



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

Issued by the Chief Inspector

Name of designated centre:	Evergreen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	14 October 2020
Centre ID:	OSV-0004464
Fieldwork ID:	MON-0026847

About the designated centre

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

Evergreen Services is a respite service which is run by Brothers of Charity Services, Ireland. The centre comprises of two premises which are located on the outskirts of Athlone, Co. Roscommon. The centre provides a respite service for up to five female and male adults, who present with an intellectual disability or autism and who may have specific healthcare, mobility and behaviour support needs. The centre is open on selected days and weekends each month to meet the needs of the residents who avail of this service. Staff are on duty both day and night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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 - 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 14 October 2020	10:00hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The centre was not open for overnight respite on the day of the inspection. However, the inspector met with one resident who was having evening respite hours in the centre on that day as part of the service agreement. The resident could not communicate directly with the inspector but was observed to be very content, was very familiar with the centre and had preferred routines. The staff on duty were very supportive and helped the resident make choices and decisions about the activities they would like to do and their meal for the evening. The staff used the residents' communication plan to ensure that the resident was supported to communicate their views and choices. Suitable infection prevention and control measures were implemented in a sensitive manner, and there was good communication with the day service staff.

The inspector also spoke with the person in charge and a member of staff who provided the inspector with information about the care and support that residents receive. Staff spoke confidently about resident's needs for various levels of support with healthcare, communication, or behaviours and anxieties and were very clear as to how they provided this.

Capacity and capability

This inspection was undertaken at short notice to ascertain the providers' ongoing compliance with regulations and the measures in place to manage the COVID-19 pandemic. The centre was last inspected and registered in 2018 and was the subject of an additional condition in relation to fire safety containment measures in the centre. These were due to have been completed by 30 September 2020. At the time of this inspection the provider had completed some of the works, but further unexpected structural works were required in order to complete the works in the second house. The Chief inspector was notified of this delay. The provider was in the process of applying to vary the condition to allow additional time to complete the works and return to compliance with the regulations.

The inspector found that this was a well-managed centre, with good systems and levels of oversight evident to ensure the residents' needs and well being were prioritised within the context of a respite service. The respite breaks were planned to offer the most effective supports to the residents and families. The person in charge was suitably qualified and experienced. As the post holder is responsible for two designated centres, a team leader with supernumerary time was appointed to support the person in charge. Staff expressed their confidence in the guidance and support they received from the management team.

There were good reporting and quality assurance systems in place which supported the residents' quality of life and safety. These included audits on relevant issues including medicines management, errors, accident and behaviours of concern. The provider had continued to carry out the required visits and monitoring systems, if in an altered format, during the pandemic. There were effective systems also for oversight of the management of residents' finances, and complaints, which helped to ensure their safety.

The annual report of the service for 2019 was available and this was a detailed review of the service. The inspector saw that the views of the residents' families were positive, although most indicated the need for increased respite periods.

The service was resourced with staffing to account for the varied needs and complexities of the residents, with nursing care available when this was required. Both houses were designated to accommodate the different levels of need of the residents and staffed accordingly, with a small but consistent staff group. However, staff in one house had been reduced to sleepover only at night as only one resident was being admitted. One resident had high dependency needs and required the use of bed rails and hoists. Their bed rail assessment and management plan indicated that they required hourly night time checks to prevent injury. With only a sleepover staff this was not occurring. While there was no evidence that this had a negative impact at the time of the inspection, the inspector was not assured that this arrangement had been adequately assessed prior to the introduction of sleep over staff only.

From a review of a sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe.

The provider ensured that staff had the training and skills to support the residents. There was evidence of a commitment to mandatory and other training necessary to ensure the residents' needs were being met including administration of emergency medicines, wound care and specialised feeding systems. Training specific to the prevention and management of COVID-19 had been made available promptly and was seen to be updated.

Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. There were effective systems for communication between staff, which included those staff supporting residents from day services. These systems ensured there was consistency of care for the residents. The staff group was small and there were contingency plans in the event of staff being unable to work due to the pandemic. As the number of residents using the service had been reduced and admissions were alternated, this could be managed safely.

The statement of purpose was reviewed. This was a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement.

From a review of the accident and incident record, the inspector found that all of the required notifications had been forwarded to the Chief Inspector, as required, with

appropriate actions taken in response.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. As the post holder is responsible for two designated centres a team leader with supernumerary time was appointed to support the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The service was resourced with staffing levels and skill mix to account for the varied needs and complexities of the residents, with nursing care available when this was required. However, the arrangement for only having sleepover staff in one house, at the time of the inspection, required review due to the resident's dependency levels and the documented requirement for hourly checks, due to bed rail usage.

From a review of a sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider ensured that staff had the training and skills to support the residents. There was evidence of a commitment to mandatory and other training necessary to ensure the residents' needs were being met.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that this was a well-managed centre, with good systems and levels of oversight evident to ensure the residents' needs and wellbeing were

prioritised within the context of a respite service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed. This was a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector found that all of the required notifications had been forwarded to the Chief Inspector, as required, with appropriate actions taken in response to any incidents. Such events were not a feature of this service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provide had a detailed complaints procedure in place. No complaints were recorded at the time of this inspection.

Judgment: Compliant

Quality and safety

The primary function of the respite service was to provide an enjoyable and restful period for the residents, while supporting them with their care and developmental needs. To this end there was integrated approach between all services and families involved. They had a break from their normal routines and enjoyed activities. These were planned according to their preferences, and capacities. They went for walks,

drives, went out for lunch, watched their favourite TV programs, swimming or to visit local farms, if this was their own preference. There was various activity and sensory equipment available in the centre to support the residents.

The residents' parents remained their primary caregivers. The residents attended both internal and external day support services (individually managed in line with the public health guidelines) However, the inspector found that there was good communication systems between all parties. In this way the person in charge was assured that there was up-to-date information on the residents' health and well being to ensure that their care needs were understood and implemented. The residents had access to all relevant assessments, supported by the organisation if necessary. The residents' personal and detailed support plans were found to be reviewed frequently, with the involvement of all relevant persons, which helped to ensure their care was consistent and the support systems were integrated.

The residents' healthcare needs, which were complex, were well monitored with detailed medical care plans available as needed. Nursing staff was available as required and access to out-of-hours general practitioner (GP services). In addition, the staff regularly accompanied the residents and families to medical appointments.

The residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, choice cards objects of reference, and sensory equipment to support the residents. Staff were familiar with their communication needs.

There were effective systems in place to protect residents from abuse and these were implemented. There was consideration given to the compatibility of the residents' needs when deciding on admissions and respite dates, to protect the residents. In some instances, residents were admitted alone if this was deemed to be more suitable for them.

There were good clinical supports available to support residents with behaviours of concern, including self-harm or aggression. This was an integrated process which incorporated both day, residential and home, to enable the best outcome for the resident. The inspector saw that this had a very positive impact for residents and reduced the severity and impact of such incidents. From a review of the incident reports, the inspector was assured that staff took appropriate actions and the incidents were appropriately reviewed by the person in charge.

A small number of specific restrictive practices were implemented in the centre. These mainly concerned the use of bed rails, and other safety systems for residents who could not maintain their own safety. These had been assessed as necessary by the appropriate clinicians and were monitored and reviewed. However, the inspector was unable to ascertain the precise reason why a system, which is normally only used for specific medical purposes, was being implemented for the administration of medicine. It is acknowledged that this practice was in place for a long period of time prior to the admission of the resident, who used this system, to the centre. However, there was no documentary or other evidence as the why this was implemented or if this was the only course of action available in the

circumstances. This had not been reviewed.

Risk management systems were effective, centre specific and balanced. There were health and safety and environmental audits undertaken and actions identified as a result. Where risks were identified, they were addressed and each resident had a specific risk management plan which supported their safety.

Fire safety systems were satisfactory overall and protected the residents with fire alarms and equipment installed and serviced as required although the remaining fire safety works in the premises were still outstanding. One of the houses was fully completed. However, while in the process of undertaking this work in the second house, further significant structural works were required in order to complete this. This was also impacted on by the COVID -19 pandemic. The provider had a condition attached to their registration that this work should be completed by September 2020, however; due to unanticipated delays and the impact of COVID-19, the provider was applying to vary this condition in order to afford more time to complete this work.

In the interim, the most crucial fire doors were in place and the residents bedrooms also had patio doors installed which ensured that the residents could be safely evacuated, in their beds if necessary. Practice fire drills had taken place frequently and successfully.

The provider had undertaken the renovation works which were required on the bathrooms following the previous inspection. This resulted in a large, well-equipped bathroom, suitable for the dependency levels of the residents now being available in the centre. In one of the houses two ceiling hoists had also been installed and all other equipment including specialised beds was available.

The provider had acted promptly in response to the COVID-19 public health crisis. Infection prevention and control and procedures had been revised for this type of service, which by its nature had inherent risks. While the service remained operational, the number of residents and sequence of admissions altered to allow the necessary respite to continue safely. Footfall had been decreased within the centre to avoid unnecessary crossover and risk. Individual day or evening supports were mainlined for some residents, these were necessary due to their dependency and need for support. Where day services recommenced, there were protocols and agreed strategies implemented for handover and admission to each service.

Contingency plans were in place and a COVID-19 lead was appointed within the organisation, with advice and guidance taken from the relevant public health agencies.

Increased sanitising systems and protocols regarding the use of PPE were implemented. The inspector saw that staff were adhering to these guidelines and residents were also being helped to do so, in so far as possible.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, choice cards objects of reference, and sensory equipment to support the residents. Staff were familiar with their communication needs.

Judgment: Compliant

Regulation 17: Premises

The provider had undertaken the renovation works which were required on the bathrooms following the previous inspection, suitable ramps were installed at the entrance and exits. All equipment necessary for the residents was available and maintained, including hoists and specialist beds. Redecoration is planned as part of the structural works been undertaken.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective and centre-specific . There were health and safety and environmental audits undertaken and actions identified as a result. Each resident had a specific risk management plan which supported their safety.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had acted promptly in response to the COVID-19 public health crisis. Infection prevention and control procedures had been revised for this type of service, which by its nature had inherent risks. These procedures were kept under review and revised as necessary.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were satisfactory and protected the residents with fire alarms and equipment installed and serviced as required although the remaining fire safety works in the premises were still outstanding. The provider not been able to adhere to one of its conditions of registration by the due date. The provider had informed the Chief Inspector of this delay and was the process of making an application to vary (extend the condition) to allow the works to be completed and returned to compliance.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were managed in a safe way, taking account of the nature of the service and there were systems for recording receipt of, storage administration and return of the residents medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had access to all relevant assessments, supported by the organisation. The residents' personal and detailed support plans were found to be reviewed frequently with the involvement of all relevant persons, which helped to ensure their care was consistent and appropriate to their needs.

During the respite, they had a break from their normal routines and enjoyed activities. These were planned according to their preferences, and capacities.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, which were complex, was well monitored with detailed medical care plans available as needed. Nursing staff was available as

required and access to out of hours general practitioner (GP services) was available as needed.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good clinical supports available to support residents with behaviours that of concern, including self-harm or aggression. This was an integrated process which incorporated both day, residential and home, to enable the best outcome for the residents. A small number of specific restrictive practices were implemented in the centre. These were assessed by relevant clinicians. However, there was no documentary or other evidence as to why one specific intervention, usually only implemented for medical reasons, was being utilised. This had not been reviewed so as to ensure it was only course of action, in the circumstances.

Judgment: Substantially compliant

Regulation 8: Protection

There were effective systems in place to protect residents from abuse and these were implemented. There was consideration given to the compatibility of the residents' needs when deciding on admissions and respite dates to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were consulted in regard to their own specific preferences for their activities, routines and personal care during their respite breaks. Their preferences for communication and personal care were detailed in the support plans and staff were very familiar with them .

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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 Evergreen Services OSV-0004464

Inspection ID: MON-0026847

Date of inspection: 14/10/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of procedures has been undertaken and all protocols have been updated in line with the current needs of people accessing the service. A Risk assessment has been completed to ensure staffing levels meet the needs of the people accessing the service. A waking night staff will be reinstated in one service when regular scheduled respite services recommence.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Structural works have now commenced in one service. These works will ensure that fire compliance will be achieved by the date on the application to vary the registration. This will return the service into compliance with Regulation 28.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The system in place in relation to one intervention for specific medical purposes is being</p>	

reviewed and documentary evidence from clinicians, is being put in place to outline the reason for this intervention. This has also been referred to the Human Rights Review Committee.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	31/01/2021

	are applied in accordance with national policy and evidence based practice.			
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