



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:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0002649
Fieldwork ID:	MON-0038119

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 11 October 2022	09:30hrs to 14:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with both of the residents during the inspection.

This designated centre was last inspected in February 2021 and was found to be compliant with regulation 27: Protection against Infection during that inspection.

On arrival at the designated centre, the inspector was aware of the process required to gain entry to the designated centre which was to alert the staff on duty using the call button on a keypad located at the external entrance. There is a locked gate and a large secure external perimeter to ensure the ongoing safety of the two residents currently living in the designated centre. The inspector was greeted by a member of staff at this external gate. The staff member asked the inspector to remain outside the building while the staff member put on the appropriate personal protective equipment (PPE). The inspector was advised that one resident had already left the designated centre to attend school. The other resident was experiencing some anxiety at the time and the inspector was directed into the staff office while the staff member provided support the resident. The inspector was asked to sign the visitors book which was kept in the office due to the assessed needs of one of the residents.

The inspector met the resident later in the morning before they departed for a planned drive. Staff members introduced the inspector to the resident and outlined the planned activities for the day. During the inspection staff were observed and could be overheard supporting the resident in a professional and respectful manner. During the inspection staff outlined how they had supported this resident to continue to safely visit a family representative during the pandemic. Staff explained the importance of a consistent and regular routine for this resident. A risk assessment and ongoing review with input from the family representative ensured the resident could continue to visit their family home every week during public health restrictions without adversely impacting the other resident or staff team.

The inspector met the second resident on their return from school in the afternoon. The resident was introduced to the inspector by familiar staff members. The resident communicated without words but acknowledged the inspector's presence. The resident responded to the staff with facial expressions which indicated they were happy. Staff were observed to support the resident in the line with their assessed needs while adhering to good IPC practices.

The designated centre was well ventilated and some areas were decorated with personal items reflective of the residents living in the designated centre. Both residents in this centre had ample facilities to allow for self-isolation in their home if required. Each resident had their own bedroom and could access identified

bathrooms.

The inspector observed some areas of good practice relating to IPC which included staff knowledge and evidence of cleaning being completed on some regularly used surfaces. However, there was some variance in the bedrooms and bathrooms used by both residents. The staff team outlined the specific care needs for both residents living in the designated centre at the time of this inspection. While it was evident that regular cleaning and maintenance were being completed throughout the designated centre; due to the assessed needs of one resident, it was difficult for all the required maintenance to be completed while the resident lived in the designated centre. This directly impacted the effective cleaning of a bathroom, bedroom and kitchen area used by the resident. As part of the provider's own internal auditing process they had identified issues relating to these areas within the designated centre that required repair or upgrading. Some of these issues directly impacted the effective cleaning of the areas. This will be further discussed in the quality and safety section of this report.

Throughout the inspection the staff team were observed to wear PPE in line with current national guidance. There was evidence of regular monitoring of symptoms of COVID-19 as per the provider's protocols. In addition, residents were supported to remain safe during the pandemic. Ongoing monitoring of residents and staff ensured if a confirmed case of COVID-19 was detected the residents and other staff were not affected.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with relevant national standards.

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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs. However, the provider's policy on IPC had not been reviewed in July 2022 as outlined on the version of the policy given to the inspector to review.

The person in charge was new to the role since March 2022 but had worked in a senior staff role in the designated centre prior to this appointment and was very familiar with the individual assessed needs of the residents. They were assisted by a

team leader, who demonstrated throughout the inspection their commitment to ensuring the provision of good day-to-day support for the residents and staff. While the person in charge was identified as the IPC lead, the team leader and another staff member also had responsibilities to ensure ongoing compliance within the designated centre.

The staff team in place was seen to provide a person centred service to residents in this centre and was overseen by the person in charge. All staff, including the team leader supported the residents by day and night. There was an actual and planned rota in place which demonstrated the flexibility of the staff team to ensure residents were supported at all times in line with their assessed needs by familiar staff. The person in charge outlined to the inspector the importance of maintaining a consistent staff team to support the residents. All staff had completed training in the area of IPC. The team leader and person in charge had completed regular supervision with staff during 2022. Supervision records that were reviewed during the inspection did include discussions on IPC. In addition, meeting notes from monthly staff meetings indicated staff were informed of any changes to public health guidance. For example, the team leader ensured all staff were informed in July 2022 of the change in requirements regarding mask wearing for health care staff.

The provider had ensured an annual review had been completed in the designated centre for 2021. In addition, the most recent six monthly provider led audits completed in May 2022 did not identify any actions under regulation 27: protection against infection. However, other actions relating to premises had been identified, some of these had been completed in a timely manner. The provider also ensured regular IPC audits were completed within the designated centre. Actions identified in one such audit completed in June 2022 were documented as completed or in progress at the time of this inspection. Another IPC audit completed by the person in charge on 8 August 2022 identified actions relating to staff training being scheduled and recorded, improvements for cleaning areas where cobwebs were evident and the replacement of a bathroom door. All these issues had been addressed at the time of this inspection. The auditor noted that no issues had been identified regarding staff hygiene practices at that time. The team leader also completed weekly IPC residential audits the most recent being completed on 18 September 2022.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing. However, on review of the service business continuity plan that was last reviewed in March 2022, some of the controls documented were not reflective of current public health guidance or staff practices at the time of this inspection. For example, the type of face masks to be worn by staff while carrying out their duties in the designated centre.

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

centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with relevant national standards.

The inspector was informed that a planned transition for one resident was not progressing at the time of this inspection. This was due to external circumstances outside of the control of the staff team. Upgrade and repair works that had been identified by the provider were originally planned to take place and completed when the resident moved out of the designated centre. However, some issues relating to IPC found during this inspection were as a direct result of the state of repair of some fixtures and fittings. These included gaps and evident damage to a number of floor surfaces, sinks and damaged paint surfaces on some walls. In addition, two dining room tables, kitchen units and counter tops were in a poor state of repair. The inspector acknowledges that the staff team and the provider had carried out some repairs where possible during periods when one resident was not in the designated centre. This was to reduce anxiety or distress levels that would be caused to the resident, if changes were made to their living space. The inspector was informed more substantial repair and upgrade works needed to be carefully planned to ensure the resident is not adversely impacted.

Individual risk assessments were in place for residents that had recently been updated. These included measures and controls in place to protect residents from infection from disease including COVID-19. In addition, as previously mentioned in this report, one resident was supported to continue with their weekly visits to their family home during the pandemic. This was identified as being essential for the resident's well being and maintaining a consistent routine for them. Easy-to-read guidance for the resident in relation to visiting their home was compiled and this included information relating to the possibility of why a visit may not go ahead due to the risk of COVID-19.

A detailed specific protocol which was subject to regular review in line with changing public health guidance was in place to support the resident and staff to reduce the risk of possible COVID-19 infection during the visits to the family home. Social stories had also been developed. Additional guidelines were also in place which included the type of PPE to be used and the cleaning to be completed by staff on the transport vehicle after each journey. In addition, precautions to be taken by family representatives prior to and during the resident's visits were also detailed.

PPE such as face masks, aprons and hand sanitiser were in plentiful supply, as were

appropriate cleaning products with such products seen to be in date. The inspector observed hand sanitising products located in a number of areas throughout the designated centre. Due to the assessed needs of one of the residents, the location of these products with limited in some communal areas such as the hallways, dining room and in one sitting room. However, there were ample stocks of replacement sanitiser available in the designated centre which were in date.

The staff team were responsible on all shifts to ensure cleaning duties as outlined on cleaning checklists were completed. The checklists clearly outlined the tasks to be completed and the frequency. The inspector noted staff consistently documented these duties being regularly completed. The checklists were also subject to regular review to ensure they reflected the specific cleaning requirements of the designated centre.

A colour coded system was in use to identify what cloths and mops to use for specific areas of the centre to prevent cross contamination. An ample supply of clean dry cloths and mop heads were available to staff and clearly identifiable. Appropriate signage was also on display relating to this colour coding system. However, the storage of some cleaning utensils on the floor of the utility room required further review. There were a number of brushes observed behind the door of this space resulting in the floor area not being effectively cleaned.

There were also dedicated bins identified in a number of locations for the safe disposal of used PPE. However, the inspector observed the disposal of a used syringe in one of these bins that was clearly identified for the use of used PPE. This was brought to the attention of the staff during the inspection. The inspector was informed, this was not in line with the provider's policy on the safe disposal of used medical equipment.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- Damaged surfaces and gaps evident to some flooring impacted the effective cleaning of these areas, this included a resident's bathroom area and the kitchen.
- The storage of cleaning equipment on floors required further review.
- The consistent safe disposal of used medical equipment in line with the provider's policy and guidelines.
- Damaged surfaces to two dining room tables required further review.
- The provider's IPC policy was due for review in July 2022.
- The providers contingency plan for COVID- 19 contained within the service business continuity plan did not contain up to date information in line current public health guidance relating to the type of PPE to be worn by staff.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Seoidin OSV-0002649

Inspection ID: MON-0038119

Date of inspection: 11/10/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. Resurfacing of dining tables has been escalated to maintenance. Work will be completed by 10/12/2022 2. PIC has received two quotations for the counter tops to be replaced. Contractors have reviewed and measured the bathroom for full refurbishment. However, a date for this work to be completed has yet to be confirmed due to the complex needs of a resident. To begin works at present would be too distressing for this resident. It is anticipated that work will be completed by 01/04/2023. 3. The storage of cleaning equipment has been reviewed and adequate storage has been sourced to secure the cleaning equipment to the wall in sluice room. Works for this will be completed by 30/11/2022. 4. Providers revised IPC policy is will be circulated to services by 22/11/2022. 5. Business Continuity Plan has been updated to include the relevant information, this was completed on 12/11/2022. 6. Spot checks will take place in the service to ensure safe disposal of used medical equipment. The first spot check took place on 04/11/2022. Safe disposal of used medical equipment has been discussed with staff and staff are aware of their responsibilities in the service to reduce the risk and safeguard all against infection such as COVID-19. 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/04/2023