Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Seahaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0005594
Fieldwork ID:	MON-0047421

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 three 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 one house in a coastal location on the outskirts of a town. Transport is provided to access local amenities, such as shops, restaurants, schools and pharmacists. The 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

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 (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 10 July 2025	16:00hrs to 19:30hrs	Mary McCann	Lead
Friday 11 July 2025	09:30hrs to 13:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that this centre offered a good service to the children accommodated, where children led active lives and had access to a range of appropriate activities. Some improvements in the decor of the centre and in access to children mental health services were required.

Sea haven is a children's respite service and is registered as a designated centre to provide care and support to a maximum of three children at any one time. The centre have two groups of three residents who attend on a rotational basis, consequently the three residents who were in the centre at the time of this inspection knew each other and got on well together , knew each other well and seemed happy living together. The provider and person in charge had ensured that the children had access to education, age appropriate recreational activities in the house and its gardens and in the community. Staff were observed staff observed to support the children in a caring and respectful child centred manner.

This inspection was carried out to monitor the on-going compliance of the designated centre with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were three girls living in the centre and the inspector met with the three of them, two were able to converse verbally but spoke very little with the inspector but indicated they enjoyed living in the centre and staff were kind and friendly to them.

One resident was non-verbal and staff could interpret their cues and all three seemed to interact positively with each other. The inspector arrived at the centre at 16:00hrs and all children were gone to the sea side with staff, some to go surfing and some to go walking. There was a large water pool in the back garden which the person in charge told the inspector the children had been playing in this, in the morning time. This inspection was carried out when the children were on school holidays and the centre was organising recreation activities for the children. The inspector spoke with four staff throughout the inspection and the person in charge. All stated that they went out and about on all daily and kept the children busy and entertained. The centre had access to two vehicles. One resident arrived back at the centre with one staff member and was observed to be relaxing in the sitting room and using their tablet. One staff member proceed to cook a nutritious meal with fresh ingredients for the children. Two children arrived back at 19:10 pm. After the beach, they had gone to a forest part area to walk. The inspector observed staff and children sitting round the dining room table chatting and eating dinner together. There was a relaxed atmosphere in the centre and staff knew the children well and what they liked to do. The person in charge had worked in the centre for many years and some of the staff had also worked in the centre for considerable periods of time. All staff talked fondly of the children and there was warm friendly interactions between staff and children.

Seahaven is a large bungalow situated by the sea on the outskirts of a large town in close location to arrange of amenities and facilities including various seaside locations. While Seahaven provides a comfortable home to residents with adequate personal and communal space available and a large secure garden to the back and front of the house, which was well maintained. However parts of the premises required decoration to ensure it was more child friendly. All doors were brown coloured and would benefit from a brighter colour which would also enhance the light on a long hall throughout the house. The main sitting room required review to make it more homely and personalised. Some of the windows in the conservatory to the back of the house had condensation. Plans were in place to turn the main bathroom into a wet room.

The person in charge was in the centre when the inspector arrived and facilitated the inspection. They displayed a very good knowledge of the residents and described how the centre worked in collaboration with the school and families as this was a respite care service where resident spent one week in the centre and one week at home on a rotational basis. while residents did not verbalise to the inspector activities they were engaged in, from a review of documentation and speaking with staff it was evident that the children were parking in a range of activities to include attending play centres, going to a pet farm, going to playgrounds, the seaside, swimming, the cinema, amusements and local scenic areas. Staff were observed to be interacting positively with the children chatting with them as they prepared food, packed for a day trip and doing some colouring. Staff spoken with were familiar with residents' wishes, their communication strategies and assessed needs of residents. A child friendly complaints process was displayed in the centre. Details of the safeguarding designated officers were displayed in the office.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describe about how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found found that there were good systems in place relating to governance and management which to ensure children had a good quality of life.

An overall quality improvement plan was in place where any areas for improvement from audits, six monthly unannounced visits and annual reviews were documented and an action plan devised to address these deficits.

The management systems in place ensured that the needs of the children were met and they had regular access to activities of their choice. There were adequate staff and transport available to meet the individual needs of residents which enhanced the service provided to the children . Accident and incidents were recorded and the inspector reviewed a sample of these and cross referenced with the notification

submitted to the Chief Inspector. The person in charge confirmed that all incidents were discussed with the area manager. The inspector noted that one incident related to a physical negative interaction between two residents. While this had been reported to TUSLA a notification had not been made to the Chief inspector. The person in charge submitted this immediately post the inspection.

Regulation 15: Staffing

The inspector found that the number of staff on duty met the assessed needs of the children and allowed for residents to have choice over their daily activities. While the inspector was in the centre there was 1:1 staff with residents The inspector reviewed the actual and planned staff duty rota from 9 June 2025 to 26 July 2025 This was well maintained and easy to read. This supported that the provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The person in charge explained as the school was closed for school holidays there was extra staff on duty at this time.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had undertaken safeguarding training on line and children first training. Staff had also completed training in best practices in the management of responsive behaviour and fire safety. Specific training to meet the needs of the children in addition to mandatory training for example training safe management of epilepsy and manual handling training had been undertaken by staff. This assisted staff to ensure where specialist care and support was required they had the required skills and knowledge to meet the specialist needs of the children.

Staff received supervision from the person in charge every 12 weeks. This provided support to staff and allowed them time to discuss any areas of concern they may have. There was evidence available in minutes reviewed that staff meetings were occurring regularly.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found there were generally good governance and management arrangements in place in the centre to ensure that a safe quality service was provided to the children.

The inspector discussed the previous compliance plan from the inspection of 25 Jan 2023 with the person in charge and reviewed documentation relating to actions to be completed. All actions had been completed. These included ensuring that the annual review of care and support delivered to the children reflected consultation with the children and their representatives. The last annual review was completed on the 5 September 2024. This was reviewed by the inspector who found that there was evidence of consultation with the children accommodated and their families. An easy to read guide was available. The contracts of care had been reviewed to ensure the service delivered to the children was clearly stated. Protocols for administration of PRN (as required) had been reviewed and provided sufficiently clear guidance on when to administer the medication and monitoring the effectiveness of this. Fire drills records showed that staff and children were familiar with the fire evacuation process. The grout in the bathrooms had been cleaned to ensure a more hygienic environment. Six monthly unannounced inspections were also been completed by a member of the quality team.

The most recent reports from the unannounced visits by the provider or their representative in September 2024 and March 2025 were reviewed by the inspector. An action plan was completed post these visits and the person in charge had ensured that any deficits identified had been addressed.

Staff reported to the person in charge and the person in charge reported to the area manager. The person in charge confirmed that the area manager was freely accessible and they spoke almost daily and met weekly. Audits completed included accident and incidents and medication management. Details of the confidential recipient were available to staff should they wish to raise concerns about care and support provided to the children.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the children communicated or indicated reported that they were happy and well looked after. There was good evidence in documentation reviewed that the children availed of lots of activities that they seemed to enjoy. At the time of the inspection it was summer holidays from school and the centre was ensuring that the children could avail of activities they enjoyed. The service was person-centred and was appropriate to the age and views of the children.

Staff reported that children seemed happy and got on well together.

There was a well completed comprehensive assessment of needs and very good contact with the children's families and with the school the children attended. Personal goals were identified and achieved.The provider and person in charge were endeavouring to ensure that the children living in the centre was safe at all times. Good practices were in place in relation to safeguarding. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of a personal intimate care plan to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, the children were provided with safe and person-centred care and support in the designated centre, which promoted their independence and development and met their individual assessed needs.

Regulation 10: Communication

The provider had made arrangements to ensure that the children were supported to communicate their needs and views. The inspector reviewed the care records of two of the children. A communication plan was in place for each child. These provided guidance to staff on how to support each child to understand information and how to support the children to make their views known. Picture exchange communication systems were in place for one resident , another resident used some Lamh signs and some staff had completed training in Lamh have their own mobile phone. Residents would also point to what they wanted.the person in charge stated the centre worked closely with the school on developing the children's communication .

Judgment: Compliant

Regulation 17: Premises

The premises were generally suited to meet the needs of the children. All children had their own private bedroom and there were was adequate bathroom and toilets available.The centre was in good structural but would benefit from painting and decoration to make it more child friendly and from more personalisation and decoration. The sitting room had some scuffing on the walls and was dark. There was also along corridor as part of the layout of the house with all dark doors along this. This was also dark and would benefit from a more home child friendly decor. There was good access to two large gardens one to the back and the other to the front. Some of the windows in the conservatory to the back of the house had condensation between the panes, which made it difficult to see through.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individual assessment and care planning was well managed in this centre.

The inspector reviewed two residents' personal plans. There was good background information available of the children which assisted staff with the delivery of person centred care and the children's views respected for example when they liked to have a shower or have their hard groomed or what food they liked. Goals were identified and there was evidence that these were achieved. These generally related to activities for example surfing, swimming or going to the cinema, using their personal computer tablet. The children had visited the Zoo as a day trip.

Completion of goals enhanced the children's enjoyment in life and gave them a sense of achievement. Family members and teachers and additional health and social care staff were were involved in annual reviews.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that they was access to health care services, however there was poor access to mental health services which the person in charge stated would benefit one resident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that children were supported to manage their behaviour in a positive way.

One child had a behaviour support plan in place and this was reviewed by the inspector. This plan was comprehensive and was developed by staff of the centre in collaboration with specialist behaviour support personnel. Details of the risks and controls to manage the risks were documented. This plan was last reviewed in July 2024. A comprehensive policy was in place to guide and support staff in the management of restrictive practices services. A restraint register was in place. There was evidence that restrictive practices were reviewed regularly. All staff had attended training in the management of responsive behaviour to enable them to have the skills and knowledge to support children in a positive way to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider had put measures in place to protect children from abuse.

There were no safeguarding plans in place at the time of this inspection. The systems in place to protect children included staff training, which included Health Service Executive (HSE) safeguarding training and children's first training. This training provided staff with knowledge regarding protecting children from abuse and what to do if you witness a safeguarding incident. The he contact details of the designated officer and the confidential recipient and ensuring adequate staff were on duty to meet the assessed needs of the children accommodated were all aspects of safeguarding. A safeguarding policy was in place to direct staff as how to manage safeguarding incidents and to ensure the protection of the children was paramount. This is a respite only service and there was good evidence available that staff worked in closing liaison with families Staff who spoke with the inspector stated that if they had a safeguarding concern they would report this to senior management and were confident that they would be listened to and children would be protected. The person in charge was aware that safeguarding concerns must be reported to the local HSE safeguarding team and also was aware of their responsibility to report to TUSLA. The person in charge confirmed that the provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

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 (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 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seahaven OSV-0005594

Inspection ID: MON-0047421

Date of inspection: 11/07/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Sitting room painting has been completed. Will be maintained through maintenance log. Hallway - walls and fire doors to be painted white for brighter environment along with child friendly decor. Maintenance will complete by 30.9.25 Conservatory windows - 5 panels to be replaced as condensation is between the glass. Time frame for completion 30.10.25	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: There is no CAMHs ID service available in the Sligo area. Orchard Community Care has made several attempts to seek HSE and external sources to accommodate young people outside the geographic area to no avail. Awaiting HSE service to be established.	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30.10.25
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	