



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

Issued by the Chief Inspector

Name of designated centre:	Suzanne House
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0039046

About the designated centre

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

Suzanne House provides respite care and support for up to four children with an intellectual disability and additional life limiting conditions. Support is provided with the aim to meet the residents' assessed needs while ensuring that they are made as comfortable as possible throughout their stay at the centre. Suzanne House is located in a residential area of a city, and within walking distance to local amenities such as shops and cafés. The designated centre comprises of a large two-storey detached house on its own grounds. The centre comprises four accessible bedrooms of which one has its own en-suite walk-in shower. Residents also have access to a communal bathroom which incorporates an accessible shower and hydro bath. Communal facilities include a kitchen/dining room and sitting room. In addition, the centre provides a conservatory adjacent to the sitting room and an upstairs sensory room which are designed and laid out to meet residents' assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are also provided for visitors to meet their relatives and staff in private if required. Accessibility throughout the centre's premises is further facilitated by a lift to all levels of the house. Residents are supported by a team of nurses and healthcare staff. At night-time, residents' care needs are supported by a waking nurse and healthcare worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 17 May 2023	10:15hrs to 15:45hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The provider had previously had an IPC inspection of the designated centre in 2022 and was found to be not compliant under the associated regulation. The provider submitted a comprehensive compliance plan detailing actions to be taken to come into compliance. This inspection aimed to monitor the provider's implementation of those actions.

The inspector saw, on arrival to the designated centre, that significant work had been completed to the front garden in order to make it more accessible, child-friendly and safe. Security gates were being fitted to the front driveway on the day of inspection. A bright, wheelchair accessible sensory garden had been installed to the front of the house. The inspector saw that there were wheelchair accessible garden tables and flower beds. The garden was fitted with sensory toys as well as brightly-coloured furniture and plants.

The inspector was greeted by the person in charge and introduced to the children staying in Suzanne House and the staff on duty. The inspector met two children who were watching television while receiving their morning feeds. The inspector saw that these children appeared comfortable and relaxed in the house. The children were seen to enjoy interacting with staff and responded with body movements and eye contact to their communications.

Another child was in bed when the inspector arrived. The inspector had the chance to meet this child later in the day as they were preparing to go on a community outing. The inspector saw that staff took time and care to ensure that children were supported in a gentle manner to access the community. Staff ensured that children had sun-cream applied and were wearing appropriate clothing for the weather. Children's hygiene and feeding needs were tended to before leaving the centre. Staff were also seen to pack the medical supplies required by the children while they were in the community, including emergency medications that may be required.

The inspector saw that staff interacted in a positive and familiar way with the children. Staff were seen to compliment the children on their outfits and their hair styles. Later, the inspector saw staff supporting children in the sensory room. The inspector saw that one child appeared very comfortable, lying on a beanbag and watching fibre optic lights. The child was seen to be smiling and looked very relaxed. Another child was supported on a water bed by staff who helped them to explore the sensory equipment. Staff were heard singing and laughing with the children. The atmosphere in the centre was positive, friendly and familiar.

There had been significant enhancements to the premises since the last inspection. Child-friendly murals had been painted on the walls throughout the downstairs of

the house. Each bedroom was painted with a specific theme in mind. Additional sensory equipment had been installed in resident bedrooms and the sensory room and messy play room had been fully installed. The couch in the sitting room had been removed and replaced with beanbags which were more accessible to the children. There was also increased availability of floor padding to allow children a break from their wheelchairs and to access sensory equipment.

Works required to the premises to address IPC risks such as repairing flooring and ensuring sinks were accessible had been completed.

There were ample hand hygiene facilities available and the inspector saw that staff engaged in good hand hygiene practices throughout the inspection.

Staff spoken with were well-informed regarding the children's care needs. They were also well-informed regarding infection prevention and control and their roles and responsibilities in reducing the risk of transmission of infection in the centre.

The inspector saw that the centre was very clean and well-maintained. The inspector was assured, based on what was observed, that residents in this centre were in receipt of a quality service and that care was being provided in a clean and safe environment by well-trained staff. This was being effective in mitigating against the risk of residents contracting a healthcare-associated infection.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that the registered provider had implemented effective governance and management arrangements to mitigate against the risk of residents acquiring a healthcare-associated infection.

This designated centre provides respite care to children with complex medical needs. Due to the assessed needs of the children and the transient nature of the respite service, there were numerous possible risks to infection prevention and control. The inspector saw that there was a comprehensive system of risk assessments and local operating procedures to ensure that care was being provided to children in a safe manner that reduced the risk of transmission of infection.

There was a clear reporting structure in place for the management of IPC-related risks. The provider had nominated a responsible person to have oversight of IPC. Staff were knowledgeable regarding the chain of command and of how to escalate risks to the infection control leads. One member of the staff team had received

additional specialist training in IPC and was acting as the local IPC lead. The person in charge informed the inspector that an additional staff had been booked on this training which was due to take place in the coming weeks.

The provider's IPC policy was in the process of being reviewed. In the interim, staff were guided by national policies and comprehensive local operating procedures. The inspector saw that there were effective oversight systems for the management of IPC-related risks. The person in charge had introduced a suite of local operating procedures for specific service-level IPC risks including, for example, the control of superbugs and the use of blended food via gastronomy tube feeding.

There were additional local operating procedures to guide staff in areas such as waste management and laundry protocols. Staff spoken with were aware of these local operating procedures and demonstrated to the inspector how they were implemented in practice.

All staff were up-to-date in their IPC training. IPC was regularly discussed at both staff supervisions and staff meetings. IPC was discussed in detail and as it related to specific service risks. Staff spoken with were knowledgeable regarding standard precautions and transmission-based precautions.

Staff were also well-informed regarding their cleaning duties and the cleaning products that were used to manage different risks. The centre had access to household staff who completed weekly deep cleaning. Deep cleaning was also completed subsequent to an outbreak of infection or following the admission of a resident with a known transmissible infection.

The person in charge had established links with the childrens' acute care teams, primary care teams and with their families. There was clear communication to the provider on the infection status of residents subsequent to any admission to hospital. A pre-admission checklist was also effective in ensuring that symptomatic children were not admitted to respite.

There were a series of regular audits in place including an environmental hygiene audit. The inspector saw that these audits identified action plans and that actions were progressed across audits. The provider's six monthly unannounced visits and annual review for 2022 also set out plans to further develop and enhance the quality of care in the centre. Actions were added to the centre's quality enhancement plan. The inspector was informed of the pathway by which the provider was kept informed of the quality and safety of care in the centre.

Overall the inspector was assured that the provider had implemented effective systems to ensure that there was oversight of IPC risks and that risks were responded to and managed in a timely and effective manner.

Quality and safety

The inspector found that residents in this centre were in receipt of a service which was safe and child-centred. The inspector saw that families were kept informed of the centre's IPC procedures and that a pre-admission checklist was completed which supported the safe delivery of care to all children.

Due to the complex needs of the children it was difficult to ascertain how they were provided with information regarding their care and infection control practices as it related to them. However, the inspector saw that staff adhered to good hand hygiene practices when caring for the residents. The inspector also saw that staff consulted with the children regularly, talking to them about what they were doing and used their non-verbal communication to inform the provision of care. The inspector reviewed several residents' files and saw that their files detailed the list of activities that children enjoyed as well as their personal preferences relating to their care needs. For example, children's preferences for their frequency and time of bathing was recorded.

The provider had responded effectively to previously identified risks relating to the access to hand hygiene facilities. There was sufficient availability of hand hygiene facilities throughout the house and all sinks were easily accessed by staff.

The provider had systems in place to ensure that the infectious status of residents was documented. The person in charge had established good links with the children's acute and primary care teams. The inspector was informed that the children were routinely swabbed on admission to hospital and that any identification of a transmissible infection was communicated to the provider. Residents' files contained detailed care plans regarding infection statuses. There were effective local operating procedures to ensure that infections were not transmitted including the allocation of one bedroom with an en-suite for residents with a transmissible infection. This room was deep cleaned subsequent to each admission. Staff spoken with were informed regarding the measures to be taken to reduce transmission of infection.

The designated centre was seen to be very clean and well-maintained. Since the last inspection of the centre, the provider had completed works to flooring and had painted the interior of the house with child-friendly murals. New curtains had been fitted along with wipeable sensory equipment and toys. Local operating procedures guided staff in the cleaning of all fixtures, fittings, equipment and toys. All furniture, fixtures and fittings were seen to be clean and well-maintained. The centre's accessible bathrooms were also cleaned and maintained in a suitable manner. A service record was maintained for the servicing of all medical equipment

The provider had completed the installation of a sensory room. There were comprehensive cleaning procedures in place to ensure this equipment was regularly sanitised, including a detailed local operating procedure for cleaning of the sensory room's ball pit.

There were comprehensive cleaning schedules in place for day, night and deep cleaning. These were maintained and it was evident that this cleaning was being completed. The centre's utility room was maintained in a manner which supported

effective IPC practices. The washing machine was regularly cleaned and disinfected. Residents' laundry was washed separately. Alginate bags were available to wash soiled linen and laundry.

A record of flushing of water systems had been introduced and an unused shower had been decommissioned subsequent to the last inspection.

Outbreaks of infectious diseases were identified, managed and responded to in a timely manner. The inspector saw that, when there had been a case of influenza in the house, that this resident was discharged to their family in line with the centre's outbreak management plan and that the resident's room was deep cleaned.

Overall, the inspector found that the centre was operating a safe and quality respite service for the children who accessed it.

Regulation 27: Protection against infection

The inspector found that the practices in the designated centre were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

There were effective management arrangements in place which ensured oversight of IPC in the centre. There was a clear reporting structure in place. Staff were knowledgeable regarding the IPC reporting structure and of how to escalate risks.

Regular provider-led and local audits were completed which comprehensively identified risks. SMART action plans were derived from these in order to respond to risks.

There was documentation available to staff to guide them in managing IPC related risks. A comprehensive suite of local operating procedures guided staff in the management of service specific IPC risks.

Staffing levels and skill mix were maintained at levels to safely meet the service's IPC needs.

Staff had received suitable training in IPC and were aware of their specific roles and responsibilities in this regard. Some staff had received additional specialist IPC training

There was clear communication from senior management to staff in relation to IPC. Staff were informed through regular staff meetings and supervisions of their roles and responsibilities.

Care plans were in place with regard to residents' individual care needs. Care plans

detailed the specific IPC measures that staff should be aware of in order to prevent the transmission of infection.

The centre was seen to be very clean, tidy and well-maintained. There were appropriate procedures in place to ensure oversight of day to day IPC risks in the centre.

Any invasive equipment which was required for use by residents in regards of their health needs was seen to be clean and well-maintained. There were appropriate practices in place for the disposal of sharps and clinical waste.

The inspector saw that outbreaks of infection were identified, managed, responded to and documented in a timely manner.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant