



Office of the Chief Inspector

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

Name of designated centre:	Ocean Crescent
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	10 and 11 April 2019
Centre ID:	OSV-0005383
Fieldwork ID:	MON-0024088

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.

Current registration end date:	09/05/2021
Number of residents on the date of inspection:	16

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
10 April 2019	11:00hrs to 18:30hrs	Thelma O'Neill	Lead
11 April 2019	10:00hrs to 17:00hrs	Thelma O'Neill	Lead
10 April 2019	11:00hrs to 18:30hrs	Angela McCormack	Support
11 April 2019	10:00hrs to 17:00hrs	Angela McCormack	Support

Views of people who use the service

Inspectors had the opportunity to meet thirteen residents who lived at Oceans Crescent on the day of inspection. Some residents were able to tell the inspectors about the care and support they received and said that they were happy with the service; however, other residents were unable to speak to inspectors due to their assessed needs. The inspectors observed that residents appeared relaxed and comfortable with the supports received from staff, and saw that staff were responsive to the residents' needs. Furthermore, inspectors observed that residents were treated with dignity and respect by staff and were supported to make choices on their daily activities.

Families were encouraged to be involved in the care and welfare of their relatives. On the day of the inspection, inspectors were told that the management team were meeting with four families to show them a new house in the community and to seek their views, as part of the de-congregation process for moving to the community.

Capacity and capability

Inspectors found the provider had the capacity and capability to manage this centre and had governance arrangements in place to ensure the residents living in the centre had a good quality of life. This centre was actively engaging in a de-congregation process to relocate services to the community and the number of residents living in the centre had reduced since October 2018 from 28 to 17. The provider told inspectors that they had several housing projects in operation and more residents were scheduled to move to the community before the end of 2019.

Inspectors found significant improvements in the quality of life for the residents since the last inspection. While there were still areas of improvements needed, the provider had closed one house and reduced the overcrowding in the other four houses. There were no residents sharing a bedroom, which had improved their personal space and privacy and dignity. The provider had also reallocated staff from the closed house to the other houses to ensure residents were adequately supported in their health and social care needs.

The inspectors found that the person in charge had the skills, experience and qualifications to manage the centre. However, he was also employed as a director of services by the provider and was directly accountable as a person in charge for five other designated centres, as well as co-coordinating the de-congregation programme. Although the person in charge was supported in their role by two clinical nurse managers, their responsibilities also extended to the community

services, which impacted on their availability for the day-to-day operational management and administration of the centre.

The provider's risk management practices were robust in nature, and procedures were in place to respond to all risks and possible adverse incidents, which might occur at the centre. Risk interventions were subject to regular review and amended to ensure their ongoing effectiveness and the protection of residents from harm. In addition, the provider had arrangements in place for monthly reviews by the person in charge and allied health professionals who identified any areas for improvements.

While the provider was ensuring that these improvements were maintained, by conducting regular reviews and audits of the care provided to residents, inspectors found the actions identified in the six monthly audit and annual review had not been completed.

Inspectors found that although recruitment of agency staff had led to additional staff availability, resulting in increased opportunities for residents to participate in community activities, this was not consistent in all houses. Inspectors found that some residents were only accessing the community on certain days of the week and did not have the opportunity to access the community on the other days.

Inspectors spoke to the management team, and they acknowledged that much of their focus was on the de-congregation programme and managing the community services and there was a lack of operational oversight in certain aspects of the centre. For example; residents' documentation and individual risk assessments were not up to-date, and notifications were not submitted to the chief inspector as required. Furthermore, the person in charge did not ensure that staff training in relation to safeguarding, safe moving and handling, and positive behaviour support was up-to-date, as all staff had not attended refresher training and development courses as required by the organisation.

In addition, the person in charge and several staff members had not attended team meetings, and the minutes of the team meetings did not reflect the changes or issues occurring in the centre at the time. For example, complaint, compatibility assessments, staffing, protection and care and support needs.

Regulation 14: Persons in charge

The person in charge was responsible for management of five designated centres. However, the person in charge's oversight arrangements at this centre did not ensure its effective governance and management and compliance with the regulations.

Judgment: Substantially compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that there were sufficient numbers of staff and skill-mix working in the centre. However, there were omissions in some of the staffs' documents required in Schedule 2.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were comprehensive training records in place and a review of these records indicated that the many staff members had met their minimum training requirements; however, some staff had not received refresher training as part of their continuous professional development in areas such as; safe moving and handling, hand hygiene, CPR, medication management, safeguarding, and positive behaviour management.

Inspectors reviewed records of staff support and supervision meetings, but found they were not up to-date.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management of this centre required review to ensure that there was a more effective oversight of the service to meet the aims and objectives of the service. For example, individual assessments, risk management, notifications, and protection. Furthermore, the provider failed to adequately address the actions identified in the six monthly audit and annual review of the centre and not all staff support and supervision meetings were up to-date.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the

supports provided to meet residents' assessed needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge failed to notify the chief inspector in writing of accidents or safeguarding incidents that had occurred at the designated centre as required with the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place for the recording, response and management of complaints. Staff who spoke with the inspector were knowledgeable of the complaints procedure and the name of the nominated complaints officer. An easy-to-read version of the complaints procedure was available to residents.

A complaints register was maintained at the centre, there were open complaints that were being investigated by the complaints officer at the time of the inspection.

Judgment: Compliant

Quality and safety

The centre provided residential care and support to seventeen female residents with an intellectual disability and complex health and behavioural support needs. The staff team were highly committed to the care and welfare of the residents and had a positive attitude towards meeting their needs.

The residents received 24-hour nursing care, and they had access to a range of allied health professionals to support their healthcare needs. Medication was generally managed by the nurses on duty, and the residents had access to their GP when required. Annual healthcare assessments were completed for all residents' and where required had received multidisciplinary reviews. However, some residents' daily activities were not found to be meaningful and there was an absence of stakeholder involvement in planning social activities and the setting of personal goals.

The providers' fire safety plan and fire equipment were in place to ensure that residents could evacuate safely in the event of a fire. While there was sufficient fire equipment available, inspectors found inconsistencies in the fire evacuation plan and staffs' knowledge of the plan. There also had not been a fire drill with the minimum staffing levels and this was brought to the attention of management during the inspection. These issues were rectified before the end of the inspection on day two.

Inspectors reviewed the management of residents' health and social care needs and found inconsistencies at the centre in how residents' health and social care needs were met in-line with their assessed needs. For example, some residents' needs were supported as described in their personal plans and had active lives and were involved in community activities. However, in other parts of the centre, some residents' care and support needs were not being comprehensively addressed, for example; risk management practices were not robust to ensure individual risks were effectively managed; For example; one resident experienced several falls resulting in bruising and an injury requiring medical treatment, but their risk assessments and fall management plan was not updated.

Inspectors reviewed a number of protection incidents that had occurred in the centre and found the provider had completed preliminary screening, where safeguarding concerns had occurred. However, where safeguarding risks remained, there were no safeguarding plans in place to protect the residents from further risks of aggression and intimidation by their peers. Furthermore, safeguarding concerns were not reported to the chief inspector as required by the regulations and not all staff had up-to-date training in protection.

Regulation 26: Risk management procedures

Risk management arrangements were in place, with an up-to-date risk register maintained in the centre. Risk were identified, analysed and control measures implemented to reduce any possible harm to residents. However, some residents risk assessments required updating to reflect their current risk management arrangements. For example fall risk management.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety measures and equipment were in place at the centre, which were assessed regularly to ensure their effectiveness in evacuating residents in the event of a fire. A traffic light evacuation system was displayed in the centre which informed staff on the level of support required by residents in the event of an evacuation.

Residents' personal evacuation plans were displayed in each residents' bedroom and guided on the residents understanding of the fire alarm and of the staff support they required in the event of an evacuation. All staff had up-to-date training in fire safety at the time of this inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had suitable practices in place in relation to ordering, receipt, prescribing, storing and administration of medication. While a number of medication errors had occurred in the centre, evidence showed that these had been reviewed and managed in accordance with the organisation's medication management policies and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Annual healthcare assessments were completed for all residents' and where required had received multidisciplinary reviews. However, some residents' who received an individualised services, did not have meaningful activities, and there was an absence of stakeholder involvement in planning social activities and setting of personal goals.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that the residents were provided with appropriate health care in line with their personal plans. In addition, residents had access to a medical practitioner and residents were supported to access allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were comprehensive support plans in place which promoted consistency of care for residents who may engage in behaviours of concern and recent referrals had also been made for some residents for further behavioural support.

Judgment: Compliant

Regulation 8: Protection

The provider had completed preliminary reviews where safeguarding concerns had occurred; however, in some houses, safeguarding risks remained and there was no safeguarding plans in place to protect all residents. Furthermore, safeguarding concerns were not reported to the chief inspector as required by the regulations and not all staff had up-to-date training in protection.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially 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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ocean Crescent OSV-0005383

Inspection ID: MON-0024088

Date of inspection: 10/04/2019 and 11/04/2019

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>New arrangements for the governance of this centre will be put in place to ensure effective oversight by the 31/05/2019. A new PIC is being put in place with the support of a CNMI. Both positions are supernumerary. Paperwork for same will be submitted for the new management structure by 31/05/2019.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Gaps in documents under Schedule 2 have now been updated in this centre.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training schedules in place for staff to attend refresher training. Training matrix</p>	

<p>available in all areas to ensure staff are aware of their training schedule. This is updated as required. Training will be completed by 28/06/2019.</p> <p>Staff supervision has been completed for remaining 2 staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A new PIC is being put in place with the support of a CNMI. Both positions are supernumerary. Paperwork for same will be submitted for the new management structure by 31/05/2019. • Action re outstanding PCP review has been completed and all documentation updated following transition from within this designated centre. • Training schedules in place for staff to attend refresher training. Training matrix available in all areas to ensure staff are aware of their training schedule. This is updated as required. Training will be completed by 28/06/2019. • 3 day notification submitted as requested. All staff now aware of incidents that require 3 day notification. • Staff supervision has been completed for remaining 2 staff as of 17/04/2019. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications are currently up to date, and retrospective notification submitted 10/04/2019 as requested.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

All risk assessments are currently up to date and in place since the 15/04/2019.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

One individual who relocated within the designated centre has an assessment of need and PCP completed which includes individualized person centred goals.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

All safeguarding plans are currently up to date. Concern identified by inspector on date of inspection was reported to Designated Officer and Safeguarding team. Preliminary screening carried and safeguarding plan put in place on the 11/04/2019.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/05/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	17/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	28/06/2019

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/05/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	17/04/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	15/04/2019

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	10/04/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	10/04/2019
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	10/04/2019

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	17/04/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	11/04/2019