



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

## Issued by the Chief Inspector

Name of designated centre:	Crannog Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	03 January 2024
Centre ID:	OSV-0008386
Fieldwork ID:	MON-0038751

## About the designated centre

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

Crannog Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite care for up to four residents, who are under the age of 18 years and who have an intellectual disability. It comprises of one large bungalow house located on a campus setting in Galway city. Each resident has their own bedroom, some of which are en-suite, there are shared bathrooms, a staff office and sleepover room, a sitting room, a sensory room and a large dining and kitchen area. An enclosed garden area was also available to the rear of the building for residents to enjoy. Staff are on duty both day and night to support the residents who avail of this centre.

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

Number of residents on the date of inspection:	3
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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
Wednesday 3 January 2024	10:00hrs to 13:45hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was the first inspection of this service since it was registered in December 2022. This was an announced inspection and was facilitated by the person in charge and person participating in management. Upon the inspector's arrival, three residents availing of respite were at the centre, and were being supported by a staff team.

This respite service operated on an allocated number of nights each month, and could provide respite care for up to four residents each night; however, it was rare that the centre operated at full capacity. The centre comprised of one bungalow dwelling, located on a campus setting. The house was spacious, bright and decorated in an age-appropriate manner. Each resident had their own bedroom, some of which were en-suite, had large bathrooms, a sensory room, staff office and sleepover room and there was a large dining, kitchen and living area, for residents to comfortably use. Hallways and doorways were wide, which allowed for ease of access, for those who were wheelchair users. Due to the age profile of the residents who used this service, the provider had incorporated youthful and colourful painted murals on some walls and doors, and the centre had been well-decorated for the Christmas period, with lights and decorations nicely displayed. There was also multiple play areas for the residents, along with many items of photographic and symbolic reference on walls, for residents to refer to. To the rear of the centre, was an enclosed garden space, which the provider had plans to further develop, over the coming months.

When the inspector arrived, one of the residents was in the living area being supported by staff. Staff were observed to engage in a friendly manner with them, and introduced them to the inspector. The other two residents were enjoying quiet sensory time in their bedroom, and later got up to join the others in the living room area, with one of these residents, for a brief period, sitting at the kitchen table with the inspector and staff. Each of these three residents had profound physical disabilities and required the use of wheelchairs for postural support, and to also get around the centre. Each also had assessed communication needs, and although they were unable to speak with the inspector, staff were observed to engage in sensory play and reading with these residents, which they appeared to respond well to. Staff spoke with the inspector about how some residents did comprehend various spoken words, with some responding with a smile to the sound of their own name. Although there were only three residents present on the day of inspection, this centre did provide a respite service for multiple other residents, who availed of this service at various times throughout each month. The person in charge spoke at length about these other residents, with many having complex mobility, health care, nutritional and neurological care needs. Due to this, most required daily health care interventions and support from nursing staff, resulting in this service requiring a nurse to be on duty both day and night, to support these residents.

Given due consideration to the nature of this respite service, and the complexity of

residents' assessed needs, the staffing arrangement for this centre was subject to on-going review. At the time of this inspection, the person in charge informed the inspector that the provider was under-going a recruitment drive to fill various vacancies. In the interim, this had some knock on affect on service provision, which had required the provider, on occasion to not operate the service. Although this had not occurred often, in doing so, the provider was cognisant in ensuring that this centre was only ever operated when a full staff compliment was available to meet the assessed needs of residents. As an interim measure, the person in charge was from time to time, removed from their administrative duties, to meet the rostering needs of this service. The provider was aware that this was not a sustainable measure, and was ensuring that while it was in place, that additional supports were provided to the person in charge, to support them in continuing their work in effectively overseeing and managing this centre.

Over the course of the inspection, the inspector had the opportunity to speak with one of the nursing staff on duty, about the specific care and support needs that residents had. They spoke of the various health care interventions that were required by some residents, particularly in the area of nutritional and neurological care, and were very aware of their role in supporting these residents. During their respite stay, the quality of residents' experienced social care was a fundamental aspect to the planning of their time spent with staff. Many liked to go to the local library, some had recently commenced hydrotherapy, while others responded well to more one-to-one based activities, such as, reading and listening to music with staff. Due to the profound communication needs that many of these residents had, objects of reference were a key focus in how staff communicated effectively with these residents. Outside each bedroom, items of reference were readily available for staff to give to residents to feel and touch, so that they knew what the next planned activity was. For example, some of these items let residents know that it was time to rest, time for personal care or time for play. Photographs of residents who were on respite stay, along with their supporting staff members were prominently displayed in hallway, and staff had also created a colourful birthday calendar, which was hung in the dining area, letting residents know the months in which their peers birthdays were due to be celebrated.

Overall, this was a very positive inspection, which identified many good areas of practice. During the inspection, the inspector was given some satisfaction surveys, which had been completed by residents and their families, providing positive feedback on many aspects of this service.

The specific findings will now be discussed in the next two sections of this report.

## Capacity and capability

The provider had ensured robust systems were in place to ensure that the quality of care and service delivered to residents, was effectively overseen and managed. The

provider was found to be in compliance with all regulations that were inspected against, as part of this this inspection.

The person in charge held a full-time role and was based at the centre. They knew the residents' assessed needs very well and were familiar with the specific operational needs of this service, so as to provide each resident with the care that they required, while on respite stay. As previously mentioned, in recent weeks, due to the rostering requirements of this service, for an interim period, the person in charge had been removed from their administrative duties. Although this had not negatively impacted the management and running of this centre, the provider was cognisant in monitoring for this. During this time, the provider had ensured additional support was being provided to the person in charge by the person participating in management, who both told the inspector that this arrangement was working well.

The staffing compliment of this centre was based on the assessed needs of residents, some of whom, required nursing support. Along with care and support staff, a nurse was on duty each day, with a waking nurse also on duty each night. Due to the assessed needs of these residents, this staffing arrangement was subject to on-going review, with further recruitment on-going at the time of this inspection. Many of the staff who worked in this centre had supported these residents for a number of years and were very familiar with them. Members of management were very aware of the importance of ensuring all staff were familiar with each resident and their assessed needs, and had developed a robust induction programme for any new staff members to complete, prior to working directly with these residents.

The person in charge regularly met with their staff team to discuss residents' care, and they were also vigilant in ensuring all staff were timely updated, when any changes to care occurred ,or where new risks arised. They also maintained very regular contact with their line manager to review all operational issues. Where areas of risk were identified, the person in charge had an escalation pathway available to them, to inform the provider. Good practice of this being implemented was observed in relation to this centre's current staffing levels, with supporting risk assessments being developed and regularly monitored, while additional recruitment was in progress. Six monthly provider-led visits were occurring in line with the requirements of the regulations, and where improvements were identified, action plans were put in place for these. In addition, at the time of this inspection, the provider had issued families and representatives with questionnaires, to inform the centre's up-coming annual review.

## Regulation 14: Persons in charge

The person in charge held a full-time role and this was the only designated centre operated by this provider that they were responsible for. They were supported in their role by their line manager and staff team, which gave them the capacity to fulfill all duties associated with their role. They were knowledgeable of the needs of

the residents, and of the operational needs of the service delivered to them.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
At the time of this inspection, the provider was undergoing a recruitment drive to support the staffing resources of this centre. In the interim, the person in charge maintained regular oversight of the staffing compliment, to ensure the centre was operated in line with the statement of purpose, and assessed needs of the residents, who availed of this service. Due to the assessed health care needs of residents, a nurse was on duty both day and night. A well-maintained roster was also available at the centre, and was subject to on-going review.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The provider had ensured all staff had received the training that they required, appropriate to their role. All staff were also subject to regular supervision from their line manager.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had ensured this centre was adequately resourced in terms of transport and equipment. They were also in the process of recruiting additional staff members to support the centre's staffing resources. Six monthly provider visits were conducted in line with the requirements of the regulations, and at the time of this inspection, the provider was preparing to conduct an annual review of the service. Staff meetings were also regularly occurring, and the person in charge and person participating in management also met regularly to discuss operational matters.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>



The person in charge had a system in place for the reporting of incidents and had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

## Quality and safety

The provider had ensured that residents were provided with a safe and good quality of service, during their respite stay. Robust and effective systems were in place, which had a positive impact on residents' health care and personal planning, fire safety and risk management, along with residents' rights and safeguarding.

Many of the residents who availed of this centre were full-time wheelchair users, required regular support with their personal and intimate care, some had specific nutritional and neurological care needs, others required regular management of their skin integrity, while many more required various environmental restrictions, so as to keep them safe. Of the staff who met and spoke with the inspector, they demonstrated very clear understanding of each resident's assessed needs in these areas, and were familiar in their role to support and care for these residents. Specific daily nursing interventions were required by many residents, and along with nursing staff being knowledgeable of these, there were also clear personal plans in place to guide on the specifics of these interventions.

In recent months, the provider had reviewed a number of restrictive practices and had trialled some alternatives, which had been effective in reducing the number of restrictions in use within this centre. These were maintained under regular review, with input from multi-disciplinary teams. Where some residents required behavioural support, the provider had ensured suitable arrangements were in place to support these residents. Staff were very familiar with the behaviours that some residents exhibited, and of the proactive and reactive strategies to be implemented. This had resulted in a low number of behavioural related incidents occurring, which had a positive impact for residents.

Due to the large layout of this centre, there were multiple fire exists available, which were maintained clear at all times. Regular fire drills were occurring, which demonstrated that staff could support these residents to evacuate in a timely manner. Due to the assessed mobility needs of each resident, bed evacuation was sometimes required, which the provider had successfully incorporated as part of fire drills. Given the nature of this respite service, fire drills were conducted on an almost monthly basis, to ensure each resident who availed of this service, had the opportunity to be part of a fire drill, at least once a year. Regular fire safety checks were also completed by staff, to ensure all fire safety equipment was in working order.

The quality of social care these residents received was regularly overseen to ensure

each resident had a wide range of activities to choose from, during their stay. Staff were very aware of the individual interests that residents had, and were also mindful to ensure that activities were meaningful to residents, based on their capacity and developmental needs. Due to the adequacy of staffing and transport resources, residents always had access to the staff support and means to get out and about, as and when desired by them.

### Regulation 13: General welfare and development

The provider had ensured that arrangements were in place to provide residents with regular opportunities to engage in meaningful activities. Staff were cognisant of residents' developmental needs and capacities, and scheduled activities in accordance with these. As children were accommodated in this centre, the provider had ensured suitable play areas were available to them, with an emphasis on ensuring plenty of sensory based toys were there for children to play with.

Judgment: Compliant

### Regulation 17: Premises

This designated centre was based on a campus setting and comprised of one large bungalow dwelling, that was spacious, clean and met the assessed needs of the residents who availed of this service. The centre was well-maintained, decorated in an age-appropriate manner and provided a comfortable homely environment for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

Where risk was identified, it was quickly responded to, reviewed and managed by the provider. Areas of risk relating to residents' needs or to the operational of the service delivered to them, were regularly discussed with staff, to ensure they were aware of any interim safety measures to be implemented. Risk assessments were regularly reviewed, which outlined the measures the provider had taken to mitigate against certain risks. Where areas of high risk were identified, there was an escalation pathway available to the person in charge to raise these with the provider.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured fire safety precaution were in place, to include, fire detection and containment arrangements, multiple clear fire exits were in place, all staff had received fire safety training and regular fire safety checks were also carried out. Fire drills were conducted on a regular basis and the outcome of these gave assurances that staff could support all residents to evacuate the centre in a timely manner. There was also a clear fire procedure available, outlining how staff were to respond, should a fire occur.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A key-worker system was in place to ensure all residents' assessments and personal plans were maintained up-to-date. Where changes to residents' care occurred, the person in charge maintained good oversight to ensure associated assessments and personal plans were updated with this information. Personal goal setting was also carried out with all residents and their families, who set out clear goals for the months ahead and staff put plans in place to support residents to work towards achieving these. At the time of this inspection, there was no resident identified to transition to, or from, this centre.

Judgment: Compliant

### Regulation 6: Health care

Many of the residents who availed of this respite service had complex health care needs, with many requiring daily intervention and care from nursing staff. Nurses were on duty both day and night and clear personal plans were in place to guide on the specific care that these residents required. Staff also maintained good links with various allied health care professionals and clear protocols were in place for families to update the centre of any changes to residents' health care needs, prior to each resident's respite stay. Of the staff who met with the inspector, they were very familiar with each resident's health care needs and of their role in supporting them.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that arrangements were put in place for this. In the months prior to this inspection, the centre had experienced a slight increase in the number of behavioural related incidents, and had adequately responded to this, with more effective proactive and de-escalation techniques. This had resulted in a decline in behavioural related incidents occurring and the effectiveness of residents' behavioural support was maintained under regular review by the person in charge. Where restrictive practices were in use, these were also subject to on-going multi-disciplinary review.

Judgment: Compliant

## Regulation 8: Protection

The provider had clear procedures in place to support staff in identifying, reporting, responding to and managing any concerns relating to the safety and welfare of residents. All staff had received training in safeguarding and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

## Regulation 9: Residents' rights

This was a centre that actively promoted residents' rights through involving them, and their families, in the planning of their care. Staff knew these residents very well, and were respectful of the activities residents' wished to plan for, and engage in. Staff and resident engagements were observed to be friendly, respectful and done in a manner that was comprehended, based on the communication needs of the resident.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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