



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

## Issued by the Chief Inspector

Name of designated centre:	Sea Road Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	20 February 2024
Centre ID:	OSV-0002624
Fieldwork ID:	MON-0033592

## About the designated centre

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

Sea Road Services is a residential service run by the Health Service Executive. The service provides full-time residential accommodation for male and female adults. The centre can meet the care needs of adults with an intellectual disability who present with medical/sensory and mental health needs. The centre is comprised of two houses located in a housing estate on the outskirts of a large town. Both houses which form part of the centre are two storey detached houses, and are in close proximity to each other. Residents have their own bedrooms which are personalised to their individual tastes. The centre has its own transport and public transport services are nearby. The staffing skill-mix comprises of nursing and social care staff. There is a waking night staff available in each house to support residents who may require assistance at night-time.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Tuesday 20 February 2024	10:30hrs to 17:15hrs	Úna McDermott	Lead
Tuesday 20 February 2024	10:30hrs to 17:15hrs	Mary McCann	Support

## What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, inspectors met with residents and spoke with staff. From what the inspectors observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home, to meet with their families and to be involved in their communities.

Sea Road Service comprised two properties in a residential area, close to a busy town. Inspectors visited all houses during the course of the inspection and found that they were welcoming, clean and comfortable. Improvements were noted since the last inspection which included new kitchen units, flooring and fresh paint. The communal areas were nicely decorated with framed photographs, house plants and table lamps, all which helped to create a warm and cosy environment. Each resident had their own bedroom, where they could securely store personal belongings. Some residents showed the inspectors their bedrooms and they were found to be decorated in line with their individual preferences. The residents living at this designated centre had a diverse range of care and support needs. Some were independent and supported with positive risk taking initiatives. Others had higher support needs and at of risk of decline in their health and wellbeing. This meant that they required additional equipment such as hoisting equipment. The person in charge was aware of this and they told the inspectors that they were monitoring the residents aging process and were considering all options to ensure that residents were provided with suitable living accommodation to meet with their needs.

On arrival, the inspectors met with person in charge. They told the inspectors that some of the residents had left the designated centre to attend their day service. One resident was observed preparing for their day. They spoke with an inspector and told them that they were happy in their home and with the people that they lived with. They explained that they did not attend a fulltime day service anymore and that they preferred their current day-to-day routine. Later, the inspectors met with two residents in the second property. The atmosphere was happy and homely, and interactions between the residents and staff were observed as person-centred, kind, caring and respectful. One resident showed the inspectors a word game that they were completing on their tablet. They spoke highly of their home. They said that it was warm and comfortable and that the food was nice. They said that the staff were supportive and if they had any worries that they could speak with them. Another resident was having a cup of tea at the table. They agreed to show the inspectors their room. The inspectors noted a picture based communication system was displayed to assist this resident with their needs. The staff member spoke kindly with the resident, explaining where they were going and pointing at the pictures shown in order to assist the resident with their understanding. The resident spoke briefly with the inspectors about their room and they smiled broadly. Later in the

evening, inspectors met with the remaining residents who were returning from their day services and were observed happily settling into their home for the evening.

The inspectors spoke with some residents and with the person in charge about contact with the residents' families. It was clear that these relationships were supported through home visits, visits to the designated centre and telephone calls. In addition, residents had active lives if and were supported to be involved in their local community. This will be expanded on later in this report. Also, inspectors had access to questionnaires which were completed by seven residents prior to the inspection. These were provided to establish the views of residents living in the centre and were reviewed by the inspectors as part of the inspection.

During the course of the inspection, the inspectors spoke with four staff members and asked them about human rights training. They told the inspectors that access to online training was provided and that they found it interesting and supportive. They spoke about ensuring that residents had the right to have what they needed and to make their own decisions. One staff member spoke about how a resident used their tablet to show the staff member pictures of a spa treatment. This meant that the staff member could understand what the resident wanted to do and to ensure that their wish was fulfilled. An appointment for a facial was arranged which the resident was reported to enjoy. Another staff member, told the inspectors that residents had the opportunity to stay at home from their day service if they choose to do so and they felt that this was important as it was their right. It was clear that person-centred care was provided in this centre. The rights based approach used expanded on under regulation 9 in this report.

Overall, this inspection found that residents living at Sea Road Services were provided with a person-centred service where their choices and rights were upheld. Residents expressed satisfaction with the service provided through conversations held and questionnaires provided. It was clear to the inspectors that the residents presented with a diverse range of care and support needs which were supported by a consistent and dedicated staff team.

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

## **Capacity and capability**

The inspectors found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

As outlined, this was a registration renewal inspection and the provider's insurance arrangements were reviewed. An insurance contract in place which was up to date

and met with requirements. Furthermore, the provider had submitted a full application to renew the registration of the centre which was also in line with requirements.

The statement of purpose was available to read in the centre and it was found to be an accurate reflection of the service provided. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. The sample reviewed was up to date.

The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of two designated centres which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspectors that they were supported by their management team to fulfil their role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used and the inspectors met with an agency staff member on the day of inspection. They said they were consistently employed at the centre and familiar with the assessed needs of residents. When the person in charge was not available a cover arrangement was in place. An on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when both core and agency staff had attended training. All training modules from the sample reviewed were up to date. As outlined above, in addition to mandatory training, training in human rights and assisted decision making was offered to staff. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. Team meetings were taking place on a regular basis and the minutes were available for review.

A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. In addition, the inspectors completed a review of incidents occurring and found that they were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.

Overall, the inspectors found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant



## Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge ensured that monitoring notifications were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of

the regulation.

Judgment: Compliant

## Quality and safety

This inspection found that residents living in Sea Road Services were provided with person-centred care and support. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing were regularly monitored. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community if they choose to do so.

Residents' healthcare needs were assessed and plans of care were developed to guide the management of these needs. Residents received person centred care that supported them to be involved in activities that they enjoyed. A culture of positive risk taking was evident in the centre supported by an ethos of continually trying to improve the lives of residents, and enhance and develop life skills which would enhance their choices and quality of life. This was reflected in the goals in personal plans, for example, having greater control over their finances, attending the local shop un-accompanied, engaging in voluntary work, and independently using public transport. This meant that residents' rights to independence and to learning which would enhance their lives was strongly supported by management and staff.

Residents had comprehensive assessments of their health, personal and social care needs. These were reviewed annually during which residents' goals were identified for the coming year. 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. In addition, residents had access to multi-disciplinary supports such as specialist nursing staff, general practitioner (GP), allied health professionals and consultant-led care if required.

As outlined, staff completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person centred way while respecting their dignity, respect and autonomy. As a consequence of this, the provider and person in charge had ensured that positive behavioural support plans were enacted to support residents with behaviours of concern. A sample of positive behaviour support plans were reviewed. Inspectors found that these were detailed and clearly outlined proactive and reactive strategies that were person centred to support each resident. In addition, staff spoken with told the inspectors that the frequency of behavioural issues had reduced significantly. There were no restrictive practices used in this centre.

The provider ensured that residents were protected from abuse. There were no safeguarding concerns at the time of inspection. The provider had a safeguarding and protection policy to guide staff and staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and

aware of what to do should a concern arise. In addition, residents spoken with told the inspectors that they were happy living with their peers and if they had any concerns that said that they were aware of what to do.

This centre promoted residents' autonomy and protected their human rights of dignity, respect. Residents were involved in choosing their food, cooking it and at what times they wished to eat. As outlined, there were no restrictions in the centre. If appropriate, residents had free access to and from their home and some residents had their own key. Residents had choice in how they spent their day. For example, all residents had individual activities which were outlined previously in this report. If they choose to remain at home, they could do so. In addition, residents told the inspectors that they had timely access to their finances and had control over how they spent their money. All residents had their own bank accounts. Their bank statements were available and regular financial audits were taking place to ensure residents' finances were protected.

There were systems in place to ensure risks were identified, assessed and managed within the centre, for both residents and staff. All incidents were reviewed by the person in charge and discussed and escalated to the registered provider as appropriate. A review of incidents indicated that while there was a relatively low level of incidents in the centre, these were appropriately documented and audited with plans in place to try to prevent reoccurrence. Inspectors found that where risks were identified in relation to residents, there were corresponding care plans and protocols in place. This meant that there was a co-ordinated approach to the management of risk and the care and support provided.

The provider had arrangements in place to reduce the risk of fire in the designated centre. However, on the morning of inspection, the inspectors noted a concern in relation to a fire door at one of the premises provided. This was rectified on the day of inspection and viewed by an inspector before departing the premises to ensure that all was in order. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans. These were adapted to meet with residents' needs. For example, one resident had specific picture cards which were stored in an accessible position outside their room. In addition, they had a pillow alarm which was used to wake them from their sleep. These were used to support the resident's safe evacuation from the premises if required. In addition, the provider had a fire alarm system and fire extinguishers in place. All staff had completed mandatory fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Day to day living in the centre was relaxed and all residents spoken with confirmed that they were happy living in the centre, that their lives were enhanced by the staff, the premises, the open culture within the centre and the overall service provided.

## Regulation 10: Communication

The provider ensured that residents were assisted and supported to communicate in order with their needs and wishes. Staff were aware of individual communication recommendations as outlined in their personal plans. Access to assistive technology and internet was provided.

Judgment: Compliant

## Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and met with the aims and objectives of the service.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs. Residents were provided with a good quality of care and support up to and including end of life care if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required positive behaviour support had access to specialist supports and behaviour support plans were in place. The provider's policy was up to date and staff had access to training in positive behaviour support. There were no restrictive practices in this centre.

Judgment: Compliant

### Regulation 8: Protection

The provided ensured that residents were supported to develop the knowledge and skills needed for self-care and protection. The safeguarding and protection policy was up to date and staff were provided with training. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required.

Judgment: Compliant

### Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant