



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

Issued by the Chief Inspector

Name of designated centre:	Eden Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0002032
Fieldwork ID:	MON-0032006

About the designated centre

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

Eden Lodge is run by Enable Ireland Disability Services Limited. The centre is located on the outskirts of a town in Co. Clare and provides respite care for up to six male and female residents who are under the age of 18 years and have an intellectual disability. The centre comprises of one large two-storey dwelling, which provides residents with their own bedroom, en-suite facilities, shared bathroom, sitting rooms, kitchen and dining area, utility and access to an enclosed garden space. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 16 June 2021	09:55hrs to 12:50hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that very much put resident's needs at the fore front of all aspects of the service delivered to them. The provider had various systems in place to ensure residents led very meaningful life-styles during their respite stay and also ensured that they were supported by staff who knew them and their needs very well. Although for the most part, the provider was found to be in compliance with many of the regulations inspected against as part of this inspection, some minor improvement was required to aspects of risk management, fire safety and behavioural management.

There were some children availing of respite at the time of this inspection: however, due to their educational commitments, none were available to meet with the inspector. The person in charge told the inspector that since the introduction of public health safety guidelines, the centre was currently operating at a lower bed capacity and this was working well for both staff and residents. Due to the nature of this respite service, the person in charge told the inspector that staff were regularly in contact with residents' families and had a very good rapport with them, which had a positive impact on the quality and safety of care that residents received during their stay.

The centre comprised of one two-storey house located on the outskirts of a town in Co.Clare. Residents had their own bedroom, some en-suite facilities, shared bathrooms, utility, kitchen, sitting rooms and large front and back garden area. The house was well-maintained, nicely decorated and had a warm and homely feel to it. Since the last inspection of this centre, the provider had completed upgrade works to the garden area, which now provided residents with additional play areas and the front grounds of the centre was also recently resurfaced. In response to the behavioural support needs of some residents, the provider was awaiting additional measures to be made to the garden area, to ensure the safety and welfare of these residents while using the garden area. The person in charge also spoke of further plans to commence further maintenance and re-decoration work to the interior of the centre in the coming months.

Since the introduction of public health safety guidelines, all efforts were being made by staff to facilitate a meaningful respite service programme for these residents, to ensure they still could engage in activities of their choice during their stay. This was very much supported by the adequacy of this centre's staffing and transport arrangements, resulting in residents having the access to the number of staff and transport type they required to engaged in activities outside of the centre.

Staff working at this centre had supported these residents for quite some time and were very familiar with their needs, particularly in the areas of behavioural management and social support. The continuity of care sustained by the provider in this regard, had a very positive impact on the quality of life experienced by residents

during their stay.

Overall, the inspector found this was a centre that provided a very individualised service to the residents that availed of it. The centre itself was homely and provided a very comfortable environment for residents.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Since the last inspection of this centre in January 2020, the provider had made significant improvements towards the safety of the centre's medication management system. Although for the most part, this provider was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of risk management, fire safety and behavioural management.

The person in charge held the overall responsibility for this service and she was present full-time at the centre, which allowed her to regularly meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager and staff team in the running and management of this centre. This was the only centre operated by the provider in which she was responsible for and current support arrangements ensured she had the capacity to effectively manage this service.

Due to the nature of this respite service, staffing levels were subject to regular review by the person in charge and adequate arrangements were in place, should additional staffing resources be required. Many of the staff working at this centre had supported these residents for quite some time and were very familiar with their assessed needs. This had a very positive impact for residents as it ensured that they were always supported by staff who knew them well. At the time of this inspection, the provider was in process of recruitment to further support this centre's staffing levels. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge met regularly with staff to discuss any concerns arising regarding the care and welfare of residents. She also maintained regular contact with her line manager to discuss any operational issues relating to the quality and safety of service delivered to residents. 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 to address these. The inspector reviewed the last action plan arising from the last provider-led visit and although it demonstrated that all action had been completed, it was unclear from the plan what these specific actions were. A further provider-led

visit was scheduled to occur in the days subsequent to this inspection and the person in charge told the inspector that plans were in place to ensure the action plan arising from this visit gave clearer guidance on the specific actions that were to be addressed.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was present there full-time, which gave her multiple opportunities to meet with both staff and residents. She knew the residents and their needs very well and was also very familiar with the operational needs of the service delivered to them. This was the only designated centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

Due to the nature of this respite service, the centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times on duty to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place which ensured each staff member had access to the training they required suitable to their role. In addition to this, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held regular staff team meetings which allowed for resident related issues to be regularly discussed. She

also maintained regular contact with her line manager to review operational matters. Effective monitoring systems were in place to ensure the quality and safety of care was at all times monitored. Six monthly provider-led visits were occurring in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider had safe and effective systems in place to ensure residents received a high quality and safe service. Following on from the last inspection of this centre in January 2020, the provider put a number of measures in place to ensure the safe administration of all medicines. Since their implementation, no further medication errors relating to administration had occurred. The continued effectiveness of these measures were subject to on-going review by the person in charge.

Residents' needs were subject to regular re-assessment which meant that any changes to their needs were quickly identified and responded to. Personal plans were then developed to guide staff on how they were required to support them with their assessed needs, particularly in the area of neurological and elimination needs. Similar arrangements were also in place to ensure residents had access to a wide variety of allied health care professionals, as and when required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. Organisational risks were monitored through the centre's risk register and these were regularly reviewed by the person in charge. Although risk was effectively identified and responded to in this centre, some improvement was required to the overall assessment of risk. For example, although risk assessments were in place for identified risk, some required further review to ensure clear hazard identification, that they clearly identified specific control measures that the provider had put in place in response to identified risk and that risk-rating accurately reflected the positive impact these measures had on mitigating against these risks.

Fire safety precautions were subject to regular review by the provider, including, fire detection, fire safety checks and emergency lighting arrangements. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. Waking night-time staffing levels were also in place, which ensured that staff were available to respond, should a fire occur at night. A personal evacuation plan was in place for each resident and the person in charge was in the process of updating some of these at the time of this inspection. Although fire containment measures were in place for the ground floor of this centre, a review of the upstairs fire containment

arrangements was required to ensure the effective containment of fire, should a fire occur in this area of the centre. Furthermore, although there was a fire procedure available at the centre, it also required review to ensure it gave further clarity to staff on the specific response to fire at the centre.

The provider had very effective arrangements in place to ensure residents' behavioural support needs were met by the service delivered to them. The person in charge spoke at length with the inspector about the behavioural needs of some residents and of the risk of absconsion that was currently being managed at the centre. To date, the interventions in place had proved effective and residents' behaviour support plans were subject to regular multi-disciplinary review to ensure the continued effectiveness of these measures. For example, the provider had reviewed these residents' social care needs and had identified suitable activities that did not pose additional risk to these residents. Although there were multiple protocols in place to support residents identified at risk of absconsion, no protocol was available at the time of this inspection to guide staff on what to do, should a resident abscond from the centre or while on a social-outing. In addition, although behaviour support plans were in place, these also required further review to ensure clarity on the specific reactive interventions to be implemented by staff in response to identified behaviours. There were a number of restrictions in place at the time of this inspection and the provider had ensured that these were subject to regular multi-disciplinary review.

Regulation 26: Risk management procedures

The provider had risk management systems ensuring identified risk was responded to in a timely and effective manner. However, some improvement was required to the overall assessment of risk at this centre to ensure risk assessments gave clear hazard identification, clearly identified specific control measures that the provider had put in place in response to identified risk and that risk-rating accurately reflected the positive impact these measures had on mitigating against these risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all residents and staff. Contingency plans were in place, should an outbreak of infection occur at this centre and these plans were subject to regular review to ensure their continued effectiveness.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection systems, emergency lighting, regular fire safety checks were occurring and all staff had received up-to-date training in fire safety. Regular fire drills were also occurring and records demonstrated that staff could effectively support all residents to evacuate the centre in a timely manner. A waking night-time staffing arrangement was also in place, which meant should a fire occur at this centre, staff were available to quickly respond to it. Although there were some fire containment measures in place, a review of the upstairs fire containment measures was required to ensure their overall effectiveness. Furthermore, although there was a fire procedure available at the centre, it required further review to ensure it clearly guided staff on what to do, should a fire occur at this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the provider put a number of measures in place to ensure the safe administration of all medicines. Since their implementation, no further medication errors relating to administration had occurred at this centre. The continued effectiveness of these measures were subject to on-going review by the person in charge.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were subject to regular re-assessment and that personal plans were developed to guide staff on their role in supporting residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required, particularly in the area of neurological needs. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had assessed behavioural support needs, the provider had ensured that these residents received the care and support that they required. However, some improvement was required to the documentation in place to support some of the care interventions that were in place to support residents with specific behavioural support needs. For example, for residents identified at risk of absconsion, further review of their risk assessments and protocols were required to ensure these accurately guided staff on how best to support the residents with this behavioural need. In addition, although behaviour support plans were in place, these also required further review to ensure clarity on the specific reactive interventions to be implemented by staff in response to identified behaviours. There were a number of restrictions in place at the time of this inspection and the provider had ensured that these were were subject to regular multi-disciplinary review.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had procedures in place to guide staff in the identification, response and on-going review of any concerns relating to the safety and welfare of residents. In addition, all staff had received up-to-date training in safeguarding. There were no safeguarding concerns at this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

This was a centre that very much promoted the individual interests, capacities and developmental needs of the residents who availed of this service. All effort was made by the person in charge, provider and staff team to ensure residents led very meaningful lifestyles during their respite stay at this 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eden Lodge OSV-0002032

Inspection ID: MON-0032006

Date of inspection: 16/06/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessments and risk register reviewed and updated to reflect effect of control measures in place, risk rating to be congruent with this completed by 31st July 2021.</p> <p>Residents personal risk assessments reviewed and updated as required by 31st July 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire evacuation reviewed and updated to include containment for upstairs area and clear instructions for staff, completed by 15th July 2021.</p> <p>Personal Emergency Evacuation Plans for the residents reviewed and updated, completed by 30th June 2021.</p> <p>Fire safety engineer carried out a fire safety inspection on 2nd July 2021, recommendations to be implemented and any remedial work to be carried out before 17th September 2021.</p> <p>In the interim, all doors upstairs to be kept closed, wake staff to carry out regular check of the building at night for signs of fire, smoke. All staff aware of the procedure and same included in the fire safety procedure. Implementation of interim measures from 21.07.21.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Absconson protocol containing clear instructions implemented for resident presenting with this risk, completed and implemented by 28th June 2021.</p> <p>Review of personal risk assessment relating to absconson, updated and implemented by 28th June 2021.</p> <p>Protocols for managing transport and outings updated and implemented by 28th June 2021.</p> <p>Behaviour Support plan reviewed and updated by the behavior support specialist, lay out modified and improved to include specific reactive interventions in response to identified behaviors, completed by 23rd June 2021.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/09/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	15/07/2021

	designated centre.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/06/2021