



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

Issued by the Chief Inspector

Name of designated centre:	Seoidin
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	05 December 2023
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0033210

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 (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 5 December 2023	10:00hrs to 17:00hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. From what the inspector observed, residents in this centre enjoyed a good quality of life and were well cared for. Residents were seen to be offered a person centred service, tailored to their individual needs and preferences. There were management systems in place that ensured a safe service was provided. Overall, the inspector found that there was good compliance evident with the regulations in this centre. Some issues in relation to premises and governance and management will be discussed in the following two sections of this report.

On arrival the inspector was greeted by the team leader and person in charge. The inspector was advised that one resident had left the designated centre to attend school, while the other resident was in the centre being supported by staff with their morning routine. The inspector spoke to the team leader and person in charge about the designated centre and the residents assessed needs. Later in the afternoon the inspector had the opportunity to meet the resident after they had returned from a planned drive and the staff had supported the resident with lunch. The resident appeared happy and relaxed. During the course of the inspection staff could also be overheard supporting the resident in a respectful manner. The resident later was observed engaging in their home tuition programme.

The inspector met the second resident on their return from school. The resident was enjoying relaxing watching a movie with staff, and later in the day observed to be smiling and playing with staff members. The resident responded to staff with facial expressions and appeared very happy.

The centre was well ventilated and areas of the centre were decorated in line with resident's personal requests and seen to be reflective of both residents living there. Both residents had a choice of toys, games and activities available to them and their home had been decorated for Christmas. Residents had access to a back garden at the rear of the centre with a swing and play area, along with raised gardening beds which the residents enjoyed growing fruit in the summer months. Each resident had their own bedroom and adequate storage facilities.

During the walk about of the centre some areas of the centre required maintenance or upgrade works. Large areas of flooring in the centre were seen to be damaged, with some gaps present in areas. A bathroom used by the residents required upgrading as there were gaps and lifting in flooring present, damage to wall tiles and peeling damaged paint on the ceiling. The kitchen and table tops in dining areas also required works to be completed as damaged surfaces were present. This had been identified in previous inspections and the person in charge discussed the difficulties in completing these works due to the assessed needs of a resident living in the centre. The person in charge and team leader had an ongoing action in place to have these works completed in an audit tracker. This will be discussed later in the

report under capacity and capability and quality and safety.

The next two sections of the report present the finding of the 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 service being delivered.

Capacity and capability

A clear management structure was in place for the centre. The centre had completed an annual review for 2023, along with six-monthly unannounced visits of the centre. Where identified areas for improvement were recognised by the provider an improvement plan was in place. This included an action tracker for the centre and a business continuity plan was also in place. This was seen to be actioned and monitored by the person in charge. However as mentioned previously in the report, two previous Health Information and Quality Authority inspections in February 2021 and October 2022 identified works to be carried out to the premises. The provider had submitted a compliance plan to the office of the chief inspector from the previous inspection in October 2022 identifying these works would be carried out by April 2023. However, some of these works were seen not to be completed on the day of the inspection, such as damage to kitchen surfaces, flooring and bathroom maintenance.

The centre was managed by a full-time person in charge, who was suitably qualified and experienced. They were supported by a team leader. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as medication audit, infection prevention and control audit and health and safety audits. At the time of the inspection the person in charge remit was over two designated centres which were located next to each other. The person in charge told the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. However, some minor aspects of this required review in relation to staffing. This was amended on the day of the inspection, reviewed by the inspector and submitted to the inspector the following day after the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was a consistent staff team in place. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to support the residents at all times as per their assessed needs and to offer choices about what they wanted to do or eat. Residents were observed to be very comfortable with the staff team and were seen to be playing games, watching movies, supporting with meals and assisting with

educational needs.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy in place. It was noted that all staff had received all mandatory training. All staff received regular supervision, as per the provider's policy.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector within the time lines required in the regulations.

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and the complaints officer was on display for residents. Residents had access if needed to an appeals process. Residents were made aware of their right to make a complaint during resident's house meetings. Following a review of the complaints log there was no complaints for the centre. The inspector spoke to members of the staff team and were knowledgeable of the complaints process and supporting residents and family/guardians to make a complaint if required in the future.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre. The person in charge was in a full time post.

Judgment: Compliant

Regulation 15: Staffing

The number and the skill mix of the staff were adequate to meet the assessed needs of the residents. The person in charge maintained an actual and planned roster. There was regular relief staff available to provide consistent and continuity of support for the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in

place to monitor the quality of care and support in the centre. The person in charge and the team leader carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the person in charge and team leader had an action tracker to monitor the actions in place for the centre. The centre also had a business continuity plan in place for the centre. The provider had ensured that the annual review had been completed for the previous year.

However, some improvement was required. The previous inspections carried out by the Health Information and Quality Authority in February 2021 and October 2022 had identified areas for improvement with the premises. The provider had completed and returned a compliance plan to the Office of the Chief Inspector which identified time lines for works to be completed. However, on the day of the inspection it was noted that these works had not been completed in line with the provider's compliance plan of April 2023. This will also be discussed under regulation 17, premises. The person in charge and team leader had identified the outstanding works required in the centres action tracker and business continuity plan which were seen to be regularly reviewed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to staffing. This was completed on the day of the inspection and reviewed by the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had insured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints officer was on display. Residents were supported about the complaints process and could make complaints if desired. An appeals process was also available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place and were seen to be reviewed within the three year period by the provider.

Judgment: Compliant

Quality and safety

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard and were effective in meeting the needs of the residents and ensured that the health and well being of the residents was promoted in the centre. The residents' had a comprehensive personal plans in place and were supported with monthly key worker meetings and annual person centre planning meetings. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the individual being supported.

These plans included the health care support for the residents. Clear individualised health care support plans were in place for each identified need for each resident. These were had clear guidance for staff to provide a consistent approach with the best possible outcome for residents. Each resident had access to a GP and other allied health professionals as required.

The staff team supported the residents to set and achieve specific goals, these goals and activities are developed in line with the resident personal choice. Some of these goals included trying new leisure activities, exploring new areas in the community and trips to zoo's and wildlife parks.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including minimal staffing drills. All staff had undergone relevant fire safety training. The residents also had a personal

emergency evacuation plan (PEEP) in place.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Safe and suitable practices were in place for the ordering, prescribing, administration and disposal of medicines in the centre. The inspector reviewed a sample of the contents within the medicine store in the centre. Medicines were stored securely in an individual locked cabinet in a locked medication press. Stock records were maintained of all medicines received into the centre. Appropriate facilities were provided for medicines which needed to be refrigerated.

There were restrictions in place in this centre. The registered provider had ensured that where a restrictive practice was in place it was utilised for the shortest duration required and the least restrictive manner. A restrictive practice log was in place for the centre and this clearly identified the restrictions in place for each resident. This log was seen to be reviewed regularly by the person in charge and behavioural specialist. The inspector had the opportunity to meet with the behavioural therapist for the centre who was completing a visit on the day of the inspection.

Regulation 13: General welfare and development

Residents were supported to engage in meaningful activities as per their assessed needs regularly both in the designated centre and in the community. On the day of the inspection residents were seen to have access to education, go out for drives in local areas of the community that they enjoyed to see, watching movies, table top activities and playing games.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. The premises provided for residents to live in was seen to be clean and homely. However, areas of the centre required maintenance and repair works such as damage surface of kitchen counters and table tops in dining area. Other internal works included damaged flooring in large areas of the

centre and a bathroom which required painting to ceiling, repair of tiles and flooring.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre had identified a risk register for the centre and individual risks for the residents in the centre. Both the risk register and individual risks were seen to be reviewed regularly and were up to date. Controls were in place to mitigate any of the identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and fire equipment. Each resident had a PEEP in place and these were seen to be reviewed regularly. The centre had completed regular fire drills, including a minimal staffing drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering and receipt, administration and disposal of medicinal items within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of the residents' personal plans were viewed. The documentation in place showed that a comprehensive assessment of the residents had taken place and residents were involved in annual person centred planning meetings. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good health care supports. Health care records viewed showed that residents had access to a general practitioner on a regular basis or as required. Residents had access to various allied health professionals including psychiatry supports and occupational therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number restrictions in place in this centre. These were seen to be in place due to assure adequate health and safety measures were in place to support the residents. The documentation viewed showed that these were reviewed regularly and considered efforts during reviews to reduce the restrictions in place and only to use them when required for the least amount of time. Comprehensive behaviour support guidelines and plans were in place for residents who required this support. These documents clearly guided staff to support residents where required. Where residents engaged in behaviours that might be harmful to themselves or others, these incidents were reviewed and action taken to reduce or prevent re-occurrence if possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. All staff were familiar with the safeguarding plans that were in place which were subject to regular review.

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	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Seoidin OSV-0002649

Inspection ID: MON-0033210

Date of inspection: 05/12/2023

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"> • Due to the needs of one resident maintenance has not yet been completed or scheduled as the level of disruption required to complete the works would be a source of huge distress for the resident. This resident is due to move out of the service. • A schedule of works will be completed once this resident has been supported to transition to an alternative placement. • It is anticipated that the transition and subsequently the works will be completed by 30th September 2024. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Works required including repairs of surface of kitchen counters, table tops in dining area, flooring, painting of bathroom ceiling and repair of bathroom tiles and flooring will be completed once the resident has been supported to transition out of the service. 	

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(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	30/09/2024
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	30/09/2024