

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

Issued by the Chief Inspector

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| Name of designated centre: | Seahaven |
| Name of provider: | Gateway Community Care Limited |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 25 January 2023 |
| Centre ID: | OSV-0005594 |
| Fieldwork ID: | MON-0030625 |

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.

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| Number of residents on the date of inspection: | 3 |
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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 (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 |
|------------------------------|-------------------------|---------------|------|
| Wednesday 25 January 2023 | 13:15hrs to 19:10hrs | Jackie Warren | Lead |

What residents told us and what inspectors observed

Young people who attended this service had a good quality of life, had choices in their daily lives, attended school and other developmental activities that they enjoyed, and were well supported with their healthcare needs. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these young people. From conversations with staff, observation in the centre, and information viewed during throughout inspection, it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of the young people during their shared care stays.

The centre was situated by the sea on the outskirts of an urban area and was close to a range of amenities and facilities in the nearby neighbourhood. Suitable facilities, furniture and equipment was provided to meet the needs of young people. There were two sitting rooms, a sun room and a garden where children and young people could play outdoors when they chose to. Some rooms were cheerfully decorated with fairy lights and childrens' artwork, and toys and games were supplied. There was also a sensory room where some young people and children liked to spend time. While in the centre for shared care stays, each young person had their own bedroom. Each young person had their own individual bed linens and staff updated each room between breaks to ensure that they were personalised. The centre also had its own dedicated vehicle, which could be used for outings or any other activities that young people enjoyed.

The inspector met all the young people who were receiving shared care in the centre on the day of inspection. Although none of the young people were able to verbally express views on the quality and safety of the service, they welcomed the inspector, and were observed to be relaxed and comfortable in the company of staff and knew the person in charge.

The young people were out during the day, but on their return from school in the afternoon, they were taking part in various activities, were smiling and were clearly happy in the centre. While in the centre, staff were observed spending time and interacting warmly with the young people, and were very supportive of their wishes and preferred activities. The inspector could see that the young peoples' preferences were being met in an individualised way. After school, one young person relaxed with their computerised tablet before going horse riding. Another liked listening to music and dancing and was doing this in another room, before going to the kitchen to bake with staff. Another young person liked spending time outdoors in the fresh air; staff ensured that they were appropriately dressed for the weather and they went out for walks and drives in the afternoon and evening. All residents were clearly happy with these activities.

The next two sections of the report outline 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 young peoples' experience in the centre.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that young peoples' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the young people who received care in this centre. However, some management systems required strengthening to ensure that a good quality and safe service would continue to be maintained. The requirements improvements related mainly to documentation.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the individual needs of each young person. There were arrangements to support staff when the person in charge was not on duty. Management meetings of persons in charge and their line manager took place every two months. The person in charge attended these meetings and found them beneficial.

The provider ensured that 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 of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned.

A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed and gave rise to an improvement plan with realistic time frames for completion. However, this review did not include record of consultation with residents and or their representatives as required by the regulations.

The centre was suitably resourced to ensure the effective delivery of care and support to young people. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, televisions, toys and games and adequate staffing levels to support young peoples' preferences and assessed needs.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal profiles and plans, healthcare plans, fire safety records, audits and staff training information. Overall, the records viewed were clear, informative and well organised, although improvement was required to the recording of some documents to ensure compliance with regulations, and these are discussed further throughout the report.

Registration Regulation 8 (1)

The prescribed documentation for the variation of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required. Some minor adjustment was required to some of the documentation. However, this was promptly addressed when brought to the attention of the provider.

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. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were accurate 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 fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training plan to ensure that training was delivered as required.

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. However, the annual review of care and support provided did not reflect that consultation with residents and their representatives had taken place as required by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all young people, which had been signed by the young peoples' representatives and the provider. These agreements included most of the required information about the service to be provided. However, the service agreements required review and update to ensure that the service being delivered to each young person is clearly stated in the agreements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which was being reviewed annually by the person in charge. The statement of purpose described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records maintained in a clear and orderly fashion, were readily accessible to view and were kept up to date. Overall the records and guidance in relation to medication management were clear, informative, well recorded and up to date. However, while protocols for administration of as required medications had been developed, these did not provide sufficiently clear guidance on the circumstances when these medications should be administered.

Judgment: Substantially compliant

Quality and safety

Overall there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that young people who received shared care at this centre were supported with a good level of person-centred care. However, improvement was required to the fire drill procedures and minor improvement was required to an aspect of the premises.

The provider, person in charge and staff had good systems in place to ensure the quality and safety of this service. Young people received person centred care that supported them to attend school and to be involved in activities that they enjoyed while availing of shared care in the centre. This ensured that each young person's well being was promoted at all times and that they were kept safe.

Review meetings took place annually, at which young peoples' support needs for the coming year were planned. This personal planning process ensured that young peoples' social, health and developmental needs were identified and that supports were put in place to ensure that these were met while availing of shared care. As young peoples' stays in this centre were not full time, their families, school staff and designated centre staff worked together to support their goals and to ensure that their assessed needs were met during shared care stays.

The centre was spacious, warm, clean, comfortable and suitably furnished. However, while bathroom facilities in the centre, were generally suitable, clean and well maintained, some areas of tile grouting appeared dirty and required to be deep cleaned.

Arrangements were in place to safeguard young people from any form of harm. The provider also had systems in place to ensure that young people were supported to manage behaviours of concern.

The provider had measures in place to safeguard young people, staff and visitors from risks associated with fire. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of staff and young people in fire evacuation drills, all of which had taken place in a timely manner. Personal emergency evacuation plans had also been developed for each young person. However, improvement to the fire drill process was required to ensure that, in so far as is reasonably practical, each young person would have the opportunity to take part in fire drills.

The provider had ensured that young people had access to medical and healthcare services while they were using the service. Young peoples' families and centre staff worked together to ensure continuity of healthcare. During shared care stays, staff supported young people to attend appointments and reviews with general

practitioners (GPs), consultants and multidisciplinary team members as required. Staff also ensured that young peoples' dietary needs were assessed and suitable foods were supplied to support young peoples' assessed needs and preferences. Speech and language therapists and dieticians were arranged to review individuals needs as required. Young people could also help in food preparation if they chose to. Furthermore, young peoples' medications were suitably and safely managed.

Regulation 13: General welfare and development

Young people were supported to attend school and to do their homework as required. Residents were also supported to play and to take part in a range of social and developmental activities both at the centre, and in the community. Suitable support was provided to young people to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. Overall, the centre was well maintained, spacious, clean and suitably decorated. However, tile grout in bathrooms was stained and required to be cleaned or upgraded to ensure a clean and hygienic environment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Resident's nutritional needs were being supported. Resident chose their own food. Suitable foods were provided to cater for residents' needs and preferences.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. These measures included ongoing servicing of fire extinguishers, alarms and emergency lighting, suitable arrangements for the

containment of fire, and fire training for all staff. Frequent fire drills were being carried out, which both young people and staff took part in, and these evacuations were being achieved in a very timely manner. However, the fire evacuation drill process required improvement to ensure that all using the service were familiarised with fire evacuation processes, both in daytime and night time situations.

The following areas required improvement:

- fire drills were not being carried out to reflect night time conditions
- there was no formal process in place to ensure that each young person who stayed the centre had had an opportunity to take part in a fire evacuation drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

The health needs of young people 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 young people based on their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. To ensure this, all staff had receiving appropriate training, and where required, behaviour support plans had been developed with the involvement of a multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer.

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 | |
| Registration Regulation 8 (1) | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 21: Records | Substantially compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Seahaven OSV-0005594

Inspection ID: MON-0030625

Date of inspection: 25/01/2023

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: DOS/Quality manager to carry out future annual reviews to include consultation with residents and their representatives.</p> <p>By: 20.8.23</p> | |
| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: DOS/PIC to review contracts of care to clearly reflect the numbers of days and fees charged to each YP will receive shared care placement. PIC will consult YP and representative about the amendments.</p> <p>By: 30.4.23</p> | |
| Regulation 21: Records | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 21: Records: PIC/Keyworkers to review all PRN protocols to include escalation pathway of administration.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: PIC to arrange replacement of bathroom grout by maintenance. Cleaning rotas to continue to maintain clean and hygienic environment. This will be completed by 31st-03-2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC/Fire officer to ensure all YP to take part in a fire drill while asleep to provide accurate responses to an actual fire.

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 | 31/03/2023 |
| Regulation 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 10/04/2023 |
| 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 | 20/08/2023 |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the | Substantially Compliant | Yellow | 30/04/2023 |

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| | support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | | | |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 27/04/2023 |