



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

Issued by the Chief Inspector

Name of designated centre:	Seaview Respite Service
Name of provider:	The Rehab Group
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	02 March 2023
Centre ID:	OSV-0002521
Fieldwork ID:	MON-0031273

About the designated centre

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

Seaview Respite House provides a holistic respite service supporting both children and adults on an alternating basis in a home from home environment. Seaview Respite House provides accommodation for up to four residents with autism, intellectual disability, and or physical and sensory disabilities.

The age range of adults to be accommodated is from 18 years, and children is from 6 to 18 years. Adults and children do not avail of respite service at the same time. The designated centre is a two-storey house in a coastal area close to a rural town. The centre has its own vehicle to enable residents to access amenities such as shops, playgrounds, cinemas and restaurants, during their respite breaks. Residents have their own bedrooms, and use of a kitchen, dining room, sitting room, laundry area, bathrooms, an outdoor yard and small garden. Residents are supported during their respite breaks by a staff team including the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 2 March 2023	13:15hrs to 18:40hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Children and adults who attended this service had a good quality of life, had choices in their daily lives, attended school or day care activities, 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 residents. 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 both children and adults during their respite stays. This ensured that they had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks.

The centre was a large detached house with sea views. It was warm, clean, spacious and suitably furnished and equipped to meet the needs of residents. Two bedrooms and a bathroom were equipped with specialised equipment such as overhead hoists and adapted bathroom facilities which enhanced the comfort and safety of residents with physical and mobility issues. Each resident had their own bedroom during respite breaks.

The centre had the capacity to accommodate up to four adults or children for respite breaks with service to adults and children being provided at separate times. The person in charge explained that when planning respite placements, consideration is given to the compatibility of residents, which enhances the enjoyment of the breaks for all residents.

The residents were starting their break on the afternoon of the inspection and they met briefly with the inspector on their arrival. These residents did not have the verbal capacity to speak with the inspector or to discuss living there. However, the inspector observed the interaction between staff and residents. Staff welcomed residents warmly on their arrival. Staff communicated with residents to find out what they would like to do during their break, including their meal preferences for the evening. Some the activities that residents chose included going out to the beach and for a drive, and having a meal in a specific restaurant. Both of these choices were taking place individually.

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' during their respite breaks.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that children' and adults' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the those who received respite 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 required improvements related mainly to documentation, in relation to complaints, policies and the statement of purpose.

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 resident. 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 centre was suitably resourced to ensure the effective delivery of care and support for adults and children during respite breaks. 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 residents' preferences and assessed needs. Improvement, however, was required in the outdoor area, to ensure that residents could safely enjoy this area.

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, and sufficient staff were available to support residents at all times. Planned staffing rosters had been developed by the person in charge. These were being updated to reflect actual arrangements as required and were accurate on the day of inspection. Training had been provided to staff to enable them to carry out their roles effectively.

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. These included ongoing audits of the service by the person in charge and staff, and six-monthly unannounced audits. An annual review of the quality and safety of care and support of residents was also being carried out. These audits showed a high level of compliance and identified actions were being addressed.

Documents required during the inspection 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. There was a suitable system for recording incidents, and for notification of incidents to the Chief Inspector of Social Social Services. While an informative statement of purpose had been developed, some minor revision was required to this document to bring it in line with all the requirements of the regulations.

Overall, there were good procedures in place for the management of complaints,

including a process for recording, investigating and resolving complaints, and there was a policy to guide practice. However, improvement to the recording of complaints and the appeals process was required.

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 present in the centre frequently and was very knowledgeable regarding the individual needs of the adults and children who received a respite service there.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents 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, and safeguarding. Staff had also attended other training relevant to their roles, such as medication management, manual handling and first aid. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre. These included auditing systems and a clear organisational structure with clear lines of authority. There was a management structure that provided support to staff, including out of hours cover arrangements. These systems ensured that a good quality and safe service was provided to the adults and children who received respite services in the centre. However, some systems required improvement to

ensure that a good quality and safe service would be maintained:

- the complaints process was not being managed as required by the regulations
- some operational policies were out of date
- fire drills and some personal emergency evacuation plans were not effective
- the outdoor area required improvement to ensure that they were suitable and accessible for those using it
- the statement of purpose required minor update

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each person who received respite service in the centre. These agreements stated the required information about the service to be provided, and the sample viewed had been agreed by residents' representatives and the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector of Social Services within specified time frames. A review of accident and incident records indicated that these notifications had been made appropriately.

Judgment: Compliant

Regulation 34: Complaints procedure

Overall the provider had suitable arrangements in place for the management of complaints. There was a complaints policy and a complaints procedure was displayed in the centre. There had been a low level of complaints in the centre and there were no active complaints at the time of inspection. However, the recording of complaints required improvement. Although, any complaints made in the centre had been recorded, investigated and resolved, these records had not been completed in line with the requirements of the regulations:

- the satisfaction of the person making the complaint had not been recorded
- the complainant had not been advised of their right to appeal the outcome of the complaint

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A wide range of policies and guidance documents were available to inform staff. However, some operational policies and procedures required by schedule 3 of the regulations had not been reviewed at intervals not exceeding three years.

Judgment: Substantially compliant

Quality and safety

Overall there was a good level of compliance with regulations relating to the quality and safety of care and the provider ensured that children and adults who received respite care at this centre. However, improvement was required to the fire drill procedures and the external grounds of the centre required review to establish if they suited the needs of residents.

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

The centre was spacious, warm, clean, comfortable and suitably furnished. However, parts of the garden and play equipment were not accessible to people

with impaired mobility.

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

The provider had developed systems to safeguard residents, 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 residents in fire evacuation drills. However, fire drills and personal emergency evacuation plans required improvement, to ensure that these would be effective in use if required.

Regulation 13: General welfare and development

During their respite breaks, residents were supported to take part in a range of social and developmental activities that they enjoyed and suited their needs. These were supported both at the centre and in the community. Adults who chose to, were also supported to attend day services and children to attend school during their breaks.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre met the aims and objectives of the service, and the needs of adults and children who took respite breaks there. The house was well maintained, clean, comfortable, nicely decorated and suitable for residents' needs. However, improvement to the outdoor areas was required:

- some of the outdoor area was also used for car parking and this area was not segregated from the childrens' play area
- the lawn area was not adequate for children to play and for adults to take part in outdoor activities
- due to the kerbing separating the lawn from the tarmac outside the house, the lawn area was not readily accessible to any residents with mobility issues. There was garden furniture on the lawn which was only accessible those with a good level of mobility
- some of the play equipment did not appear to suit the needs of some of the children who attended the service.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had measures in place to protect residents and staff from the risk of fire. These included training for all staff, scheduled servicing of equipment such as extinguishers, alarms and emergency lighting, and a system of ongoing internal checks. There were measures throughout the building for the containment of fire and emergency and fire safety guidance documents had been developed. However, fire drills and personal emergency evacuation plans required improvement:

- there was a lack of clarity around personal emergency evacuation plans. Some personal emergency evacuation plans did not reflect what staff considered to be the most effective process
- the recording of fire drills did not include sufficient information for learning, or to confirm if these drills were being carried out in line with the personal emergency evacuation plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were measures in place for the support and management of behaviour that challenges. These included staff training, the development of behaviour support plans as required, multidisciplinary team support, and sufficient staff to support the needs of those who took respite breaks in the centre.

Judgment: Compliant

Regulation 8: Protection

Although there were no safeguarding issues in the centre, the provider had made arrangements to safeguard the adults and children from any form of harm. These measures included safeguarding training for all staff, a safeguarding policy and access to 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	
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	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seaview Respite Service OSV-0002521

Inspection ID: MON-0031273

Date of inspection: 02/03/2023

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:</p> <ul style="list-style-type: none"> • Areas identified as requiring review through this Inspection will be reviewed on an ongoing basis as part of the local and provider level audits. • The Provider has reviewed the Compliant Management system and updated same to ensure that PICs are guided to follow the Complaint Management process to its conclusion. The Provider's National Complaint's Officer will maintain oversight of this. This was completed by 31/03/2023. • Review of the SOP to ensure it accurately reflects the service will be added to the Provider's Annual Review process. This will be completed by 30/04/2023. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose will be updated to include:</p> <ul style="list-style-type: none"> • Sex of service users attending • Identify staff bedroom • Details of facilities available in relation to the ground floor and the availability of supporting one service user with a physical disability per stay • Outline that the current PIC manages 2 designated centres • Identify how Service User can communicate with their family when availing of respite. <p>This will be completed by 28/04/2023</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Complaints procedure being resent to all families on a phased basis in line with 	

<p>upcoming discharges. This will be completed by 19/05/2023</p> <ul style="list-style-type: none"> • The PIC will liaise with each complainant following resolution to ensure complainant is satisfied with the resolution. This will be recorded on the record of the complaint. • Going forward the Manager will write to the complainant outlining the outcome of the complaint and advise if they are dissatisfied that they can appeal the complaint. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The Provider is currently reviewing Schedule 5 policies that were overdue review at the time of this inspection, this process will be completed by 10/05/2023. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The outdoor area was reviewed at the HSE meeting on the 22/02/2023. The HSE have confirmed that a contractor has been appointed to complete the works. It is anticipated works will be completed by the 28/07/2023</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A team meeting will take place on the week of the 17th of April where the process for documentation of fire drills will be discussed to ensure that they capture and reflect each individuals PEEP. This action will be completed by the 24/04/2023 and will be on-going as fire drills are completed in the service.</p> <ul style="list-style-type: none"> • All PEEP's will be reviewed to ensure that they reflect the actual evacuation process for each individual who attends respite. This will be completed for all Service Users currently availing of Respite by the 28/04/2023. 	

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(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	28/07/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the	Substantially Compliant	Yellow	28/07/2023

	premises of the designated centre to ensure it is accessible to all.			
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	30/04/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	28/04/2023
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	28/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	28/04/2023

	purpose containing the information set out in Schedule 1.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	28/04/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/04/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/05/2023