



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:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0002624
Fieldwork ID:	MON-0036150

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

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 (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
Tuesday 24 May 2022	09:00hrs to 14:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Sea Road Service comprised two properties in a residential area, close to a busy town. The inspector visited the first property on the morning of inspection and found that although the premises required maintenance, there was a pleasant homely environment. There were four bedrooms in this property, one of which was an en-suite room. There was a shared kitchen/dining room, a small office and a downstairs toilet, which was used to store cleaning products and first aid equipment. The inspector observed a colour coded system used for mops heads and found that the mops in this property were resting in buckets outside the back door. The residents had a comfortable sitting room with some personal items displayed. The second property was similar in design, however, this property had a downstairs room which was recently converted to a bedroom in order to meet with the assessed needs of a resident at the centre. Therefore, there was a spare room upstairs which contained a couch and some storage items. There was an accessible shower room downstairs where a number of individual shower chairs were stored. This room was clean and tidy. There was a spacious shared kitchen and dining room and utility room next to this. There was evidence of deterioration in this property and the person in charge told the inspector that there was a water leak recently. At the rear of this house, there was a large garden with a raised bed and a seating area. The inspector noted that the outdoor bins in each of the properties were stored correctly and had the lids closed.

The inspector met with five residents on the day of inspection. One resident was having a nap in the sitting room and they gestured briefly towards the inspector. Another was observed preparing for their day, this included getting their bus pass and putting on appropriate foot wear as they were due to attend an outdoor exercise class. The third resident was enjoying a cup of tea at the kitchen table. They told the inspector that they liked living in their home and they spoke about the support that they received from the staff there. They spoke about the COVID-19 pandemic and told the inspector that it was important to "clean their hands and cover their mouth". They said that they were glad that the day service had opened again as they liked to meet with their friends. Later, that day the inspector met with two residents in the second property. They were sitting at the kitchen table. They were very aware of the precautions required in order to prevent the spread of infection such as hand hygiene and mask wearing. They were aware of what to do if they had a concern. The residents in both properties spoke highly about the staff support provided and one resident described the staff as "lovely" while smiling

broadly.

As previously described some residents at this designated centre attended a structured day service. Others preferred person centred activities which were provided from their home. The inspector noted that both properties had a lively atmosphere where residents were making meaningful plans for their day which they completed at their own pace. One resident was attending a social farming project, another was going to an exercise class, while a third had attended a support service which provided assistance with their assessed needs. Furthermore, residents discussed activities that had taken place in the past and activities that they were planning for the future. It was evident to the inspector that they were actively engaged with their communities in line with their individual or group wishes. Furthermore, residents spoke about contact with their family members which was facilitated through telephone calls, video calls and home visits. There were no visiting restrictions in place at this centre on the day of inspection.

There were a number of staff members on duty on the day of inspection. On arrival at the service, the inspector was met by a healthcare assistant who ensured that a safety pause was carried out. This included a temperature check, hand sanitising, a symptom check and a sign in sheet which was used for contact tracing. The inspector noted that although the sign in sheet was in use, there did not appear to be dates provided which meant that it was not possible to know who visited and when. Staff spoken with told the inspector that they were very happy in their job. They said that they enjoyed spending time with the residents and described the range of activities that took place which were based on what the residents wanted to do. They said that the person in charge was very supportive and approachable, and said that if the person in charge was not available that the staff nurse would assist with any concerns that may arise. They said that regular team meetings were taking place.

This designated centre experienced a significant COVID-19 outbreak earlier this year. The staff on duty spoke about this and of how they supported residents to understand the public health requirements in place. They said that some residents found self-isolation difficult and they described occasions when they could sit together in the garden as the weather was good and it was safe to do so.

Hand washing facilities were available throughout both properties. Hand soap and paper towels were provided, however some of the bathrooms did not have bins for the disposal of paper towels or tissues. Staff were wearing face masks and were observed to be practicing good hand hygiene at appropriate intervals throughout the day. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, and both medical grade and FFP2 masks. In addition, the inspector noted that staff were completing routine cleaning tasks and that there was a range of information posters relating to COVID-19 on display. Many of these were easy-to-read versions for the residents use. Furthermore, staff told the inspector about the recent changes to the infection prevention and control (IPC) training modules and described what they had learned.

In summary, Sea Road Service provided comfortable living accommodation for the

residents. However, some improvements were required with the infection prevention and control arrangements in place to ensure that the best possible service was provided. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Good governance arrangements and reporting relationships were in place in this designated centre and this ensured that a good quality and safe service was provided. However, some improvements were required in the oversight of these arrangements, to ensure that they were reviewed, fit for purpose and in line with up-to-date public health guidance.

The person in charge was present on the day of inspection and a staff nurse was available to provide support. They were aware of their responsibilities for infection and prevention and control oversight and were named as the responsible person and the lead worker representative accordingly. Furthermore, the person in charge was found to be aware of the other support structures available to them, such as; support from the director of nursing and the IPC link nurse and there was evidence of collaboration with these support structures.

The staff roster was reviewed and the inspector found that it provided an accurate reflection of the staff on duty on the day of inspection. The team consisted of staff nurses and healthcare assistants. As previously described staff meetings were taking place regularly and access to support and supervision meetings was provided. A comprehensive on call arrangement was in place. Replacement staff were reported to know the residents well and therefore consistency of care was provided.

Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; basics of infection prevention and control, hand hygiene, personal protective equipment (PPE), management of blood and body fluid spills and cleaning and disinfection training. As previously mentioned the inspector found that staff spoken with were knowledgeable of the training they completed and the learning achieved. Furthermore, staff had access to a COVID-19 folder which held information on current public health information and guidance.

The provider had a number of measures in place to assess, monitor and review its performance in relation to infection prevention and control. These included the completion of an annual review and an up-to-date twice per year provider-led audit. Gaps identified in relation to IPC were entered into the centres quality improvement plan. Furthermore an environmental audit was completed on a monthly basis and

the inspector saw that the low score results reflected the repairs required to the properties. The person in charge spoke with the inspector about this and described the plan in place to carry out the maintenance works in the near future. These works included painting, replacement of flooring and kitchen upgrades. This showed that the provider had ensured that this system monitored performance in relation to IPC effectively.

As previously mentioned, this designated centre experienced a COVID-19 outbreak this year. A review of the documentation showed that outbreak meetings had taken place during this period. There was an up-to-date site specific COVID-19 response and contingency plan available and guidelines on the prevention and management of infectious cases. Staff spoken with were aware of these plans and of how to act promptly if required. Risks in relation to the deterioration of both properties were assessed and a risk assessment was in place. However, the inspector found that some risk assessments required updating, for example; residents individual risk assessments post outbreak and the site specific risk assessments. Furthermore, there was no evidence of a post outbreak review meeting to assess the effectiveness of the COVID-19 contingency plan and to capture the learning gained from the experience. This required attention.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The care and support provided in this designated centre was found to be of a high standard which ensured that the residents living there were receiving a good quality and safe service.

Most of the residents living in Sea Road Service used verbal communication skills to communicate with the inspector. A walk around of the properties and a review of the documentation showed that information in relation to IPC was available in easy-to-read poster format and in the form of social stories. This information supported residents when making decisions in relation to IPC and furthermore, the inspector was informed that family members assisted with decision making if appropriate. The inspector found that residents were supported to make choices in relation to IPC and these choices were in line with current public health advice, for example; to wear a face mask in shops if they choose to do so.

Residents had comprehensive support plans in place. A review of these documents provided evidence of access to a general practitioner (GP) and members of the multi-disciplinary team. For example, residents attended occupational therapy, physiotherapy and had access to consultant-led services if required. This meant that a circle of care was in place for each resident and ensured their healthcare needs

were attended to.

The inspector found that the staff on duty had good knowledge of the standard precautions required to prevent and control the spread of infection and there were systems and processes in place to ensure that IPC was part of the routine delivery of care. For example, there were cleaning audits in place and the person in charge explained that these were under ongoing review to ensure that they were effective. Staff were observed practicing hand hygiene at appropriate intervals during the day and routine cleaning was taking place. Furthermore, there was a system in place for the management of risk laundry and risk waste and staff spoken with were aware of this. The inspector found that some residents spent overnights with their family members. There was evidence that a checklist was completed after each visit which gathered information on each residents' presentation on return to the designated centre.

A briefly described above, a walk around of the centre showed that both houses in this designated centre were clean but there was a maintenance plan in place. In the first property visited, foot operated bins were not always available and there was an open compost bin stored on the window ledge in the kitchen. Furthermore, the system for storing residents' toothbrushes and toothpaste required review as they were stored in a basket in the bathroom which was visibly dirty. The second property visited has damp patches on the paint work and some scuff marks on the walls. The kitchen was in need of repair. There was a new floor in the kitchen and sitting room which was very nice. There were systems in place for the laundering of clothing and bedding, and the management of household and risk waste and adequate cleaning products in stock.

Overall, the inspector found that this was a well organised service where the staff on duty were aware of residents' needs and knowledgeable of the practices required to meet those needs. The provider and the person in charge had ensured that infection prevention and control systems and procedures were in place and that the staff were aware of how to use these. However, some improvements were required in the oversight of these arrangements, to ensure that they were reviewed, fit for purpose and in line with up-to-date public health guidance.

Regulation 27: Protection against infection

The provider had generally ensured that there were procedures in place for the prevention and control of infection. These included a safety pause at the point of entry and exit, availability of hand hygiene stations and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policies and protocols, risk assessments and isolation plans. There was a site specific COVID-19 preparation plan in place which provided guidance on the actions to take if required and plans in place to review and learn

from a recent outbreak in the designated centre.

However, some improvements were required to the premises and to the arrangements in place and the systems used. For example;

- The contact tracing arrangements in place required updating as there were no visiting dates inserted on the sheets viewed.
- The systems used for the storage of mops and buckets required review.
- The systems used for storage of person items in the bathroom of one property required review. Furthermore, bins for waste disposal were not always readily available and the systems used for kitchen compost required attention.
- The arrangements in place for some risk assessments required review to ensure that they were up-to-date and fit for purpose.
- The arrangements in place for a post outbreak review required attention.
- Some areas of the designated centre required upgrading and a plan was in place to carry out the maintenance work required. This plan required ongoing progress.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Sea Road Services OSV-0002624

Inspection ID: MON-0036150

Date of inspection: 24/05/2022

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:

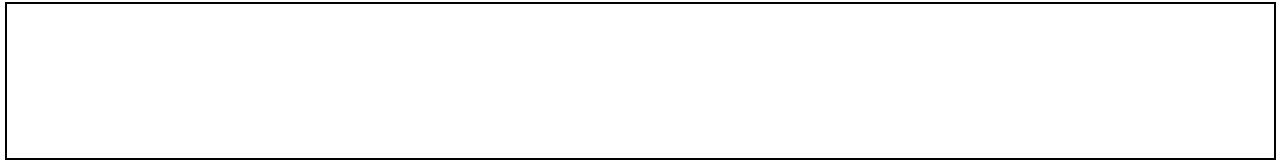
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken</p> <ul style="list-style-type: none"> - The visitors book has been updated to reflect the date ,time ,name of visitor and contact details .This is to ensure contact tracing can be facilitated in the event of an outbreak . - A new Flat mop system has been purchased for the center, this is now stored in the utility room with clear instructions on the storage and usage of this system. - All residents have their personal toiletries now stored separately within their bedrooms .The containers storing the personal items has been added to the cleaning schedule in each house .The Pic has also included this in her audit of cleaning schedules to ensure the task is completed. - New foot operated bins have been purchased within the center and are readily available in each house - The small compost bin situated on the kitchen shelf is moved to the utility room when not in use, this will be emptied after each meal time. - All risk assessments have been reviewed and updated. These risk assessments will be updated every 3 months or sooner if required. - A post outbreak meeting has taken place in the center and all individual covid risk assessments have been updated. A guideline on Post Outbreak meeting has been issued to the center to be held after an outbreak. - There is a risk assessment in place outlining the current maintenance works and upgrades required within the center .The risk assessment in place identifies areas to be upgraded such as a new kitchen to be fitted ,painting of all areas ,new flooring and bathroom refurbishment . These works have commenced and will be completed by 23-7-22. 	



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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	23/07/2022