



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:	Announced
Date of inspection:	10 January 2025
Centre ID:	OSV-0004464
Fieldwork ID:	MON-0043588

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 houses which are located on the outskirts of Athlone, Co. Roscommon. The centre can provide a respite service for up to four 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 a combination of nursing and care staff, who 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:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 10 January 2025	11:40hrs to 17:00hrs	Mary McCann	Support

What residents told us and what inspectors observed

Evergreen designated centre is run by the Brothers of Charity Services, West region. The registered provider had submitted an application to renew the registration of this centre. This announced inspection was undertaken to assess the suitability of this centre for renewal of registration and review compliance levels with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013. The inspector found that the registered provider and person in charge were in compliance with all regulations reviewed on this inspection.

This centre comprises of two houses which are located on the outskirts of a town in the midlands approximately a 15-minute drive apart. The centre provides a respite service for up to four 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 and in close collaboration with families to ensure the respite service meets their needs. Nursing and social care staff are on duty both day and night to support residents. The inspector met with the three residents, the person in charge, the area manager and three staff members. Some residents could independently communicate with the inspector and expressed their satisfaction with the service provided to them and confirmed that they enjoyed living together and could partake in activities of their choice. A resident who was unable to verbally chat with the inspector was assisted by staff, who could describe to the inspector the meaning of the communication expressed. The resident indicated to the inspector, by vocalisations, facial expression and gestures that they were happy living in the centre. Staff had completed human rights training and the inspector observed positive exchanges and caring respectful interactions between residents and between staff and residents. The centre ethos was strongly based on the views and inclusion of residents and it was clear that the resident's views were listened to on how the centre was run. Residents who could communicate with the inspector told the inspector they were very well looked after by a caring consistent staff team and loved their home. The staff members met with had good knowledge of the residents' care and support plans such as the residents' specialist nutritional care plans and the residents' preferences for accessing activities in the community and at the day service. Another resident had a pictorial communication system, which they were competent in using. The inspector observed residents and staff chatting and planning their activities. Residents stated if they had any concerns they could raise them with staff and felt assured these would be addressed.

Capacity and capability

Overall the findings of this inspection supported that this was a well managed and well-run centre. The inspector found that there were good governance structures and systems in place to monitor and oversee the quality and safety of care of residents in the service, and as a consequence of this residents enjoyed the provision of a good quality safe service. Staffing numbers and skill-mix were suitable to meet the residents' needs and staff had up-to-date training to ensure they had the required skills to meet the assessed needs of residents. Other training in addition to mandatory training which included best practices in management of safeguarding residents, management of responsive behaviour and fire safety and safe evacuation procedures. Other training for example safe management in epilepsy management, safe administration of medication and best practices in manual handling had been completed by staff. The person in charge had an auditing system in place and post audits, areas identified for service improvement were fed in to the overarching quality improvement plan for the centre. This plan also contained improvements identified as a result of the six-monthly unannounced inspections by the registered provider and the annual reviews. An out of hours on call service was available for staff on who to contact should they require assistance relating to meeting residents' needs. A dedicated phone number was in place and details of this were displayed in the centre. The person in charge was supported by an area manager who was in the centre for the duration of the inspection. Staff received formal supervision and the person in charge described how they adapt an open-door policy and staff can meet with them to discuss any issues in between these sessions for informal support and advice. Staff confirmed that the person in charge was freely available to them. Staff meetings occurred regularly and information in relation to the care and support of residents was shared at these meetings and updates to policies and procedures. Minutes of these meetings were available which ensured that staff who were unable to attend were aware of issues discussed.

Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge who was found to be suitably skilled and experienced. They also possessed relevant qualifications in

social care and management. The person in charge displayed a good knowledge of residents needs and demonstrated a strong focus on ensuring person-centred care and support was delivered to residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of nursing and social care staff was appropriate to the number and assessed needs of the residents in the centre. Where any vacancies occurred regular relief staff were used to cover staff leave, which ensured that residents received continuity of care and support. Residents were complimentary of the staff and the care and support they received. The person in charge maintained planned and actual staff rotas. The inspector viewed the recent rotas for December 2024 and January 2025 and found that they clearly showed the names of the staff working in the centre during the day and night, and the hours they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training records viewed by the inspector showed that staff were up to date with their training requirements. The person in charge provided informal support and formal supervision to staff. A supervision schedule was in place.

Judgment: Compliant

Regulation 22: Insurance

The provider has submitted a valid contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The centre was well resourced in line with the statement of purpose. Good systems were in place to ensure that the service provided in the centre was safe and effectively monitored which included recording and reviewing all accident and incidents and addressing any improvements to try and prevent reoccurrence. Centre-specific policies and procedures were available in the centre. Copies were available to staff in the centre. All mandatory training for staff was up to date. The inspector reviewed the most recent annual review and the two most recent six-monthly unannounced inspection reports. The annual review was completed for 2023 and six monthly unannounced inspections had been completed in June 2024 and December 2024. There was evidence of consultation with residents and their representative in the annual review.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations. This gave a detailed outline of the service, facilities and care needs to be supported. A copy of this has been submitted as part of the renewal of registration documentation.

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 of Social Services, as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. These had been reviewed in the last three years and dates of next review were detailed in the policies.

Judgment: Compliant

Quality and safety

This was a well-governed service that met the care and support needs of the residents. There was good evidence of input from a variety of health and social care professionals with robust health plans in place which were regularly updated in response to residents' changing needs. Personal plans were developed which focused around making life fulfilling and to ensure residents could reach their full potential. Personal goals were in place for 2025 and there was evidence that staff had commenced working on these with residents, for example one resident wished to go to a concert and staff had information of the dates they could assist the resident to access tickets for this. Another resident was planning a city break abroad. The resident was delighted to tell the inspector how much they enjoyed going on a city break last year, which was one of their goals. Other goals included day trips and spa days. Communication profiles and a description of the residents' communication needs were detailed in the personal plans. Residents' dignity and privacy was respected with each resident having their own room and staff spending time with residents in a relaxed and calm manner. The residents were offered choice in their food, daily activities and how they liked to spend their day. The weekly residents' meeting ensured that residents were able to be involved in the running of the centre. Restrictive practices in the centre were minimal and reviewed regularly which showed that restrictive practices were utilised for short periods of time. In addition, there were individualised risk assessments for residents. These contained control measures to reduce these risks and the risk assessments were regularly reviewed. Incidents were logged and there was evidence that clear actions were taken to avoid re-occurrence.

Regulation 17: Premises

The registered provider ensured that the premises provided was of sound construction, in a good state of repair and met with the aims and objectives of the service. The centre provided a comfortable environment for residents to live in and was warm, clean and cosy with appropriate furniture and fittings. One of the houses was in the process of developing a poly tunnel into a sensory garden. Completion of this would enhance the activities of residents living in the centre.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which detailed a summary of the services and facilities provided, the terms and conditions relating to residency in the centre, and the arrangements for resident involvement in the running of the centre. This guide also provided information on visiting arrangements, complaints and inspection reports. An easy to read version was available to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to identify and mitigate risks to residents. The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. There were health and safety, environmental and incident management audits undertaken and actions identified to address any deficits fed into the overarching quality improvement plan. Where risks were identified, they were addressed and each resident had a specific risk management plan which supported their safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two residents and found that assessments relating to the care and support of each resident was in place with plans in place to meet these assessed needs. Personal plans were person centred and demonstrated good detail of the goals and steps to achieve these. Personal goals were reviewed regularly and included activities, for example going to concerts, attending the spa or going to sensory gardens. The personal plans focused on residents' choices and interests. Goals achieved meant that residents were listened to, supported and could experience personal enjoyment and achievement. Personal plan in were reviewed annually.

Judgment: Compliant
Regulation 6: Health care
<p>The health needs of residents were well managed. Good person-centred health assessments were completed for example, "my epilepsy care plan". There were clear guidelines in place as to how to access medical care out of hours. Records of attendance at health and social professionals and the general practitioner (GP) were recorded and the rationale for same was recorded. Staff or family members accompanied residents to medical reviews. Residents had access to a range of health and social care professionals, to include GP, psychology, behaviour support, advanced nursing practitioners and physiotherapy.</p>
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>No resident required a positive behaviour support plan at the time of this inspection. Specialist behaviour support services including psychology were available to the centre. A comprehensive policy on positive behaviour support was available. All restrictive practices had been sanctioned by the human rights committee.</p>
Judgment: Compliant
Regulation 8: Protection
<p>The safeguarding and protection policy was up to date and staff were provided with training in safeguarding . Details of designated offices were displayed in the centre. All staff had received training in safeguarding. No safeguarding plans in place at the time of this inspection</p>
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant