



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

## Issued by the Chief Inspector

Name of designated centre:	Seoidin
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0031877

## About the designated centre

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

Seoidin provides a full-time residential care and support service to children with a diagnosis of autism. The objective of the service, as set out by the statement of purpose is to provide a holistic service, supporting both children and their families, in a home from home environment for up to four children, male and female, aged from six to 18 years of age. The service is open seven days a week and the children are supported by a staff team which includes social care workers. Each child is supported by the required number of staff that they are assessed to need. The centre is a single storey purpose built facility located outside a main city. Vehicle access is provided to enable children to access local amenities, schools and leisure facilities. There is a playground and a large garden available to the children.

**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 - 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
Wednesday 24 February 2021	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This inspection of Seoidin designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents of the inspection.

On arrival the inspector was met by the appointed person in charge and was welcomed to the centre. A conversation was completed in the entrance hallway prior to entering the main area of the centre. Currently, two children are residing in the centre with no planned admission to the centre. This conversation was an opportunity for the inspector to obtain a background of the centre and of the residents while allowing a morning routine to continue without disturbance. Both the person in charge and the social care staff spoke very clearly about the assessed needs of both children and of the supports in place. Through effective governance systems a clear oversight was maintained of service provision.

On entering the premises one child was leaving the centre to go on their morning spin. They did not interact with the inspector at this time but prepared their personal belongings for going out and about. This was part of a daily routine for this child and they were smiling leaving the centre with their staff support. On entering the main building of the centre a child centered environment was evident in the decoration. Upon completing a walk around it was noted that some internal repairs were required including damage to flooring. The person in charge informed the inspector that funding had been obtained for all internal repairs to be completed but this was placed on hold due to current COVID 19 restrictions.

One child had their bedroom decorated with personal photos of people important in their life. Contact was maintained with these people through social media platforms and phone calls. Visits would recommence in accordance with government guidelines. As schools were closed at present a staff member was supporting this resident to complete school work as set out by their teacher. On the morning of the inspection the child was singing nursery rhymes and completing table top activities. The resident was smiling and laughing when interacting with their support staff. They also enjoyed playing with their favourite teddy bear, hugging and smiling. They went out and about on a spin in the afternoon with staff when their school work was complete.

On their return to the centre the other resident completed their school work with the support of staff. Staff continued to link with appointed tutor to ensure the educational needs of the child continued throughout the closure of school and education. The resident relaxed for a period of time also during the day watching videos on their tablet device whilst lying on their bean bag in the corridor. Staff

continued to observe and support the resident without impinging on their private time.

Both children chose not to interact with each other for activities or relaxing times. Staffing levels ensured that individualised activities and interests could be promoted while maintaining the safety of all. Very clear behaviour support guidelines were in place to support one child with behaviours which may be deemed as challenging. Staff were observed to adhere to these guidelines. Staff spoken with could clearly articulate these guidelines and the importance of a consistent approach. All interactions were observed to be professional in nature with residents observed to be very relaxed in the company of the staff team.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Seiodin. A good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents and the regular review of the statement of purpose. The appointed individual also had a good knowledge to the needs of the service users. They held governance responsibilities in two centres, in an effective manner through effective monitoring systems.

A clear governance structure was in place within the centre. The person in charge; whom was supported in their role by a social care leader, reported directly to the persons participating in management. Key duties were set out for the appointed team leader including the supervision of staff, the completion of relevant audits and the overview of action plans. Clear communication was evident between the person in charge and social care leader through regular face to face meetings and documented supervisions. There was also evidence of information sharing within the organisation through joint governance meetings.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in December 2020 by the integrated service manager. The most recent unannounced visits to the centre, was completed in June 2020. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. The person in charge and social care leader completed regular reviews of action plans to ensure all actions are achieved within the allocated time line.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For example a weekly residential audit tool was completed by the social care leader and reviewed by the person in charge. This was further enhanced through the completion of a monthly audit tool. These incorporated a plethora of areas such as

complaints, staff training and specific service concerns. Should any issue or concern arise these were escalated to the person in charge. Staff were also encouraged to voice their concern or address any issues as part of staff meetings or formal supervisions.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. With support from the social care leader and person in charge all staff received formal supervisory meetings in accordance with local policy. One topic discussed was the training needs of staff. The provider had identified mandatory training needs for all staff members. This included children's first and infection control. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a high level of staffing consistency.

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

The registered provider had ensure the application for the renewal of registration had been completed.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They held a role governance role in two designated centres.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured the current skill mix of staffing within the designated centre reflected the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher.

With the support of the appointed social care leader measures were in place to ensure that all staff were appropriately supervised in accordance with organisational policy.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the centre was appropriately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured a governance structure was appointed to the centre. The provider had ensured the roles and responsibilities of all members of the governance team were clear.

Systems were in place to ensure that management systems were effective, to ensure that the service provided was safe and appropriate to the residents' needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensure the statement of purpose was prepared in writing and reviewed as required. Information set out within Schedule 1 was present and correct.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all incidents which required notification were



done so in the correct manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure.

Judgment: Compliant

## Quality and safety

It was evidenced during this inspection that the service afforded to the children currently residing within Seiodin was child centred in nature. Children were consulted in the day to day operation of the centre and in all areas of their support needs where possible. The person in charge had ensured that each individual had personal goals in place to support their community interactions.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Each child was supported with goals in place ranging from educational goals, to skills training and activities. Staff were observed supporting the children to achieve these goals. Through completion of a regular personal plan reviews there was clear evidence of progression of goals. A number of goals had been adapted due to COVID 19 restrictions. Each child was supported to obtain education in accordance to their assessed needs. During the current pandemic restrictions the staff members continued to support this area through table top learning and through social media classes. Regular contact with teachers and tutors ensured children progressed with their educational needs.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each child had an individualised bedroom which was decorated in accordance with their wishes. A large secure back garden was in place with safe play areas for the children. A sensory room and ample communal space was available for the children to play and relax safely. The centre was clean and overall, well presented and accessible. Some areas did require repair internally such as flooring. This had been delayed due to COVID 19 restrictions.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff

were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene to ensure adherence to these guidelines.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with social work department for guidance and support. However, some improvements were required to ensure the safeguarding measures operating within the centre were clearly documented to ensure a consistent approach and awareness.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Children were supported to complete regular fire evacuation drills to promote awareness. The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

### Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was clean and overall, well presented with accessibility facilitated throughout. Some areas did require painting work and repair

internally. This had been delayed due to COVID 19 restrictions.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge had ensures that staff have up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Where a restrictive practice was in place this utilised in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. Some improvements were required to ensure that all measures in place to safeguard residents were clearly documented.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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
<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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Seoidin OSV-0002649

Inspection ID: MON-0031877

Date of inspection: 24/02/2021

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Maintenance contractor appointed to carry out painting and repairs. Works will be completed in phases in line with Resident’s needs. Work will be completed by 30/04/2021.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Manager, Team Leader, Keyworkers & Behavioural Therapist are in the process of reviewing documentation in respect of safeguarding. Compatibility assessment is in the process of being completed and both support plans will be updated outlining what supports are in place to keep both children safe. Documentation will be reviewed by 12/04/2021.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	12/04/2021