



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

Issued by the Chief Inspector

Name of designated centre:	Eden House Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0005010
Fieldwork ID:	MON-0032069

About the designated centre

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

Eden House provides respite care and support to 6 male and female residents who are over 18 years of age and who have severe to profound intellectual and physical disabilities. The centre is a large comfortable bungalow with a garden. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Residents are supported by a staff team which includes a clinical nurse manager, nurses and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. There are also additional staff members based in the complex at night to provide additional support as required, or in the event of an emergency. The person on charge is based in an office adjacent to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

How we inspect

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
Wednesday 21 April 2021	09:00hrs to 13:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff, observation in the centre, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of the residents during their respite breaks.

Although the centre had the capacity to accommodate six residents for respite breaks, the provider had reduced this considerably as a means of increasing infection control safety.

The inspector met with all residents who were present in the centre on the day of inspection. Although none of the residents were able to verbally express views on the quality and safety of the service, they were observed to be relaxed and comfortable in the company of staff. The residents were smiling and were clearly happy in the centre. The time the inspector spent with residents was limited in line with COVID-19 safety protocols, and due to residents being out of the centre following their plans. However, while in the centre, staff were observed spending time and interacting warmly with residents, and were very supportive of the resident's wishes and preferred activities. Observations and related documentation showed that the resident's preferences were being met during this respite break. Residents were involved in activities such as listening to music, going outdoors for fresh air, and sensory activities.

The inspector spoke by telephone with the parents of two people who availed of respite breaks in the centre. Both these families expressed a high level of satisfaction with the service being provided to their loved ones. Both families were highly complimentary of staff and the care that they provide to residents. One of the parents said that the residents consider the staff as friends, and that a resident is clearly excited and pleased when arriving for respite breaks. Furthermore, feedback from residents' families included in the annual review also indicated a high level of satisfaction with the service.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in how they lived their lives during their respite breaks. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning during each break. Advocacy support was available to residents.

Residents had the right to have visitors in the centre during their stays, although due to the short nature of the breaks this was not a frequent occurrence. Supports were in place to ensure that residents who chose to could keep in contact remotely

with families and friends could do so. Families also confirmed that staff shared information with them and kept them updated about their loved ones' progress during respite breaks. Communication plans had been prepared for residents to help them to communicate their needs, and during the inspection it was clear that staff communicated calmly and kindly with residents in line with their plans.

The centre is a large comfortable bungalow with a garden in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. There is an accessible vehicle available so that residents can go out for drives and to access the local amenities.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished, tastefully decorated and equipped to meet the needs of residents. There was a large sitting room, a spacious and well equipped kitchen and dining area and access to the garden. Rooms were tastefully decorated with suitable colour schemes, comfortable soft furnishings, plants, artwork and lamps. There was radio and television and plenty of books, games, and music choices available for residents' use. Residents had their own bedrooms during respite breaks and bedrooms were comfortably decorated and furnished with pictures and good quality bedding and curtains. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings while they were staying in the centre. Bedrooms and bathrooms were equipped with specialised equipment such as overhead hoists and adapted bathroom facilities which enhanced the comfort and safety of residents with physical and mobility issues.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. The provider was aware of the requirement to carry out unannounced audits of the service twice each year and these had been carried out as required. These audits showed a high level of compliance. Action plans had been developed to address any required improvements and these had been addressed as planned. A schedule of audits and safety checks had also been developed and included audits such as financial and infection control audits, and planned checks of equipment and systems such as fire equipment, carbon monoxide monitors and oxygen cylinders.

A review of the quality and safety of care and support of residents was being carried

out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and was included in the report. This feedback indicated a high level of satisfaction with the service. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support during respite breaks.

The provider had also developed a clear and robust governance structure involving all levels of the management team. A range of scheduled management meetings took place, which included team leader meetings, risk meetings with the health and safety officer, and human rights meetings. There was a full time person in charge who was based close to the centre. She was very familiar with residents who availed of the respite service and focused on ensuring that residents would receive high quality respite breaks that they really enjoyed. There were also clear support arrangements in place for the management of the centre in the absence of the person in charge

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, healthcare plans and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre. All the records viewed were clearly documented and well organised.

There were sufficient staff on duty to support residents' assessed needs. Rosters confirmed that this was the normal staffing level. Both nursing and care staff were rostered for duty daily and at night and staffing levels were being adjusted based on the needs of the residents who were receiving respite breaks. This ensured that residents could take part in the activities that they enjoyed and preferred, in addition to having suitable support for their healthcare needs.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff training needs for the coming year had been identified and a training calendar for 2021 had been developed. Staff had received training relevant to their work, such as training in personal outcomes, first aid, epilepsy management, hand hygiene and infection control, and feeding, eating, drinking and swallowing, in addition to mandatory training. The team leader had also developed schedules for staff support and supervision meetings throughout 2021.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were available to view as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Quality and safety

The provider, person in charge and staff had strong practices in place to ensure the quality and safety of the service. Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Review meetings took place annually, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met during respite breaks. As residents' stays in

this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays. Due to COVID-19, resident's goals and plans were revised to reflect the current restrictions. Some of the activities that residents were doing during the current lockdown restriction included baking, relaxing in the sensory garden, outings to the beach, going for drive through and take away meals, and developing personal care skills.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated in an urban area and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents enjoyed.

The centre was warm, clean, comfortable and suitably furnished and had recently been freshly painted. Suitable facilities, furniture and equipment was provided to meet the needs of residents. Since the last inspection bedrooms and communal areas of the centre had been tastefully refurbished and redecorated to provide increased comfort for residents, and office accommodation had been upgraded. The person in charge also discussed further improvement to the outdoor area to be carried out in the near future.

There were suitable systems in the centre to control the spread of infection. There was extensive guidance and practice in place for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences and these were being supported. Assessments had been carried out to establish residents' capacity to safely manage their own money and medication and the required supports were based on the outcomes of these assessments. There were measures in place to supply information to residents in a suitable format that they could understand. For example, easy-to-read versions of important issues such as the complaints process and the right to feel safe had been developed for residents. Advocacy services were also available to support residents and their families.

There was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were supported and that they had freedom to exercise choice and control in their daily lives during respite breaks 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant