



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

Issued by the Chief Inspector

Name of designated centre:	Seacrest Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	01 July 2021
Centre ID:	OSV-0001509
Fieldwork ID:	MON-0032961

About the designated centre

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

Seacrest Services supports seven male and female adults with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high, and which may include co-morbidity. This service is a combination of residential and respite care. Respite care is provided on the basis of planned, recurrent, short stay placements. Seacrest is a two-storey house in an urban residential area. The house is centrally located and is close to amenities such as shops, restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The physical design of the building renders parts of it unsuitable for use by individuals with complex mobility needs or wheelchair users, although some residents with physical disabilities can be accommodated on the ground floor. Residents are supported by a staff team that includes the person in charge, social care workers and care assistants. Staff are based in the centre 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:	6
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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 - 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
Thursday 1 July 2021	11:10hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in a vacant room in the centre which was separate to residents' living space.

The inspector met with four residents who lived in the centre, two of whom were happy to talk to the inspector about living there. Residents who spoke with the inspector were very happy living in the centre and enjoyed their life there. These residents said that they had good involvement in the community and referred to some of the social and leisure activities that they took part in and enjoyed. These included residents' preferred activities, which were going out in the community for meals, coffee, outings and walks. These residents also told the inspector that they had good relationships with staff and with each other, and this was evident during the times the inspector spent in the company of residents. Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. The inspector saw residents eating nutritious home cooked food that they clearly enjoyed.

While some residents were not able to verbally express views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff. Residents were smiling and relaxed, and were clearly happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Residents were involved in activities such as listening to music, going outdoors for fresh air, gardening, and tabletop games.

The inspector spoke with two family members of a resident who lived in the centre. Both expressed a high level of satisfaction with the service being provided to their loved one. They said that this resident was very well cared for and that this was their real home. They also said that they had good communication with staff and were given daily updates of the resident's health and progress. Furthermore, feedback from residents' families gathered by an annual survey also indicated a high level of satisfaction with the service.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Residents had the option of attending house meetings and their views on the centre and their lives were also gathered through ongoing daily discussions and judgements on choice and preferences. For example, residents sat

down together every Sunday and planned their menu for the week ahead. This usually included a meal out in a restaurant at weekends. If this could not be achieved due the impact of weather on outdoor dining, they ordered a take-away meal to the house instead.

Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. Advocacy support was available to residents.

The centre was a large comfortable two-storey house with a well-maintained garden, located in a residential area on the outskirts of a city. It was centrally located and close to amenities such as public transport, shops, restaurants and a church. There is an accessible vehicle available so that residents can go out for drives and to access the local amenities. The centre was warm, clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms. Residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and personalised.

At the rear of the house there was a spacious and secure garden that was planned to suit the needs of all residents and to support their enjoyment of this outdoor space. The garden had adequate space for sitting out, activities and outdoor dining. It was planted with a variety of colourful plants and provided a very pleasant outdoor space. A mini-greenhouse and some raised plant boxes had been purchased and established earlier in the summer and residents were growing flowers, vegetables and fruit with staff support. Some residents took responsibility for watering the plants and they enjoyed this.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents.

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 residents lives.

Capacity and capability

Overall, the provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents'

quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this. Some minor improvement was required to the annual review, auditing and out-of-hours arrangements for staff support.

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 out twice each year on behalf of the provider. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management, finances, and equipment checks. Records showed a high level of compliance in all audits and that most audit findings had been addressed, while some were in the process of being completed. However, some audits were not being completed in line with the provider's practice. For example, although it was the provider's requirement for medication audits to be carried out monthly, this frequency was not being achieved. Three medication audits had been carried out to date in 2021, one of which was by an auditor external to the centre. These medication audits showed a high level of compliance, and any issues that had been identified were addressed and had been brought to staff team meetings for discussion and for learning.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and feedback from relatives indicated a high level of satisfaction with the service. However, while ways of consultation with residents were explained in the annual review, the outcomes of this consultation with residents was not stated.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. A new team leader had recently been appointed. The team leader was on duty in the centre on weekdays to support both the person in charge and the wider staff team. This person had been a social care worker in this centre for four years and demonstrated an in-depth knowledge of residents' health, social and emotional care needs. The person in charge also worked closely with the wider management team and attended monthly meetings with other persons in charge and the senior management team.

The arrangements to support staff during the absence of the person in charge required review to establish if they are effective. There were clear arrangements in place to support staff at weekends when a senior manager was on call. However, there was no formal support system in place at night time on weekdays in the event that staff needed advice or support. At present staff had an informal arrangement of contacting other off-duty managers or staff if support was required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriate staffing levels, ongoing maintenance and upgrade of the centre as required, and accessible transport. The service had recently acquired a new wheelchair accessible vehicle which ensured

that all residents had access to suitable transport.

There were sufficient, suitably trained staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. Staff had received training relevant to their roles, such as training in medication management, epilepsy care and safe use of hoists, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

Records viewed during the inspection, such as staff training records, personal plans, healthcare plans, COVID-19 and infection control systems, and risk management assessments were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date and informative. The provider had also 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.

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services. There were arrangements in place for the team leader to take responsibility for the submission in the absence of the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

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 visited the centre frequently and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the management team. These were accurate at the time of inspection and indicated that these were the normal staffing levels.

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 relevant training.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

Overall, 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, some improvements were required to strengthen the governance of the centre.

- medication audits were not being carried out monthly as required by the provider
- out-of-hours cover arrangements required review to establish if they were effective to support staff at night time
- while the annual review report on the service clearly confirmed how consultation with residents was being achieved, it did not state the views and opinions of residents arising from this consultation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector, and these had been suitably submitted. Arrangements were also in place for the submission of notifications in the timely manner in the absence of the person in charge.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well being was promoted at all times and that residents were kept safe. Some minor improvement was required, however, on staff guidance for the management of emergencies in the centre.

Review meetings took place annually, 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 supports were put in place to ensure that these were met.

The centre was located in a residential area which was close to both a seaside resort and a busy city. The centre comprised a two-storey house which was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. There was a well equipped kitchen, adequate communal and private space and a well maintained, secure garden at the rear of the house. Since the last inspection works had been completed to improve the centre, such as a replacement floor covering in parts of the building, painting and decorating in one sitting room and safety devices had been fitted to all first floor windows to increase safety and reduce

the risk of accidents. There were suitable facilities available for residents if they wished to do their own laundry.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities, and was also close to a bus route serving a nearby places of interest. During the inspection residents spent time going places that they enjoyed. For example, going out for drives in the vehicle, going out for coffee, gardening and growing plants and vegetables in the centre's garden, and taking walks in the local area were activities that residents enjoyed. Other leisure and developmental activities that residents enjoyed and were involved in included, cooking, playing bingo, recycling, laundry, sweeping and tidying outdoors, family visits and going to the cinema.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks by the general practitioner (GP), and appointments with healthcare professionals such as, chiropodists, speech and language therapists and dentists. Residents were also supported to attend healthcare checks covered by national screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including effective 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 was being implemented in the centre.

The provider had systems in place to ensure that residents were safe, although improvement to emergency planning was required. 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 also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, a safeguarding policy and development of personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The provider had also developed a contingency plan to deal with any emergencies that might occur in the centre, such as loss of power, water and heat. However, this required review as some of the information in the plan was not clear and was not sufficient to guide staff in the event of some emergencies.

Residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents'

preferences through the personal planning process, house meetings, and ongoing discussion with residents. Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. In addition, all residents in the centre were registered to vote and were supported to do so as they wished. Residents were also supported to practice their religion and this had been adapted during COVID-19 restrictions. For example, Mass had been live streamed to the centre so that residents who previously enjoyed attending Mass could continue to do so when lock down restrictions were in place.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated. Upgrades and improvements to the centre had been carried out since the last inspection and further improvement works were also scheduled to take place to improve the overall levels of comfort and safety for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, there were good arrangements in place to manage risk in the centre. Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice. However, the critical incident response plan required improvement as it did not provide clear and centre specific guidance for the management of some emergencies that might occur in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable measures in place to control the risk of COVID-19 infection in the centre.

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, and individualised personal plans had been developed for 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. Care plans 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 residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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

Compliance Plan for Seacrest Services OSV-0001509

Inspection ID: MON-0032961

Date of inspection: 01/07/2021

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:</p> <p>Person in Charge has put an auditing schedule in place in the designated centre to include requirement for monthly medication audits.</p> <p>A local on call arrangement is in place for weekdays, clearly informing staff who they can contact between 5pm and 8am in the event of an emergency. This local arrangement has been reviewed by Person in Charge, Team Leader and Person Participating in Management and it is working well currently.</p> <p>Organisational management on-call arrangements from Monday to Friday is currently under review by the HR department.</p> <p>An addendum will be made to the Annual Review 2020 to include the views and opinions of the 6 service users in Seacrest services in regards to the service provision within the designated centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge and Team Leader will review and amend the Critical Incident Response Plan - in terms of Short, Medium and Long term actions, to ensure that it is</p>	

centre specific.

The amended plans will provide clear guidance to staff in the event of any emergencies that necessitate the utilisation of the Critical Incident Response Plan

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide	Substantially Compliant	Yellow	09/08/2021

	for consultation with residents and their representatives.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	09/08/2021