



## Office of the Chief Inspector

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

Name of designated centre:	Eden House Respite Service
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	20 March 2019
Centre ID:	OSV-0005010
Fieldwork ID:	MON-0022606

## 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 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.**

Current registration end date:	17/07/2019
Number of residents on the date of inspection:	6

## 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
20 March 2019	11:00hrs to 18:00hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with all six residents who were availing of the respite service at the time of inspection. Some of these residents did not have the capacity to discuss the service with the inspector. Others expressed that they liked coming to the centre for respite breaks, that they were well looked after by staff, and that they enjoyed meals in the centre. The inspector observed that residents were comfortable together and in the presence of staff. It was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do during the day based on each person's individual abilities and preferences. Some families had completed questionnaires on behalf of residents, and these indicated a high level of satisfaction with the service.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to those who took respite breaks at this centre. Six-monthly unannounced audits of the centre's practices were being carried out by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review into the care and support provided at the centre was being carried out.

There was a person in charge responsible for the overall management of the centre. A team leader, based in the centre, had responsibility for the day-to-day running of the service and worked closely with the person in charge. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs. There were adequate numbers of staff available to support residents' activity choices. A range of training had been provided to staff to ensure their knowledge and practices were up-to-date. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support

needs, and that these needs were supported in a person centred way.

The person in charge and staff in the centre, were very focused on working with the provider to improve the service being delivered. The provider had made improvements to the centre since the last inspection to improve the level of comfort and the rights of those using the service. For example, the restructuring of communal space in the centre had resulted in the use of a restrictive practice being discontinued. The provider had also carried out extensive work in re-directing the traffic flow system near the centre to increase the safety of residents and to further reduce the use of restrictive practice for safety.

Furthermore, the provider had ensured that the records and documentation required by the regulations such as service agreements, a statement of purpose and a directory of residents were available.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was aware of her regulatory responsibilities, and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed which had been updated to reflect actual staffing arrangements, and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as safe administration of medication and feeding, eating and drinking. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information for each person who received respite breaks in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records that were reviewed were maintained in a clear and orderly manner and were suitably stored.

Judgment: Compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits and reviews, to ensure that the service was provided in accordance with residents' needs and wishes, and was as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the required information about the service to be provided, including the fees to be charged, and what was included in the fees. The provider was at an advanced stage of agreeing these agreements with all residents and or their representatives. The inspector found that the services provided were as stated in residents' written agreements.



Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided, and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and copies of the statement were readily available to view in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff. The sample of policies viewed were informative and were up-to-date.

Judgment: Compliant

## Quality and safety

Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. These meetings were attended by residents, their families, day service staff and staff from the designated centre. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

The management team had taken measures to protect residents from harm and to keep them safe. Although no safeguarding issues had been identified in the centre,

there was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of harm and or neglect. The service of a designated safeguarding officer was also available. During the course of the inspection, staff interaction with residents was seen to be person centred and respectful. The provider had robust measures in place to ensure that residents' finances and property were managed securely and appropriately, and that residents had access to their own money as required.

The provider had ensured that residents received a good level of healthcare during respite breaks. Due to the short duration and intermittent nature of most residents' respite stays, residents' healthcare appointments were managed by their families, but healthcare interventions and required care was delivered by staff during respite breaks. Residents' nutritional needs were well met. Residents' weights were being monitored and suitable foods were provided to meet their assessed needs.

The centre suited the needs of residents. The house was warm, clean, comfortable and suitably furnished and suited the needs of residents. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents in which residents could store their clothing and belongings while they were staying in the centre. Assistive equipment, such as overhead hoists and adapted bathroom facilities, were also provided to enhance comfort and safety for residents. Since the last inspection communal areas of the centre had been tastefully refurbished and redecorated to provide increased comfort for residents, and office accommodation had been upgraded. The person in charge also discussed further improvement to be carried out in the near future.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care.

## Regulation 10: Communication

Arrangements were in place to support residents to communicate in accordance with each person's needs and wishes. These arrangements included assessments, information in user-friendly format, and communication plans.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to receive visitors, and there was sufficient rooms in the centre for residents to meet with visitors in private.

Judgment: Compliant

### Regulation 12: Personal possessions

Suitable measures were in place to ensure that residents had control of their own property and possessions, and that they were supported with the secure management their own finances.

Judgment: Compliant

### Regulation 13: General welfare and development

Suitable support was provided to residents to ensure that they could achieve their individual choices and interests, as well as their assessed needs as described in their personal plans, while availing of respite breaks in the centre. Residents took part in a range of social and developmental activities both at the centre, at day services and in the community.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished, was in a good state of repair and was well decorated. Since the last inspection, parts of the premises had been upgraded to improve the comfort and independence of residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents' dietary needs had been assessed and suitable foods were provided to suit any identified needs. Staff were very knowledgeable of residents' dietary requirements.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided for residents. This included information, in user friendly format, such as staff on duty each day and night. There was also a residents' guide that met the requirement of the regulations and was available in an easy-read format.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Residents' medications were suitably and securely stored at the centre and there were suitable arrangements for the storage and disposal of out-of-date or discontinued medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which involved the resident or their representatives were being held. Residents' personal goals were agreed at these meetings, and were supported while residents were availing of the respite service.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant