



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

Name of designated centre:	Suzanne House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 24
Type of inspection:	Short Notice Announced
Date of inspection:	18 April 2018
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0023729

About the designated centre

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

Suzanne House provides full-time 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 cafes. Suzanne House is a large two-storey detached house in 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 both nursing and care staff, with a minimum of three staff being available to meet residents' needs during the day and at evening times. At night-time, residents' care needs are supported by two nursing staff.

The following information outlines some additional data on this centre.

Current registration end date:	14/11/2018
Number of residents on the date of inspection:	2

How we inspect

To prepare for this inspection the inspector or 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
18 April 2018	09:15hrs to 16:55hrs	Stevan Orme	Lead

Views of people who use the service

The inspector met two residents during the inspection. Residents due to their assessed needs were unable to tell the inspector about the care and support they received while at the centre. However, throughout the inspection, residents appeared both relaxed and comfortable with the support they received from staff. The inspector observed that staff ensured that residents received assistance in a timely and dignified manner with supports provided being in-line with interventions as described in their personal plans.

The inspector had the opportunity as part of the inspection to review service satisfaction surveys completed by residents' representatives. Surveys reviewed showed that the residents' representatives were happy with all aspects of the care and support provided to residents when they accessed respite care at the centre.

Capacity and capability

Governance and management arrangements ensured that residents received a high quality of care and support in accordance with their assessed needs on each occasion they accessed the centre for respite care. Care and support provided was individualised to the needs of each resident with specific focus on their health care requirements. Practices further ensured that residents were kept safe and protected from harm when at the centre.

Staffing arrangements ensured that residents' needs were met in a timely manner and reflected supports as described in their personal plans. Residents were supported by suitably qualified staff and effective arrangements were in place to ensure that staffing levels were under regular review to meet residents' changing needs and ensure continuity of care in circumstances such as staff vacancies.

An annual schedule of management audits into all aspects of the centre's operations was completed by the person in charge and provider which ensured that residents received a high quality of care and support with their assessed needs. Where audits identified areas for improvement such as medication arrangements, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre.

The provider's risk management practices ensured that procedures were in place to effectively respond to adverse incidents which might occur. Accident and incidents were reviewed by the person in charge, and any identified improvements discussed with staff and incorporated into risk assessments to ensure they met residents'

needs and current practice developments.

Following the last inspection, the formal supervision of staff had improved with arrangements put in place by the person in charge to ensure that staff received regular supervision in-line with the provider's policy. Staff told the inspector that access to regular supervision enabled them to identify personal training requirements and receive support which ensured their skills and knowledge met residents' needs.

Staff knowledge was further kept up-to-date through their attendance at regular team meetings facilitated by the person in charge. In addition, effective arrangements were in place for staff to access regular training opportunities which ensured that their care practices met residents' assessed needs and reflected current developments in health and social care practices. Throughout the inspection, staff were knowledgeable on all aspects of the service provided and especially confident in relation to the management of residents' health care needs.

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and actively involved in the management of the centre to meet residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and as described in their personal plans.

Judgment: Compliant

Regulation 16: Training and staff development

Access to regular and up-to-date training opportunities ensured that staff were suitably knowledgeable and equipped to support residents' assessed needs .

Judgment: Compliant

Regulation 23: Governance and management
Governance and management arrangements ensured that residents were protected from harm and received a high standard of care when at the centre.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
Residents had a written agreement with the provider which informed them and their representatives of the care and support they would receive when at the centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was subject to regular review, reflected the centre's services and facilities and contained all information required under regulation.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents' representatives were aware of their right to make a complaint and the provider ensured that all received complaints were appropriately recorded and investigated.
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies required under the regulations were subject to regular review and made available to staff at the centre by the provider.
Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed that residents appeared both happy and comfortable with the care and support they received. Support was provided to residents by suitably qualified staff in a timely and dignified manner which reflected their assessed needs. However, improvements were required to ensure that the effectiveness of the centre's fire safety arrangements were fully assessed.

The centre's premises was well maintained and decorated. In addition, the premises' design and layout ensured that it was fully accessible to residents. The premises' decor was bright and colourful and reflected the interests and age group of residents. Residents' bedrooms were spacious and equipped with both a television and music player as well as sensory equipment. Arrangements were also in place which enabled residents to bring personal items to the centre to make them feel more relaxed and comfortable during their stays. Since the last inspection, the provider had further developed the premises to meet residents' needs through the renovation of the play area to the rear of the centre. The renovated play area was fully accessible to residents and included play equipment such as a wheelchair swing.

Residents during their stays at the centre accessed a range of activities both at Suzanne House and in the local community which reflected their assessed needs and interests. Staff told the inspector that residents enjoyed activities such as sensory play, art and going to the local cinema. During the inspection, residents engaged in baking and drama therapy activities which catered for their specific needs and they appeared to enjoy. In addition, if residents planned to attend their school placements while staying at the centre, the person in charge ensured that arrangements were in place to facilitate this.

Residents' personal plans were comprehensive in nature and updated on each admission to the centre as well as annually. Regular review arrangements ensured that personal plans reflected residents' current needs and ensured that staff practices were consistent with agreed support interventions in areas such as health care and medication needs.

Following the last inspection, the person in charge had reviewed personal planning arrangements to ensure that all aspects of residents' support plans were reviewed and updated in-line with recommendations from multi-disciplinary professionals. The person in charge had also developed accessible versions of personal plans which were available to residents and their representatives to inform them about the care and support they could expect to receive while at the centre.

The provider ensured that residents were kept safe when at the centre and arrangements were in place such as a fire evacuation plan and appropriate fire

fighting equipment. Staff were regularly involved in simulated fire drills and were knowledgeable on how to evacuate residents safely in the event of an emergency. However, the provider's records did not show that the effectiveness of the evacuation plan had been assessed in all circumstances such as under minimal staffing conditions. In addition, fire drill records did not provide information to show whether all residents who accessed the centre had an opportunity to participate in a simulated fire drill.

Regulation 12: Personal possessions

Suitable arrangements were in place for residents' possessions during their stay at the centre and they were encouraged to bring personal items to make them feel more relaxed and comfortable.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and met their personal goals.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well-maintained and facilities were provided to ensure it was accessible to residents and met their assessed needs such as providing appropriate facilities for play.

Judgment: Compliant

Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the centre's resident's guide.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements kept residents safe from harm and reflected changes in individuals' needs and interventions to ensure continuity of care.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements were in place, however the effectiveness of the centre's fire evacuation plan under all circumstances had not been fully assessed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

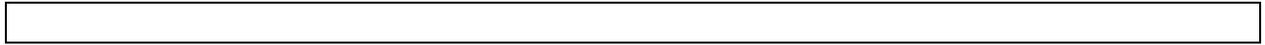
The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive in nature and the person in charge had effective arrangements in place to ensure they reflected residents' current needs

and agreed support interventions.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to access health care professionals as and when required when at the centre and supports provided were subject to regular review and reflected current health care professionals' recommendations.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents at the centre did not currently require support with the management of behaviours that challenge. However, the provider had arrangements which ensured that staff would have the opportunity to access up-to-date training in this area of support if required.
Judgment: Compliant
Regulation 8: Protection
The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in-line with current practice developments.
Judgment: Compliant
Regulation 9: Residents' rights
The provider ensured that residents and their representatives were involved in making decisions about the care and support they received and information was available on accessing advocacy services if required.
Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Suzanne House OSV-0001466

Inspection ID: MON-0023729

Date of inspection: 18/04/2018

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The individual fire evacuation procedures of each resident have been revised and updated by the person in charge </p> <p>Fire drills have been scheduled for quarter 2 of 2018 for the designated centre by the person in charge. The quarter 2 fire schedule will involve fire drills on day and night shifts with maximum capacity of children and minimum staffing conditions.</p> <p>The designated centre fire drill record has been revised by the person in charge to include information to show the names of residents who participated in fire drills.</p> <p>The quarter 2 fire schedule will involve 4 fire drills taking place in one month, to ensure all residents who access the centre have an opportunity to participate in a simulated fire drill.</p> <p>One fire drill will also take place in quarter 3 and quarter 4 of 2018.</p>	

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 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	30/6/18
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	30/6/18