



Office of the Chief Inspector

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

Name of designated centre:	Eden Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	07 March 2019
Centre ID:	OSV-0002032
Fieldwork ID:	MON-0023423

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.

Current registration end date:	09/12/2020
Number of residents on the date of inspection:	1

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 March 2019	09:50hrs to 17:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with one resident who avails of this service and although they engaged with the inspector, they were unable to talk with the inspector about the care and support they received at the centre. During the course of the inspection, the inspector observed staff to support this resident to go to an activity centre that evening, they interacted respectfully with them and demonstrated a strong understanding of their role in supporting the resident to express their wishes. The resident appeared comfortable in the company of staff working at the centre and was observed to freely access all areas of the centre, as and when they wished.

At the start of each respite stay, a system was in place to ensure each resident was consulted with about how they wished to spend their time, which ensured residents views and wishes about the service they received was regularly captured. Staff members who met with the inspector, demonstrated a strong knowledge of residents' needs and of the care and support delivered to residents in areas such as social care, behavioural support, safeguarding and general welfare and development.

Capacity and capability

Overall, this centre was resourced to ensure the effective delivery of care and support to residents in accordance with the statement of purpose. The provider had addressed the actions from the previous inspection in July 2017, however; a number of improvements were required from this inspection to governance and management arrangements at the centre as well as opportunities for staff training and development. While documentation was, for the most part, found to provide clear guidance to staff, improvements were required to the documentation in place to support risk management systems, fire safety systems and the management of restrictive practices.

The person in charge held the overall responsibility for the centre and was supported in their role by a person participating in management; their line manager, and by a team of staff in the running and management of this service. They were present on a minimum fortnightly basis at the centre to meet with staff and residents and maintained regular contact with staff in between these visits. The person in charge told the inspector that the current governance and management arrangements supported them to have the capacity to fulfill the duties associated with their role. Adequate staffing arrangements were in place to meet the assessed needs of residents and staffing levels were subject to regular review by the person in charge. A planned and actual roster was in place and although the roster for the

centre was well-maintained, it didn't always identify the full names of staff who were rostered to work in the centre. Staff who met with the inspector were found to have strong knowledge of residents' needs and of how they were required to support residents. However, the provider had failed to ensure that effective refresher training programmes were available to staff, to ensure they received up-to-date training in a timely manner.

Regular staff meetings were occurring in the centre, which ensured that the arrangements in place to support residents' care and welfare, were subject to regular discussion and review between staff working in the centre and the person in charge. The person in charge also regularly met with senior members of staff to discuss and review organisational issues arising in the centre. The provider had completed an annual review into the care and support provided at the centre and six monthly provider led-visits were carried out in-line with the requirements of the regulations. With the findings of these reports demonstrating the provider's ability to identify where improvements were required to the service delivered to residents. However, although action plans were put in place following these reviews, the plans were not always time bound or identified persons responsible for the completion of the actions required, which had a negative impact on the provider's ability to effectively oversee the progress made towards addressing the improvements required.

A well-maintained directory of residents ensured that all information as required by Schedule 3 of the regulations was in place. However, the statement of purpose required review to ensure it contained all information as set out in in Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge was found to meet the requirements of the regulations. The person in charge was present at the centre on a fortnightly basis to meet with residents and staff. Furthermore, the provider ensured that governance and management arrangements in place at the centre facilitated the person in charge to fulfill their roles and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number and skill-mix of staff working in the centre was suitable to meet the assessed needs of residents. However, although there was a planned and actual roster in place, it did not always identify the full name of staff members who worked in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although the provider had training programmes in place for staff, a number of staff required refresher training in areas such as manual handling and the safe administration of medicines. Supervision arrangements ensured each staff member was regularly supervised to their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider ensured that an up-to-date directory of residents was maintained at the centre, which contained all information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that suitable qualified and experienced persons were in place to manage the centre. An annual review of care and support provided at the centre was completed along with six monthly provider-led visits in-line with the requirements of the regulations. However, time bound action plans identifying those with responsibility for completing agreed actions, were not always put in place to effectively oversee the progress made towards addressing the improvements required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had not ensured that the centre's statement of purpose included all information required by Schedule 1 of the regulations.

Judgment: Substantially compliant

Quality and safety

Residents who availed of respite care at the centre had multiple opportunities to access activities of choice both within the centre and local community . Furthermore, residents were supported to avail of educational opportunities based on their assessed needs and wishes. Residents' rights were promoted at the centre and staff support ensured positive outcomes for residents who availed of this service.

The provider had ensured adequate staffing and transport arrangements were in place to support residents to have good quality of social care, with residents regularly accessing activity centres, going shopping, visiting local amenities and participating in activities of their choice. Where additional resources were required, the provider had made additional staff available to support residents with their social care needs, as required. Residents were supported to access educational opportunities and staff told the inspector of the support some residents received in the prospect of third level education. Residents' assessed social, personal and health care needs were well-documented with clear personal plans in place to guide staff on residents' support needs. Furthermore, residents' personal plans were subject to regular review to ensure their effectiveness, with reviews being held in consultation with both residents and their representatives.

The centre comprised of one large two-storey dwelling, located on the outskirts of a town in Co. Clare. The centre comprised of six en-suite residents' bedrooms, a staff bedroom/office, a large hallway, two sitting rooms, a kitchen and dining area and utility room. Residents also had access to an enclosed garden area at the centre. The provider had ensured a storage and play area was available in one of the sitting rooms for residents to use and the provider had plans in place for improvement works to be completed to the enclosed garden area for residents to enjoy.

The registered provider had systems in place for the identification, assessment, response and review of risks at the centre and staff demonstrated their competency in effectively identifying and responding to risk. However, the impact and effectiveness of the specific measures taken by the provider in response to risk, was not always clearly documented. For example, although the provider had identified specific risks and put effective measures in place in response to the changing behaviour of residents, the documentation in place to support the management of this risk, failed to adequately identify the specific controls put in place and to guide staff on the measures to be adhered to and also failed to demonstrate the positive impact these effective measures had on mitigating the risk identified.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. Regular fire drills demonstrated that residents could be effectively evacuated in a timely manner and a schedule was in

place to ensure that all residents who availed of the respite service were facilitated to participate in these drills. Although there was a fire procedure and resident evacuation plans in place, these documents did not effectively guide staff on the procedure to be followed in the event of a fire and evacuation at the centre. In addition, the provider had not considered the safe evacuation of residents from the enclosed garden to the fire assembly point. Further improvements were also required to the emergency lighting arrangements to adequately guide staff and residents from the rear of the centre to the fire assembly point.

Where residents required behavioural support, the provider had systems in place to ensure that residents' needs were subject to regular review to ensure supports provided were up-to-date and effective in nature. In response to changing behavioural support needs of some residents, the provider was in the process of updating residents' behaviour support plans and some residents were awaiting upcoming behaviour support multi-disciplinary reviews. There were some physical and environmental restrictions in place at the time of inspection and although staff who spoke with the inspector demonstrated their understanding of how these restrictions were to be safely applied; not all restrictions were appropriately risk assessed in-line with the centre's restrictive practice policy. Furthermore, the impact these environmental restrictions on residents who did not require the use of restrictive practices, was not always assessed. Furthermore, the provider had not considered the use of external locked gates, in accordance with the centre's restrictive practice policy.

Regulation 13: General welfare and development

Residents were supported to have opportunities for education, recreation and to participate in activities of interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out and designed in a manner that met the assessed needs of residents and provided them with a comfortable, well-maintained and spacious environment to be in.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place for the identification, assessment, response and review of risks in this centre. However, some improvements were required to risk assessments to ensure that the risks being mitigated against were clearly identified. Furthermore, the assessed level of risk did not always consider the positive impact of implemented control measures and risk assessments did not consistently describe all control measures introduced in response to identified risk at the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that fire equipment was in place and regular fire drills ensured that both staff and residents were aware of what to do in the event of a fire. However, the centre's fire procedure and residents' evacuation plans required further review to fully guide staff on actions to take to safely evacuate residents in the event of a fire at the centre. Furthermore, the provider had not ensured that all staff had received up-to-date refresher training in fire safety. Although emergency lighting was available at the front of the centre, the provider had not ensured adequate lighting arrangements from the rear of the centre to the fire assembly point. Furthermore, the provider had not considered the safe evacuation of staff and residents from the enclosed garden area to the fire assembly point.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the prescribing, administration and storage of medicines. However, improvements were required to a resident's prescription record to ensure it adequately guided staff on the prescribed dosage of emergency medicines to be administered in the event of a seizure. Written assurances that this had been rectified were received from the provider in the days subsequent to the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessments and personal plans were subject to regular review in conjunction with residents and their representatives. The provider had identified that

improvements were required to the recording of residents' personal goals and had plans in place to address this. Some residents were identified for transition and the person in charge told the inspector of the plans in place to support these residents to successful transition to other services in the coming months.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, clear plans were in place to guide staff on the support they required. Residents also had access to a variety of allied health care professionals as and when required in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured that support plans were subject to regular review to ensure their effectiveness. However, although knowledgeable on residents' needs, the provider had not ensured that all staff had received refresher training in the management of behaviours that challenge to ensure their practices were up-to-date. Furthermore, where restrictive practices were used to support residents' needs, these were not always assessed in-line with the provider's restrictive practice policy. Furthermore, the provider had not considered the use of locked external gates as a restrictive practice. In addition, the provider's restrictive practice policy was not reviewed in-line with its identified revision date and did not adequately guide staff on the review arrangements for the continued use of approved restrictive practices at the centre.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at the centre at the time of inspection. The provider had systems in place to guide staff on the identification, response and reporting of any concerns relating to the safety and welfare of residents. However, the provider had not ensured that all staff had received up-to-date refresher training in safeguarding.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant

Compliance Plan for Eden Lodge OSV-0002032

Inspection ID: MON-0023423

Date of inspection: 07/03/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The full names of staff working in Eden Lodge has been added to the monthly roster. This has been Completed on the 20/03/2019	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff will complete refresher training in Manual Handling by May 10th 2019. Staff to receive training in Medication Management on May 1st 2019 and will have completed assessments by May 30th 2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Action plans for the six monthly provider-led visits have been completed by 13/03/2019	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Update the Statement of Purpose in line with the HIQA regulations using the HIQA template and adequately describing the services provided as required in Schedule 1 of the regulations by 30/04/2019</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Complete audit of risk assessments ensuring that the risks being mitigated against are clearly identified and that the controls in place are clearly described. In addition ensure that the ratings given are reflective of the controls in place.</p> <p>To be completed by 10/04/2019</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Evacuation plans to be reviewed to fully guide staff on actions to take to ensure safe evacuation of the Centre in the event of a fire. Completed 15/03/2019.</p> <p>Fire safety refresher training completed by staff on 22/03/2019.</p> <p>Arrangements have been put in place to add emergency lighting at the rear of the Centre. To be completed by 30/04/2019</p> <p>A safe box will be provided in which a key shall be kept to ensure that staff can evacuate the enclosed garden at the rear of the property to the fire assembly point and in addition a key for the gate will be added to staff keys which also provides a key for all exit doors.</p>	

To be completed by 08/04/2019	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Staff training in Positive behavioral support will be delivered to all staff on the 01/05/2019</p> <p>All restrictive practices in the Centre have been updated identifying addition restrictions including the locked gate at the side of the Centre, locked doors and windows. The restrictive practice document for each child has been developed and each child's risk assessment has been reviewed to reflect the risk or risk impact of the restriction. Revision dates have been added to all restrictions.</p> <p>Completed 05/04/2019</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff have completed Children First training and the training Matrix has been updated.</p> <p>Safeguarding training will be carried out by 30/05/2019 to ensure staff working in the Centre also have knowledge of safeguarding Vulnerable adults.</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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	13/03/2019

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	10/04/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/04/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire	Substantially Compliant	Yellow	22/03/2019

	alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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 designated centre.	Substantially Compliant	Yellow	15/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	01/05/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in	Substantially Compliant	Yellow	05/04/2019

	accordance with national policy and evidence based practice.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	30/05/2019