



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

Issued by the Chief Inspector

Name of designated centre:	Sea Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	04 February 2021
Centre ID:	OSV-0002624
Fieldwork ID:	MON-0031784

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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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 4 February 2021	09:30hrs to 14:35hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From what residents discussed with the inspector, conversations with staff, observation in the centre and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

Due to COVID-19 infection control precautions the inspector did not visit both houses in the centre but carried out the inspection in one house as a sample of the service. There were four residents living in this house and the inspector met and spoke with all four. These residents were happy to talk to the inspector and to discuss life in the centre.

All residents stated that they were very happy living in the centre and enjoyed their lives there. They said that they normally had good involvement in the community and described some of the social and leisure activities that they took part in and enjoyed. They talked about going out in the community for meals, coffee and to attend concerts and entertainment. One resident who attended dance classes gave a demonstration of a dance routine which she clearly enjoyed. Residents explained that while day service was postponed, other activities that they enjoyed took place in the centre each day. A resident showed the inspector an activity project pack which was sent from day service each week and all residents agreed that they found this useful and enjoyable. Residents showed the inspector an outdoor gardening project that they had taken part in during the summer lockdown. They had grown vegetables and salads. They talked about how they had enjoyed this project and how they had used their produce in the kitchen for meal preparation. Other activities that residents enjoyed during COVID-19 restriction included using an exercise bike, online yoga, going out for walks and to the beach, knitting, going out for coffee and ordering take-away meals instead of dining out.

Residents told the inspector that they had good relationships with staff and with each other. They said that if they had any complaints or concerns, they would tell staff and it would be addressed. They said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were observed interacting warmly with residents and were very supportive of residents' wishes. Residents appeared to be comfortable and relaxed in the company of staff.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Weekly meetings were held in the centre at which a range of topics were discussed. Some of the topics discussed at these meetings had included COVID-19 and its associated restrictions, residents' satisfaction with the service and if they had any complaints or concerns, food choices and shopping plans. Residents were involved in an advocacy group which now continued to take

place online. Residents also had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements. All residents were aware of COVID-19 and the precautions that were required to reduce the spread of infection. They confirmed that alternative ways of communication were available to them.

Due to COVID-19 safety protocols the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were clean, warm and comfortably furnished. Each resident had their own bedroom and residents confirmed that their rooms were comfortable and to their liking. The provider had recently created an extra sitting room in one house to provide additional communal space for residents.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. However, there was some minor improvement required to the annual review and statement of purpose, although these did not impact on the quality of care delivered to residents.

There was a suitably qualified and experienced person in charge who was frequently present in the centre and who knew the residents and their support needs. Audits were being carried out by the person in charge and staff to review the quality and safety of the service. Unannounced audits were being carried twice each year on behalf of the provider. All audit records showed a high levels of compliance and any issues identified during audits were taken seriously and addressed. Furthermore, annual reviews of the quality and safety of care and support of residents were being carried out. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this indicated a high level of satisfaction with the service. This information, however, was not adequately captured in the annual review.

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

The provider had ensured that the centre was suitably insured and that there was an up-to-date statement of purpose. While, overall, the statement of purpose was informative and reflected the service being provided, there were some minor adjustments required to meet the requirements of the regulations.

The provider had ensured that there were sufficient staff, including nurses and care

staff, available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in manual handling, fire safety, managing behaviour that is challenging and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. While all staff had received the required mandatory training, a small number of staff had not attended some refresher training within the recommended time frame due to COVID-19 restrictions. The management team had identified this deficit and arrangements had been made to address it. These staff were scheduled to attend refresher training in the coming weeks.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. A minor improvement, however, was required to the annual review process.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose was informative and included the required information. However, there was some minor adjustment required to the statement of purpose to meet all the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Quality and safety

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

Comprehensive assessments had been carried out for each resident, which included a range of information and guidance to ensure that arrangements were in place to

meet the assessed needs of each resident.

The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these could be met. These plans were being reviewed as necessary to ensure that they continued to reflect residents' changing needs. During the inspection, it was evident that residents were involved in activities and projects that they were interested in and enjoyed.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Residents had access to general practitioners of their choice, consultants and healthcare professionals as required and also attended national health screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A clear contingency plan had also been developed and detailed cleaning plans were being implemented in the centre.

The provider had made arrangements to manage risk in the centre. There was a safety statement and a risk management policy to guide practice. The risk management policy guided on a range of risks including the specific risks stated by the regulations. Individualised risks specific to individuals had been assessed and there were interventions recorded to manage these identified risks. Individualised risks had also been updated to include risks associated with COVID-19.

The provider also had measures in place to protect residents from harm. These included an up-to-date safeguarding policy, safeguarding training for all staff and access to a designated safeguarding officer.

There were measures in place to ensure that residents' rights were being upheld. These included choice and involvement in daily activity planning, weekly meetings, access to advocacy service, right to social contacts and availability of information, such as a residents guide, weekly meeting agenda and COVID-19 information, in suitable format.

Regulation 20: Information for residents

There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sea Road Services OSV-0002624

Inspection ID: MON-0031784

Date of inspection: 04/02/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The provider in consultation with the person in Charge will ensure that family representation and communication including feedback from questionnaire’s and involvement in reviews will be reflected in the Reg 23 Six monthly unannounced report and the Annual report • The provider will ensure that all the information and feedback from the family will be updated in the six monthly and Annual report 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <p>The Provider in consultation with the Person in Charge has ensured that the Statement of Purpose has now being reviewed and updated all relevant Information required and is now within this document.</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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/02/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2021