



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

Name of designated centre:	Seoidin
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	06 March 2018
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0020800

## 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 and care staff. 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.

There is an application to vary in place to allow for two young adults aged eighteen years and over and no longer in full-time education to remain living at the centre for a particular time-period to allow for their transition to adult services.

**The following information outlines some additional data on this centre.**

Current registration end date:	01/07/2018
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
06 March 2018	10:35hrs to 17:15hrs	Carol Maricle	Lead
06 March 2018	10:35hrs to 17:15hrs	Laura O'Sullivan	Lead

## Views of people who use the service

At the time of the inspection there were two residents living at the centre with whom the inspectors met and observed. Each resident had their own unique method of communicating their needs and wants. This was facilitated by staff through a total communication approach such as Lámh, visual schedules, gestures and prompts.

The inspectors observed that residents were comfortable with the support provided by staff.

The residents were observed partaking in meaningful activities during the inspection such as an outing to local outdoor facilities, attending at day services and watching their favourite rugby match in their bedroom. Positive and respectful interactions were observed between staff and residents.

Family connections were encouraged by staff within the centre, with supports given to residents to engage in family connections in a secure and safe manner.

Three questionnaires had been completed by family representatives and these stated satisfaction about the support and care their family member received at the centre.

## Capacity and capability

The inspector found the capacity and capability of the provider to deliver a safe quality service was positively impacted by the current operational management systems in this centre and within the wider organisation. The provider's statement of purpose was an accurate reflection of the operation of the centre.

There was a clear governance structure in place. The person in charge also managed a second designated centre. The regional operations officer represented the provider and was fully conversant with the running of the centre and the needs of the residents.

This centre is due for renewal of registration this year and the provider had submitted a complete application to renew. At the time of this application, there was an application to vary the conditions of registration submitted to HIQA which would facilitate two young adults continuing to reside at the centre for a particular time-period. In order to accommodate their transition to adult services the provider

had put in place appropriate arrangements for both residents to safely transition from the centre in the coming months. The residents, their family members and where required, statutory bodies and advocates were included in any decision making regarding these transitions.

The practices of the centre were governed by organisational operational policies and procedures and covered key areas such as risk management and safeguarding.

In-house audits were effective and had identified any areas of concern or non-compliance with the Regulations. Any areas for improvement identified during the previous inspection were addressed. An annual review and two unannounced six-monthly inspections were completed by the provider, of their assessment of the quality of care and service provision in this centre. Where these quality assurance reports had identified some areas of improvement, action had been taken to address these issues.

Staffing levels were appropriate to the residents' assessed needs. Residents could go out of the centre and engage in activities as they so pleased and not as determined by resources. The staff team had up-to-date knowledge of key areas relevant to their practice. Staff had for example attended training in adult safeguarding which was significant given that children could reach the age of 18 years and continue to live at the centre while they completed their secondary school education.

The provider had systems in place to ensure that residents were aware of their right to make a complaint and that complaints were acted upon and resolved.

There were also effective systems in place regarding the recording and reviewing of incidents and evidence to show that learning was shared with staff following the review of incidents.

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

The provider had ensured that documentation required for the renewal of the registration of the centre was submitted to the Chief Inspector as required.

Judgment: Compliant

#### Registration Regulation 8 (1)

At the time of this inspection, the provider had submitted an application to vary to allow two young adults who were over the age of 18 years of age and no longer in

secondary school education to remain living at the centre while their adult placement was being organised. The provider submitted the appropriate documentation that was specific, measured, accurate and timely.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that an appropriate number of qualified and skilled staff were employed to meet the assessed needs of residents. The recruitment process ensured that for the staff documentation viewed by the inspectors the documents required under Schedule 2 of the Regulations were obtained.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. There were systems in place for the formal supervision of staff which meant that staff had opportunities to have their performance regularly appraised and be given an opportunity to share any concerns about any aspects of their service delivery with their supervisor.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents in place which was maintained. It contained the information set out by the Regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted adequate insurance information.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clear management structure in place. The provider has ensured that there were systems in place for the operational management of the centre. In the 12 months prior to this inspection the provider had ensured that there were two six-monthly unannounced inspections of the centre. An annual review of the centre had taken place and this included the viewpoint of family members and other relevant statutory bodies.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was a written statement of purpose that accurately described the service provided in the centre. The services and facilities outlined in the statement of purpose and the manner in which care was provided reflected the needs of the residents. The statement of purpose was kept under review.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The inspectors reviewed the complaints log on file and could see that a record of all complaints was made, including the details of the investigation, the outcome of the complaint and all action taken on foot of the complaint.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
There were written policies and procedures in place in accordance with Schedule 5 of the Regulations. At the time of this inspection three policies were under review by staff within with the wider organisation. All other policies had been reviewed within the previous three years. The policies were available in the staff office for staff to



read.

Judgment: Compliant

## Quality and safety

Overall, inspectors observed that the quality and safety of the service received by the residents was good.

The residents, their needs and supports were to the fore of the service. A total communication approach was utilised by all staff to promote choice for residents and to recognise their needs. Throughout the inspection staff were observed to communicate with residents in a respectful manner, ensuring the dignity of the residents was promoted at all times. Residents and their family members had access to an external advocate as required. Inspectors observed on-going correspondence between the person in charge and advocates.

At the time of this inspection, the provider was striving to achieve the best possible outcome for each resident and was focusing closely on their transition to a suitable adult residential placement. The residents had either already transitioned or were in the process of transitioning to an educational placement such as a adult day service and were being supported appropriately by staff in this regard.

The provider had ensured that the designated centre presented as a welcoming home for the residents. The home was clean and warm and decorated to meet residents individual and unique needs. A fully equipped sensory room was available for residents' use within the home. Individual bedrooms were decorated to the person's unique taste. Some building work was required in relation to one bathroom and some areas of flooring. The funding for this work had been sourced and a plan was in place to complete the work following transition of the current residents to their adult placements. An outdoor recreational area was available for play.

A personal plan was in place for each resident which was developed and reviewed in consultation with the resident, family members, key workers and relevant members of the multidisciplinary team. This process ensured that the resident was the centre of the plan and their unique needs were identified with relevant supports put in place.

Where residents required support in managing behaviours that required a response, a positive behavioural support plan was in place. This plan was developed in conjunction with a behavioural therapist and staff members. All staff had received training in managing behaviours that require a response. There were some environmental restrictions in place to ensure the safety of residents. The rationale for the use of all restrictions was clear within residents' personal plans and

reviewed at six-monthly intervals by a restrictive practices committee.

The centre was observed to have robust safeguarding measures in place to ensure the safety and well-being of the residents. All staff had received training in child protection and safeguarding vulnerable adults from abuse. Management was observed to address any concerns raised in a timely manner and in accordance with organisational policy. Where there were concerns raised there was evidence of investigation and learning and dissemination of same. Concerns were reported appropriately to the relevant statutory authorities. Safeguarding plans were clear and guided staff on how to minimise any risks identified and how to avail of additional supports as required.

### Regulation 13: General welfare and development

At the time of this inspection, there were opportunities given to both residents to engage in education and training. One resident attended a day service and the second was following a written programme that would lead to a more formalised programme of training with a suitable day service.

Judgment: Compliant

### Regulation 17: Premises

The design and lay-out of the centre met the individual needs of the residents.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents had transitional plans in place. Plans guided and informed staff clear on how to ensure that the residents' transition would occur in a smooth and safe

manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All residents had an up-to-date personal plan in place which had been updated and finalised within 28 days of admission to the centre.

Personal plans were regularly reviewed and evidenced multidisciplinary allied health professional assessment and review.

An annual person- centred planning meeting also ensured family consultation and review of goals and future planning.

A picture summary in relation to support needs was developed to ensure personal plans were developed in an accessible format. An associated narrative summary assisted staff in achieving these supports.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour management guidelines were in place for each resident as required and followed a positive behaviour support framework.

Restrictive practices were managed in line with national policy, best practice guidelines and the provider's own organisational policies and procedures.

Judgment: Compliant

### Regulation 8: Protection

There was evidence that safeguarding concerns were managed in a timely way and in line with the procedures set out by both Children First: (2011) National Guidance

for the Protection and Welfare of Children and safeguarding vulnerable adults where applicable.

Safeguarding plans gave clear guidance for staff on any concerns present and the additional support required. All safeguarding plans had a collaborating risk assessment in place.

All staff had received training in child protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was managed and operated in a manner that ensured the rights and dignity of residents were upheld. There was evidence of on-going communication with external advocates.

Interactions between staff and residents was observed to be professional and respectful at all times.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant