



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 Company Limited By Guarantee
Address of centre:	Dublin 24
Type of inspection:	Short Notice Announced
Date of inspection:	29 January 2021
Centre ID:	OSV-0001466
Fieldwork ID:	MON-0030346

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:	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
Friday 29 January 2021	14:30hrs to 18:45hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

From what was observed by the inspector and what parents said and wrote in their feedback about the centre; children received a good quality of care while attending this respite service.

In line with infection prevention and control guidelines, the inspector carried out the inspection mostly from a room in the designated centre. The inspector also ensured physical distancing measures and use of personal protective equipment (PPE) was implemented during interactions with residents and staff during the course of the inspection.

Children were observed spending time in one of the communal rooms in the centre receiving care from staff present. Staff spoke with the children in a kind, caring and sometimes jovial manner. The inspector also observed staff reading children stories and child appropriate sensory equipment, toys and decor was available and observed within the centre.

Children's right to engage in play and recreational activities was supported in this centre. A well-equipped sensory room, with environmental accommodations made so that wheelchair users could access this space, was also available for children to use. Children's bedrooms were decorated in a child friendly manner with manual handling equipment supplied in each bedroom to promote safe and appropriate supports for children in relation to their mobility requirements.

Each child's bedroom was also supplied with sensory equipment such as projectors and lights to provide stimulation and engagement while children used their rooms during their stay. In addition, children attending the service had access to a large playground space to the rear of the centre. This space was supplied with safe and appropriate child play equipment and safe surface area which was well maintained and spacious.

The inspector had the opportunity to greet both children on the day of inspection and speak with the parent of one child over the phone. They were extremely complementary of the service and appreciative of the staff and the care provided to their child. They indicated that the service was extremely important for their family and provided them with an opportunity to take a break and relax in the comfort of knowing that their child was also having a good experience during their stay.

Written feedback from other parents was also very complementary and reiterated the important role the respite service played in enabling them to take much needed breaks while ensuring their children were well cared for and could have fun experiences during their stay.

In summary, based on the feedback from parents and what the inspector observed, children attending the service were provided with a good quality service which had a

child friendly focus.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The inspector noted some aspects of risk management in the centre required review and where a children's rights focus to restrictive practices could improve the quality of the oversight arrangements currently in place in relation to their use.

Capacity and capability

Overall, the inspector found that there were improved management systems in place to effectively monitor the quality and safety of the care and support provided to children attending the centre. This impacted positively on the quality of the service now being provided and had ensured non-compliance from the previous inspection had been addressed.

An inspection of this designated centre in February 2020 had found a number of non compliance findings in the provider's capacity and capability to provide a good quality service. Subsequent to the inspection, the service had closed from March to October 2020 as a result of COVID-19 and restrictions in place.

During that period of time, the provider made changes to the governance structure for the centre and appointed a new person participating in management and a new person in charge. The service was also incorporated into Liffey Services within the organisation. This would ensure clearer lines of reporting and accountability for the centre and ensure an improved governance oversight arrangement. The findings of this inspection indicated this improved governance arrangement was more effective in promoting compliance with the regulations.

The person in charge was supported in their role by two CNM1 nurse managers with one assigned to day shifts and the other assigned to waking night shifts. This ensured management oversight arrangements were consistently in place in the centre at all times. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included the provider unannounced six-monthly visits as required by the regulations and audits by the person in charge at a centre level. These quality assurance audits identified areas for improvement and action plans were developed in response. The provider had also sought feedback from the parents of children that use the service which would form part of the annual report for the centre for 2020 which was being drafted at the time of inspection.

The person in charge maintained a planned and actual roster. A review of the roster demonstrated that the provider had ensured that the number and skill mix of staff was appropriate to meet the assessed needs of the resident. The previous

inspection had found a reliance of agency workers in the centre. On this inspection it was noted that agency workers were no longer required for the centre and staff recruitment had taken place since the previous inspection with the appointment of additional staff to the centre.

The centre was not operating on a full-time basis and at a reduced capacity to ensure physical distancing and reduced numbers of people in the centre during COVID-19 pandemic. The staffing complement at the time of inspection was adequate to meet the assessed needs of residents using the service. However, it was noted that further recruitment was underway to ensure when the service opened on a full-time basis that reliance on agency workers was not required.

There were systems in place for the training and development of staff. The inspector reviewed staff training records and noted the staff team were up-to-date in mandatory training including child protection, fire safety and manual handling.

The inspector reviewed a sample of incidents and accidents in the centre and found that all incidents were notified to the Chief Inspector as required by Regulation 31.

The provider had met their regulatory responsibilities for notifying the Chief Inspector for instances where the person in charge was absent and in for changes to the person in charge and persons participating in management.

Regulation 14: Persons in charge

The provider had appointed a new person in charge to the centre that met the regulatory requirements of of regulation 14. The person in charge worked a full-time position and had the required management experience and qualifications to fulfil the post.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruited a number of staff since the previous February 2020 inspection; two health care assistant and one nurse post had been successfully recruited.

Agency workers were no longer part of the staffing compliment in the centre. Further staff recruitment was underway to ensure the staffing arrangements could meet the service needs when it commenced a more full-time service.

A planned and actual roster was in place which clearly set out the roles and job titles

for staff working in the centre on shift.

Judgment: Compliant

Regulation 16: Training and staff development

The centre had been closed for a period of six months during 2020. Staff had received refresher training in key mandatory training areas and had all staff had received up-to-date fire safety training.

A staff supervision schedule was in place. Staff had received supervision meetings with the newly appointed person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The provider had improved the governance and management arrangements for the centre by appointing a full-time person in charge and a new person participating in management. A CNM1 manager worked in the centre on day and night shifts also.

The provider had made suitable arrangements for six-monthly unannounced to occur and an action plan was put in place following each of these visits where improvements were required.

The provider had sought feedback from parents which would form part of the annual review for 2020.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector had been submitted.

There were a low number of incidents occurring in this centre as it had recently resumed services again on a reduced capacity basis.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had met their regulatory requirement to notify the Chief Inspector of any changes to the person in charge or for periods when the person in charge may be absent.

Judgment: Compliant

Quality and safety

The enhanced management and oversight arrangements for the service had improved the quality and safety of care provided in the centre which was reflected in greater compliance with the regulations found on this inspection. Some improvement was required to ensure risks captured in the risk register accurately reflected the risks presenting in the centre. It was also noted a children's rights oversight arrangement was required to improve the quality of restrictive practice management in the centre.

Overall, there was a limited requirement for positive behaviour support planning in this centre. It was noted that restrictive practices were required and were mostly related to seating and required equipment for children attending the service. A restrictive practices register was in place which captured the restrictive practices used in the centre and records of their use were also maintained which demonstrated when they were implemented and for the duration they were used.

Chemical restraint was used in one instance for the management of a specific personal risk for a child and was prescribed by their physician on an as required (PRN) basis. The inspector reviewed the procedure in place to guide staff on the criteria for its administration. While a procedure was in place with specific criteria set out, it required review and updating as the medication dosage had changed in recent times.

In addition, while it was demonstrated there was a restrictive practice oversight arrangement locally in the centre in the form of a restrictive practices register and logs of its use; there was an absence of a children's rights committee to review restrictive practices in the centre to ensure a rights based approach formed part of the overall management of restrictive practices in the centre.

All staff had received training in child protection. It was noted following review of safeguarding incident in the centre in 2020, the provider had identified staff refresher training in child protection and reporting was required to ensure staff understood the requirement for timely reporting of safeguarding allegations and incidents. All staff received refresher training with the organisation's designated liaison person. Copies of the training material and training agenda were made

available to the inspector to demonstrate this training had occurred.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained a risk register which identified risks and the measures in place to mitigate the identified risks. The inspector reviewed the risk register and noted while it captured risks in the centre it required updating and review to ensure it accurately reflected all risks presenting in the centre and the associated risk rating was commensurate to the risk identified and control measures in place to mitigate it.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Residents had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate. There was also evidence of regular fire evacuation drills. An action from the previous inspection had identified fire doors were rendered ineffective due to the use of wedges to hold some doors open. On this inspection no wedges were observed in use.

The inspector noted all doors had hold open devices and queried why wedges had been in use previously. The person in charge outlined that some hold open devices were not working at the time of the last inspection due to their batteries requiring replacement. A system was now in place to ensure a fire servicing check was carried out on the hold open devices on a regular basis to mitigate this issue from happening in the future. The inspector reviewed servicing checks for the centre and noted these were up to date and had occurred.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre was supported by the provider's internal COVID19 management team and had access to support from Public Health.

Regulation 26: Risk management procedures

The risk register required review and updating to ensure it identified the risks presenting in the centre and ensured risk ratings assigned to those risks accurately reflected the presenting risk impact.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control procedures in place were reflective of public health guidelines. Staff were observed wearing suitable PPE during the course of the inspection. The provider had also reduced the numbers of children attending the centre at a given time to enhance social distancing measures in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

An action from the previous inspection had been addressed. A system was in place for servicing fire door hold open devices which would mitigate the use of wedges in the future.

Judgment: Compliant

Regulation 7: Positive behavioural support

A criteria protocol for the use of chemical restraint required updating.

While restrictive practices were monitored well in the centre, there was no Children's Rights oversight arrangement in place for these practices.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had made arrangements to ensure staff received up-to-date training in child protection. The provider had taken measures to update staff on the importance of reporting safeguarding allegations and incidents following a review of safeguarding incidents in the centre.

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
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 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suzanne House OSV-0001466

Inspection ID: MON-0030346

Date of inspection: 29/01/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk register will be reviewed and all risks re-assessed for their rating and appropriateness to the designated centre.</p> <p>Additional training has been arranged for the staff team in the risk assessment process and risk rating.</p> <p>The PIC has met with CNM1’s and discussed the risk management process and review of risks will be a standing agenda item for each monthly management meeting</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>An Equality and Human Rights Policy review committee will be set up to do some work on the policy to include the provision of children’s services in it and a new revised policy to be issued.</p> <p>Following the recommendations from this group, the appropriate steps will be taken to provide oversight of all restrictive practice in place for children accessing the service.</p> <p>The medication protocol for the chemical restraint in place has been updated to reflect change in dose.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2021