



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

Issued by the Chief Inspector

Name of designated centre:	Seahaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	29 January 2021
Centre ID:	OSV-0005594
Fieldwork ID:	MON-0031003

About the designated centre

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

Seahaven centre has the capacity to support male and female residents aged below 18 years, with a diagnosis of intellectual disability, who require a level of support ranging from moderate to high. This service comprises of two houses in a rural location on the outskirts of a town. Transport is provided to access local amenities, such as; shops, restaurants, schools and pharmacists. Each house is comfortably furnished, has gardens to the front and rear of the building and meets the needs of the residents. Residents have support provided in-line with their assessed needs. The staff team includes the person in charge, care workers and care assistants. Staff are based in the centre and are available whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 29 January 2021	09:45hrs to 14:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff, observation in the centre, information viewed during the inspection and discussion with a parent of a resident, it appeared that residents had a good quality of life, had choices in their daily lives, were supported with education and development, and were involved in activities and play 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. To reduce infection control risk the inspection was carried out in an office which was distanced from the residents' living space. Two residents received a shared care service in this house at any given time. On the afternoon of the inspection there was one resident present in the centre who at that time was not comfortable with the presence of the inspector. Staff were very alert to the resident's wishes and advocated for the resident in this respect by redirecting the inspector away from the communal areas. This ensured that the resident's wishes were respected, that the impact of the inspection on the resident was kept to a minimum, and that the inspection did not interfere with the resident's day. Staff who the inspector met with during the inspection were very aware of residents' needs and preferences and explained how they supported these.

The inspector did not have the opportunity to discuss the service with any residents but did speak with the parent of a resident. This parent expressed a very high level of satisfaction with the care and support provided. The parent praised every member of staff, saying that all staff were committed to providing an excellent level of care to the children at all times. The parent would feel comfortable to raise any issue of concern in the knowledge that it would be addressed, although this had never been an issue as the family have had no complaints. The parent also stated that the family were very happy with the level of communication they received, and that staff in the centre phoned them every evening with an update on how their child had spent the day. The parent further complimented staff for the level of activity available to the child, which included the child's preferred outdoor activities. The parent was pleased that the child enjoyed the shared care so much & looked forward to returning back for each session.

There were measures in place to ensure that residents' rights were being upheld. Residents' education was supported both by attending school and more recently through home based education plans. Detailed educational and developmental plans had been developed which included reading, nature walks, planting flowers and spring bulbs, communication and compromise in social situations, football, learning new songs. School work was also taking place in the centre with direct teacher interaction through a media site. Plans to promote and develop independent living skills were being implemented for each resident. These included activities such as supermarket shopping, choosing healthy snacks, preparing lunch boxes, sensory play, interaction with animals, playing games and

some housekeeping tasks. On reviewing information during the inspection it was found that a range of relevant information, such as personal plans and COVID-19 information, was made available to residents in user friendly format.

It was evident from conversation with staff and a family member, review of information and observation, that residents had choice around how they lived their lives. There were adequate staff available to support residents to go out or enjoy activity of their choice at any time and there was sufficient transport available to enable this. It was seen during the inspection that this was happening, as residents were out and about in the local area. Residents also had rights to keep in touch with families and interventions had been introduced to ensure that residents could achieve this while adhering to COVID-19 safety requirements.

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.

Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre. There were management systems in place to ensure that residents were supported and encouraged to have a good quality of life in line with their wishes and choices. Practices and systems were also in place to ensure that residents were safe.

The service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication, fire safety, health and safety, finances, and residents' files. Records showed a high levels of compliance in all audits. Unannounced audits of the service were also carried out twice each year by the provider.

The provider had 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. Hand sanitising and temperature monitoring facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

There were sufficient staff rostered for duty to support residents' assessed needs. There was one-to-one staffing arrangements in place which enabled residents to take part in the activities that they enjoyed and preferred. There was also sufficient

transport available to support residents' individual preferences.

There were measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management and first aid in addition to mandatory training. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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

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.

Judgment: Compliant

Quality and safety

There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle, to receive education, and to receive a good level of healthcare. There was evidence that residents in this service enjoyed a good quality of life, with involvement in education, leisure activities and independent living skills. Residents were frequently out and about in the local area and

were involved in activities that they enjoyed, such as outings, school, household tasks, sport, play and entertainment events.

Annual meetings took place, at which residents' personal goals and support needs for the coming year were planned. 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 were met. As this was a shared care service for young people, staff in the centre worked closely with residents' families and school staff. Each resident was supported by a multidisciplinary team, which included the person in charge, the resident's key worker, parents, general practitioner (GP), and appropriate specialists such as behaviour support therapist and occupational therapist, speech and language therapist.

There was evidence that residents were normally out and about in the local community, attended school, and were involved in activities that they enjoyed, such as outings, sport and exercise, shopping and entertainment events. A home-based service was being provided to meet these residents' needs during the COVID-19 pandemic. Activities that the residents enjoyed included swimming, games such as trampolining, outings, going out for ice cream, spending time in the sensory room and taking exercise indoors and outdoors.

Although residents' healthcare needs were mainly supported by their families, the provider had ensured that they had access to appropriate medical and healthcare services as required during their stays in the centre. Comprehensive healthcare assessments had been carried out for each resident with the involvement of specialists such as a speech and language therapist, physiotherapist and an occupational therapist. Residents visited their family GP and healthcare consultants as required, were offered annual influenza vaccines.

There were suitable arrangements 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 detailed cleaning plan had also been developed and daily cleaning was being recorded.

The provider had systems in place to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a child safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding was also available in the centre.

There were measures in place to ensure that the residents' rights were being upheld. It was evident that residents and their parents were involved in how they

lived their daily lives while receiving shared care in the centre. Assessments of various aspects of care had been completed with the involvement and consent of residents' parents. For example, consent for medical attention, use of as required (p.r.n.) medication, activities outside the centre and intimate care had been discussed and agreed with parents. Resident personal money was stored securely in the centre, was being audited and reviewed and was readily available when required, although there was no assessment to explore the residents' current capacity, wishes and risk around retaining control of their own personal money. This was discussed with the management team who planned to immediately include this in residents' assessments to enhance and improve residents' independence and choice.

The resident also had the right to contact with family and friends, and interventions had been introduced to ensure that the resident could keep in contact with families and friends while adhering to COVID-19 safety requirements.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect 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. 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 GPs, 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 the resident's rights were supported and that they had freedom to exercise choice and control in their daily life.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant