the de-congregation plan. Residents said that they were happy about this move and spoke with the inspector about their involvement in choosing the décor and colours for their bedrooms. One resident spoke about their new bed and explained how big it was. Residents also spoke about a recent visit to the new house and how they had left a personal belonging there as part of the transition. Residents appeared excited about the move and said that they were looking forward to it, and asked the inspector if they would be calling to visit them at their new home.

Residents also spoke about the various activities that they had taken part in during the COVID-19 pandemic; including baking, listening to music, walks and arts and crafts. Residents pointed out the painting work that they had completed on some flower boxes in the garden also. When asked if they were missing day services, one resident said they were not, while laughing. When asked, residents said that they were continuing their weekly residents' meetings and they said that they would go to staff if they were unhappy about something. Residents also spoke about food choices and their favourite foods, with one resident saying that they loved Chinese food and that they sometimes get a take away service.

One resident spoke about how they had attended a beautician service lately and how they wore a face mask as part of the public health guidelines. The resident did not appear to be upset by this, but spoke in a matter of fact way about it. Residents spoke briefly about the 'virus' and said that staff talked to them about it. One resident demonstrated, through hand actions, how they would complete hand hygiene.

The inspector briefly met with another resident who was inside the house having a

beverage in the kitchen. The resident greeted the inspector on their own terms and were observed to be relaxed in their home and with staff supporting them.

In addition, the inspector got the opportunity to speak with staff who were working on the day of inspection. Staff spoke about the various activities that residents had been engaging in during the COVID-19 pandemic; including making lava lamps, bingo games, going for picnics, making cards for families and baking new recipes. Staff stated that they felt that residents were getting on well during the public health restrictions and that they maintained contact with families via telephone and video calls. They also spoke about the arrangements for visitors to the centre, in line with the public health guidance. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in April 2019.

Overall the inspector found improvements in the governance and management of the centre with a consistent and effective monitoring system in place to ensure compliance with the regulations. The provider had strengthened the management structure for the oversight and monitoring of the operations of the centre, which promoted a quality and safe service for residents at all times.

The person in charge worked full-time and was responsible for another designated centre which was located nearby. She was supported in her role by a nurse manager who worked full-time and took on some areas of responsibilities including the management and oversight of staff rosters for example. The person in charge had good knowledge of their responsibilities under the regulations and their responsibility to inform the Chief Inspector of Social Services of notifications as required. A review of incidents that occurred at the centre demonstrated that notifications were submitted to the Chief Inspector, as required.

There was a skill-mix of staff nurses and care assistants working in each of the locations of the designated centre to support residents with their assessed needs. The staffing levels in the centre had improved since the last inspection and on the day of inspection it was found that the centre was adequately resourced for the needs and numbers of residents. The provider was in the process of converting agency staff to permanent staff to ensure continuity of care for residents, with the time frame for outstanding actions to finalise this set for the end of the year. A sample of staff files were reviewed as part of the inspection, and while there were some gaps in documentation found, these were addressed by the end of the inspection.

The person in charge maintained a staff training matrix which showed that staff

were supported to partake in a training programme which included mandatory and refresher training. While some refresher training was overdue as it could not be completed during the COVID-19 pandemic, the inspector was informed that this training was due to recommence and staff were placed on a waiting list to be called for their refresher training. There were arrangements in place to ensure staff's competencies were maintained during this time, such as staff knowledge audits which were completed by the person in charge and the availability of internal trainers available for guidance, if required. A sample of training records reviewed demonstrated that staff had undertaken training in infection prevention and control, hand hygiene and the use of personal protective equipment (PPE) since the COVID-19 pandemic. Staff spoken with said that they felt well supported in their role and had opportunities to raise any issues or points of concern with members of the management team, if required

The person in charge had a system in place for regular internal audits in the centre in areas such as incidents, complaints, medication and health and safety, which ensured ongoing monitoring of actions required to enhance the quality of care for residents. The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature and identified areas for improvement. Questionnaires were sent out to families for feedback on the service, and while feedback received from families was not included in the annual review document, it was included as part of the provider's most recent unannounced audit to inform quality improvement. The actions as part of the quality improvement plan for the centre were kept under regular review and discussed at team meetings. .

Regulation 14: Persons in charge

The person in charge was found to be suitably qualified and experienced for the role, and was aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The centre was found to be appropriately resourced on the day of inspection for the needs of residents. A sample of staff files was reviewed to assess if all documents as required under Schedule 2 were in place, and where gaps were found these were addressed immediately by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development. The person in charge maintained a training matrix which provided oversight of staff training needs. There were arrangements in place for regular supervision of staff, and staff spoken with said that they felt well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

There were good systems in place for the governance and management of the centre, with a clear organisational structure and lines of accountability identified for members of the management team. The provider ensured that unannounced provider audits and an annual review of the quality and safety of the care and support in the centre were completed as required by regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications that were required to be submitted to the Chief Inspector were completed in line with regulations.

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 and guide staff, where required. There were transition plans in place for residents who were due to move to a new home during the year, and a review of one of the transition plans demonstrated resident and family consultation and participation, multidisciplinary input and the completion of compatibility assessments which aimed to ensure that the resident's new home

would meet their health, personal and social care needs.

In addition, person centred plans were developed with residents with personal goals identified for the year. A sample of residents' annual review meetings was reviewed and demonstrated that there was maximum participation by residents in their review meeting, and family consultation completed also. The person centred plans were reviewed during the COVID-19 public health restrictions, and new goals that could be achieved at this time were identified. Some of these goals included; gardening, baking, exercise and learning new skills.

The provider ensured residents' safety while staying in the centre by monthly review of incidents, adopting safeguarding procedures where concerns arose and the implementation of safeguarding plans where this was identified as being required. Safeguarding plans were under regular review by the person in charge and staff members; and team meetings included safeguarding as a standing agenda item. In addition, residents had comprehensive intimate care plans in place which were reviewed regularly, and which aimed to promote residents' independence in this area. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. Residents were supported to develop the awareness and skills to self-protect by discussion at residents' meetings, and residents spoken with said they they would go to staff if they were not happy about something.

There was a risk management policy and procedure in place and the person in charge had a good understanding of risk management and the associated procedures. Risk assessments were carried out for identified risks in the centre and a log of risks was maintained which was regularly reviewed by the person in charge. In addition, specific risks that were identified for individual residents had risk management plans in place and protocols developed to mitigate against the identified risks. There were emergency plans in place in the event of adverse events such as flooding, power cuts and fire for example.

The provider ensured that systems were in place for the prevention and management of risks associated with COVID-19. The person in charge had completed a self-assessment audit to assess the centre's preparedness for a COVID-19 outbreak. There were contingency plans in place in the event of an outbreak of COVID-19, and risks were under regular review during regular teleconferencing meetings with management. The person in charge ensured that staff were made aware of public health guidance and any changes in procedure relating to this, with each location of the centre having a specific COVID-19 folder in place to include all relevant documentation and updates on public health advice. A review of training records confirmed that staff had received training in COVID-19 and associated infection prevention and control measures. There were questionnaires completed with residents to assess their understanding of COVID-19 and the impact of the public health restrictions on their lives. Residents spoken with acknowledged that they were kept informed about COVID-19 and spoke about some measures to keep safe, such as hand washing and not giving hugs.

Regulation 26: Risk management procedures

There was policy and procedure in place for the management of risks, and risks that had been identified in the centre had risk management plans in place to mitigate against the risk. Emergency plans were in place in the event of adverse events occurring in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had arrangements in place for the prevention, management and control of infections; including staff and resident temperature checks, an enhanced cleaning schedule and information regarding public health guidance in relation to infection control available in each location of the centre. Staff had received training in infection prevention and control measures including hand hygiene and the use of PPE. Residents were kept informed about the public health advice to minimise the risk of infection transmission.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of needs completed and support plans were developed with a multidisciplinary input, where required. Residents were supported to identify personal goals to achieve over the coming year, and these were kept under review and adapted in line with changes of circumstances, where required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were good systems in place to safeguard residents; including staff training, monthly review of incidents, investigation of concerns, the implementation of safeguarding procedures and promoting residents' awareness of safeguarding and independence in the area of personal and intimate care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant