

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

Issued by the Chief Inspector

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| Name of designated centre: | Eden House Respite Service               |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Galway                                   |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 20 September 2022                        |
| Centre ID:                 | OSV-0008199                              |
| Fieldwork ID:              | MON-0037857                              |

## 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 for up 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.**

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| Number of residents on the date of inspection: | 5 |
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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 20<br>September 2022 | 10:30hrs to<br>16:30hrs | Mary Costelloe | Lead |

## What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services (HIQA, 2018)*.

The inspection was unannounced. On arrival at the centre, the staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. Staff on duty confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other known active infections at the time of inspection.

This centre provides a respite service and is registered to accommodate up to six residents. Sixteen residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. The length of stays typically varies from two to three nights at a time. Residents are supported to attend their day services during the day time while availing of respite services. They usually arrive in the centre in the late afternoon and leave again in the morning to attend their day services.

The inspector met and spoke with the staff members on the duty, the person in charge and service coordinator. During the afternoon, the inspector met with four residents when they returned from their day services. From conversations with staff and some residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices while availing of the respite service.

Staff spoken with were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Many residents had complex health care needs and required the full support of staff for all activities of daily living. The inspector was satisfied that there was adequate staff on duty to meet the support needs of residents. Staff were observed to interact with residents in a caring and respectful manner. While some residents did not communicate verbally, the inspector observed how they communicated effectively with staff and staff clearly understood and correctly interpreted their gestures and cues.

Some residents told the inspector that they enjoyed availing of the respite service. Others were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. They smiled and appeared happy as staff greeted them on arrival at the centre. Staff were observed to be very attentive to meeting the needs of residents, supporting some residents with personal care, offering a choice of drinks and supporting some to have drinks in line with the recommendations of the speech and language therapist (SALT). Residents were observed to be familiar with and comfortable in their surroundings.

Some were observed to go about their own routines, moving freely throughout the house and relaxing in their preferred ways. One resident preferred to relax in the small sitting room and communicated his wishes to staff who turned on his favourite television channel, another relaxed while viewing his favourite videos on his iPad. Another resident enjoyed interacting and observing staff as they prepared and cooked the evening meal in the kitchen. Two of the residents were planning to go to the cinema later in the evening. Staff spoken with confirmed that residents enjoyed going for walks and drives in the evenings and at weekends. Some residents loved going shopping, some enjoyed eating out and getting take away meals. The centre had its own minibus which residents used to go on outings, day trips and attend activities.

Eden House Respite Service comprises a large, bright and comfortable single storey house situated in a campus setting and located in a residential area on the outskirts of a city. It is centrally located and is close to wide range of amenities. The centre is registered to accommodate up to six residents. The respite service had moved to this house in recent months to provide residents with additional space, bigger bedrooms and to ensure that the residents would receive a better quality and safer service. The house had been extensively renovated and redecorated prior to residents moving into the house. The layout and design of the house allowed residents to enjoy a variety of settings including adequate spaces to relax in and adequate space to facilitate the use and storage of specialised equipment and specialised chairs and wheelchairs. There were six large bedrooms available to accommodate residents. There was adequate personal storage space provided in each bedroom. There were two large bathrooms with specialised bath and showering facilities. All bedrooms and bathrooms had been provided with overhead ceiling hoists. There was a variety of communal spaces available, including a large day room, sun room and small sitting room. There was a well equipped kitchen, pantry and laundry room. Corridors were wide and facilitated residents using wheelchairs and specialised chairs. Adequate space for storage of equipment was provided. Residents had access to well maintained sensory gardens to the rear of the house. The garden area was provided with a variety of plants and shrubs, walkways and paved areas.

The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. There were lots of framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on going basis. There were cleaning protocols in place for each bedroom between service user stays. All bedrooms were cleaned and prepared before the arrival of each resident. Each resident had their own bed linen. They also had storage boxes for personal toiletries, some clothing and other items of significance which were suitably stored in the centre and made available to each resident for their stays at the centre.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social

distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process and ongoing communication with residents and their representatives. Residents had access to televisions, the Internet and information technology.

The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedrooms and each resident had a documented intimate care plan in place. There were systems in place which ensured that all residents personal toiletries and other belongings were stored appropriately while residents were availing of respite breaks and between respite breaks. Staff on duty were observed speaking kindly and respectfully with residents and responding promptly to their support needs.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet with visitors in private if they wished. Staff confirmed that while visitors were welcome, due to the respite nature of the service, visits did not take place on a regular basis. There was signage displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. The entrance hall was supplied with a hand sanitising dispenser as well as face masks and signage was displayed reminding visitors to sanitise their hands.

Residents were supported to follow public health guidelines and staff continued to remind residents of the importance of infection prevention and control measures in place. Many residents were fully dependant on staff support for all activities of daily living. Staff saw infection prevention and control as part of the daily routine in the centre and an integral part of providing safe, effective care and support for residents. Staff showed a clear understanding and were seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre.

The next two sections of the report outline 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 residents' lives

## Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services (2018)*.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability,

responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in her role by the area manager, service coordinator and team leader. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The provider's staffing arrangements sought to safeguard residents from the risk of preventable infection. The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that a team of consistent staff was in place to ensure continuity of care. A dedicated housekeeping staff member was also employed. The person in charge advised that staffing levels in the centre were flexible in order to meet the assessed support needs of residents. On the evening of inspection, an additional staff member had been rostered to facilitate and support a planned trip to the cinema. Staff spoken with told the inspector how they had worked in the centre for several years and knew the residents and their families well. The photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty. The person in charge reported that all staff had availed of the COVID-19 vaccination programme.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including breaking the chain of infection, hand hygiene and putting on and taking off personal protective equipment (PPE). Staff spoken with confirmed that they had attended a combination of on-line and in house training. During the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including COVID-19 protocols, cleaning, laundry and waste management.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance, however, some information provided for staff required updating to reflect the most up to date national guidance, such as the most up-to-date guidance in relation to the facilitation of visits and use of PPE in the centre.

The centre's infection prevention and control policy outlined guidance for staff in a range of areas including hand hygiene, PPE, environmental hygiene, cleaning of equipment, management of laundry, management of spillages including blood and bodily fluids, management of waste and management of needle stick injuries. Staff had access to a comprehensive infection prevention and control cleaning guidance manual which clearly outlined guidance on cleaning and disinfection, colour coding for cleaning systems, kitchen and laundry hygiene, standard precautions and decontamination of equipment. Staff spoken with were knowledgeable regarding the guidance and the inspector observed that it was being implemented in practice.

There was a comprehensive COVID-19 outbreak management plan and contingency response plan in place. A COVID-19 lead worker was identified and had completed training with the Health and Safety Authority with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought the attention of the management team.

The person in charge confirmed that she had access to support and advice from the clinical nurse specialist in infection control as needed as well as public health specialist advice from the HSE and from the centralised COVID-19 response committee. This committee was specifically set up by the provider to provide support, guidance and, case review of specific matters arising in services. The management team were aware of the requirement to notify the Chief Inspector of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. To date there had been no outbreak of COVID-19 in residents while availing of respite services in the centre.

The provider had systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audit completed had reflected on infection prevention and control and how residents were being supported to implement good infection prevention and control practices. The person in charge and staff continued to discuss various aspects of infection prevention and control at regular staff meetings. The COVID-19 lead worker continued to complete monthly reviews to ensure that the agreed infection prevention and control measures were in place. A review of recently completed checklists indicated good compliance with the agreed protocols.

## Quality and safety

The provider had measures in place to ensure that the well-being of respite users was promoted and that respite users were kept safe from infection. Overall, there was evidence that a good quality and safe service was being provided to residents. Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health care-associated infections.

Residents continued to be supported to understand why infection prevention and control precautions were in place. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector found that posters promoting hand washing, correct hand washing techniques, cough etiquette, and information on how to protect oneself from COVID-19 were displayed as a reminder for staff and residents. Staff spoken with advised that they continued to support and encourage residents implement good

infection prevention and control practices dependant on their ability. Many residents were fully dependant on staff support for all activities of daily living and staff continued to ensure that they implemented good practice in infection prevention and control while supporting residents with these activities.

From observations in the centre and discussions with staff, it was clear that staff understood the importance of infection prevention and control. They had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance.

The centre was found to be well maintained in a visibly clean condition throughout. The house had been extensively renovated and redecorated prior to residents moving into the house in recent months. There was some wear and tear surface damage to an armchair which required upgrading to ensure it was conducive to effective cleaning.

There was clear guidance and written protocols in place to direct cleaning of the centre. Staff spoken with were knowledgeable regarding the cleaning protocols, the difference between cleaning and disinfection, the use of cleaning equipment and cleaning chemicals as outlined in the policy. The provider had a colour coded system in place for cleaning and disinfection. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. There were reminders for staff displayed regarding the colour coding system in place and staff spoken with were knowledgeable regarding this guidance. There were cleaning protocols in place for the cleaning and disinfection of shared equipment including the shower trolley and specialised bath. Cleaning records reviewed showed that staff were diligent at completing cleaning tasks on a regular and on-going basis. There were clear systems in place for the management of waste and laundry. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control.

Residents health, personal and social care needs were assessed and kept under regular review. Due to the intermittent nature of residents' respite breaks in the centre, their health care arrangements were mainly supported by their families. The inspector reviewed a sample of residents files. The person in charge advised that they were currently in the process of transferring all files to a computerised documentation system. Care and support plans were developed for all identified needs and were found to be informative and person centered. There was clear guidance for staff regarding the infection prevention and control measures required in supporting residents with some specific health care issues such as for percutaneous endoscopic gastrostomy (PEG) feeds. Residents weights and medical conditions continued to be closely monitored. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs including residents special dietary needs, recommendations of allied health professionals and associated health implications. Residents had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Residents

had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission in an emergency. All residents had availed of the COVID-19 vaccine programme.

## Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*. There was evidence of good practice in relation to infection prevention and control noted in many areas.

The provider had developed policies and guidance which were consistent with the *National Standards for Infection Prevention and Control in Community Services (HIQA, 2018)*. The provider had put in place a number of systems and processes which supported and guided good infection prevention and control practice. Staff supports were in place to meet the respite users' needs and safely implement infection prevention and control measures. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained. Risks relating to infection prevention and control in the centre were found to be identified, assessed and appropriately managed. Residents had access to GP's and out of hours service while availing of respite service. Staff continued to support and encourage residents implement good infection prevention and control practices.

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>              |           |
| <b>Quality and safety</b>                   |           |
| Regulation 27: Protection against infection | Compliant |