Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sea Road Services
Centre ID:	OSV-0002624
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Catherine Glynn
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
29 March 2018 09:00	29 March 2018 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
The purpose of this inspection was to inform a registration decision and to monitor the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
The inspector met with four residents, two staff members, the person in charge and the assistant director of services during the inspection process. Of the four residents who met with the inspector, one spoke directly with the inspector. The inspector reviewed practices and documentation including residents' personal plans, incident accident reports, complaints registers, health and safety assessments, policies and procedures, fire management documents and a sample of risk assessments.

Description of the service:
This centre is managed by the Health Service Executive (HSE) and is located close to Sligo town. The centre comprised of two houses providing residential services to people with an intellectual disability, who have been identified as requiring low to medium levels of support. The service accommodates male and female residents, from the age of 18 years upwards.

Overall Judgment of our findings:
Overall, the inspector found that this centre provided residents with individualised

care in a comfortable and homely living environment. Staff were knowledgeable of residents' needs and wishes and the person in charge had ensured that effective systems were in place to monitor and review the care provided to residents. The inspector reviewed actions identified from the last inspection; however, on this inspection, failings remained in place in relation to fire safety, some governance systems and significant failings in relation to staffing files.

The findings, and their actions, are further outlined in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' needs were assessed on a minimum annual basis and more frequently where required. A sample of assessments were reviewed by the inspector and found to be up-to-date. The provider had assessment tools available to staff to ensure residents' physical, psychological and social care needs were assessed. Residents and their representatives were invited to take part in annual reviews, if they wished to attend. Where specific needs were identified, using the assessment process, personal plans were developed to guide staff on how they were required to support residents' to meet these.

Personal goals were in place for each resident and these were reviewed on a regular basis throughout the year. Goals were found to be varied, reflected residents' interests and were set out in an achievable manner for residents. Each goal had a plan in place which outlined the actions required to achieve the goal, the person responsible for supporting the resident and the timeframe for when the goal would be reviewed. The inspector found emphasis was placed on the recording of residents' progress towards achieving their goals. The inspector reviewed a sample of progress notes and found these clearly outlined the actions completed to date and were clearly maintained, to demonstrate the progress made towards the achievement.

There were no residents planning to transition to or from this centre at the time of this inspection.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that significant improvement had occurred in the centre following the last inspection; however, further improvement was required to the living environment in both houses.

The centre comprised of two houses, with gardens to the front and rear of each property. The inspector found that all bedrooms were suitably furnished, maintained and also had suitable storage in place. The inspector found that all bedrooms were personalised and decorated to residents' tastes.

The inspector observed that considerable work had been completed and the living environment and facilities were well maintained. However, both houses still required further improvements in relation to items listed below:
- painting internally on all walls, ceilings and woodwork.
- tiling/plasterwork required on renovated bathroom
- evidence of damp on bedroom wall and ceiling.
Work was still required to the areas listed above; however, the provider had a plan and timeframe for completion of this work, once all renovation work was completed.

Laundry facilities were provided in both houses; however, improvement was required in one house. The inspector found that the washing machine and dryer were stored in the downstairs toilet facility. The inspector found that a plan was in place to move the facilities to an appropriate area in the centre and this required additional renovation work.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, the inspector found that the centre continued to present with a number of fire safety issues. However, the provider had ensured that an up-to-date fire risk report was completed and in place in the centre.

Each house within the centre continued to conduct regular fire drills. The drills completed demonstrated that residents could be successfully evacuated from the centre. An action required from the last inspection identified that guidance was required on evacuation arrangements for residents sleeping in upstairs accommodation. In response, the provider introduced personnel emergency evacuation plans (PEEP's) that described the support required by the residents in the event of an evacuation from the centre.

The inspector found regular maintenance work was completed on all fire fighting and fire detection systems and records of these were available for the inspector to review. Fire safety systems in the centre required improvement; however, the inspector found that the provider had an up-to-date fire risk report completed in September 2017. This outlined the actions that were required and these had been risk rated appropriately. The rating in place identified an 18 month timeframe for completion of all work listed in the report.

The centre had a system in place for the assessment, monitoring and review of resident and organisational risks. Each house had a health and safety folder in place which identified the risks specific to each house. The inspector reviewed a sample of these risks and found that they described the risk identified, the control measures and additional controls measures in place. The inspector found that the severity ratings were appropriately risk rated. For example, the ratings in place also reflected the fire risk report and recommendations that were made, that remained outstanding at the time of this inspection. In addition, the person in charge had ensured that a risk assessment was in place regarding residents who smoked in the centre. The inspector also noted that the person in charge reviewed the risk assessments regularly; and had ensured that all staff were aware and knowledgeable of all controls that were in place. However, improvement was required as the person in charge had failed to identify the need for a hand rail and appropriate lighting to support residents using the stairs.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were no restrictive practices in place in the centre at the time of this inspection. There was a policy and procedure in place to guide staff on the use of restrictive practices. In addition, improvements had been made to the living environment to ensure that all residents had opportunity for personal space in the centre.

Some residents in the centre had behaviour support plans in place. These plans outlined the proactive and reactive strategies specific to supporting the residents who exhibit behaviour that challenges. Staff were supported in the management of behaviours that challenge by multidisciplinary input, which included a behaviour therapist. On review of staff training records.
all staff had up-to-date training in positive behaviour support

Active safeguarding plans were in place at the time of this inspection and all staff were found to have up-to-date training in safeguarding. Staff who spoke with the inspector were aware of their responsibility to report any safeguarding concerns to the person in charge. In addition, the person in charge had plans in place to complete compatibility assessments to ensure that all residents were supported and monitored in-line with their assessed needs.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:
Overall, significant improvement was found with regard to the living environment and the staffing structures in place. However, improvement was still required to ensure that it addressed all areas of non-compliance.

On the last inspection, the inspector had found that the person in charge had commenced the annual review of the quality and safety of care provided in the centre. However, the inspector found during this inspection, that the report had not been finished, actions were not identified with clear dates for completion. Furthermore, it did not reflect the provider's plans for completion of work required, which included a number of fire safety measures. In addition, minor work was still required in both houses to improve the living environment for all residents.

The person in charge had overall responsibility for the centre and was supported in her role by the provider, staff nurse, care assistants and the assistant director of nursing. The person in charge demonstrated a clear understanding of her role, was knowledgeable of residents' assessed needs, familiar with the operational management of the centre and was aware of the centre's current status on the outstanding works. The person in charge visited each house within the centre on a weekly basis. Residents and staff were all familiar with her. Staff spoken with, stated that the person in charge was available, accessible and always provided guidance and support when required.

Regular staff meetings were completed, which included management meetings and monthly governance meetings. The person in charge had frequent contact with the assistant director of nursing, and minutes of these meetings were being maintained. These meetings were formalised with actions or goals set out, timeframes for completion of goals required and person responsible for each task identified.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had been suitably recruited and had received a range of training appropriate to their roles.

There was a planned and actual staff roster which the inspector viewed and found to be accurate. Staff were present in the centre to support residents at all times including weekends. One resident received a home-based service in the centre and staff were available to deliver a range of activities and support to this resident. Staff also accompanied residents for outings, such as concerts and trips away and when they wanted to do things in the local community such as going shopping or for coffee, visiting the hairdresser, going for a walk or to attend social events. Residents were also independent in accessing the local community. Additional staffing hours were allocated to ensure that social activities or individualised goals were achieved and supported. In addition, staffing was in place to support residents who remained in the centre due to health issues or by choice.

Staff confirmed and training records indicated that they had received training in fire safety, adult protection, and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training such as medication management.

The inspector reviewed four staff files, including the person in charge's file. The inspector found that the required Garda vetting documentation was not available for review on the day of inspection.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002624
Date of Inspection:	29/03/2018
Date of response:	22/6/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider did not have laundry facilities in place by the proposed timeframes agreed.

1. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
Internal Painting to all walls, ceilings and woodwork is completed in 1 house.
A plan is in place to have works on the second house completed and costing has been submitted to senior management and estates for approval.

The progress on all the work identified by the inspector is being monitored through the service quality improvement plan (QIP)

This QIP continues to be monitored weekly and the progress reported to senior management on an on-going basis

Adequate facility for residents to launder their own clothes if they so wish in now in place.
The plan to have the laundry facility relocated to an appropriate area has been completed. Photos of this facility were provided to the inspector. .

This outcome will be monitored by the service on an ongoing basis.
Residents will continue to be encouraged to give their feedback in relation to matters provided for within the centre.
This will be done through the resident's weekly meeting.

Proposed Timescale: 31/08/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that hand rails were in place where required and that suitable lighting was also provided to assist all residents in the centre.

2. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
A system is in place whereby risks identified are assessed and a management control measure is put in place. All residents have a personal evacuation plan.

There is a seven day week nursing input shared across two services to strengthen the management of risk and support reviews of residents care and support plans and identify concerns at an early stage by identifying, carrying out risk assessments and putting agreed management plans in place.

A system for responding to emergencies is in place under the local Health and Safety plan.

This outcome will continue to be monitored as part of the health and safety checks.

Proposed Timescale: 22/04/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that emergency lighting was in place as required in the designated centre.

3. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Part of the fire improvement works will include the upgrade the emergency lighting.

Proposed Timescale: 31/08/2019

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to put in place effective fire management systems in relation to:
- location of fire panel
-installation of fire doors
-appropriate self closing devices based on assessed needs of all residents
- intumescent seals on all door sets

4. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A hand rail will be put in place on the stairs in both houses to assist residents in ascending and descending the stairs. A plan is in place to provide additional lighting on the upstairs landing of the house. To be completed by 31-8-18

Emergency Lighting will be installed and upgraded
This outcome will continue to be monitored as part of the health and safety checks.

The fire panel will be relocated from its current position to the front entrance of that house.
New fire doors will be installed where identified across the service.

These doors will contain self-closing devices and intumescent seals on all door sets.

Proposed Timescale: 31/08/2019

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that systems in the centre were completed and in place, since the last inspection.

5. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A system is now in place that will identify a nominated person to carry out annual reviews and six monthly reports within the timeframe. The six monthly report is now completed and in place. The annual report is under way and due to be completed by the acquired time date. 29/06/2018.

All issues identified from this report will reflect the provider's plans for completion of fire safety works and ongoing improvements to the living environment. Progress on this outcome will be monitored through the quality improvement plan which is reported on a weekly basis to senior management.

This outcome will be maintained through self assessment within the Judgement Framework and monitoring and associated actions will continued to be addressed.

Proposed Timescale: 06/06/2018

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that the annual review of the quality and safety of care was completed in the centre.

6. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
A system is now in place that will identify a nominated person to carry out annual

reviews within the timeframe. The six monthly report is now completed and in place. The annual report is under way and due to be completed by the acquired time date.

Proposed Timescale: 06/06/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that all documents as required by schedule two were in place in staff files.

7. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
A staff training matrix is in place within the centre which includes additional training of open disclosure, children first.

All staff files have been audited in line with Schedule 2 of the regulation document 2013.

Garda Vetting is in place for all staff working within the centre. This documentation is retained in the Garda Vetting Local Office (GVLO) and was submitted to the authority on 31/03/2018

This outcome will be maintained by ensuring that all staff including transfers, new entrants and agency staff will have their garda vetting completed and verified before commencing work at this centre.

Proposed Timescale: 31/03/2018