



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

Issued by the Chief Inspector

Name of designated centre:	Eden House Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	04 December 2024
Centre ID:	OSV-0008199
Fieldwork ID:	MON-0037186

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 for up 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.

Number of residents on the date of inspection:

5

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
Wednesday 4 December 2024	10:00hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was a short-notice announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and to monitor compliance with the regulations.

The inspection was facilitated by the person in charge, team leader and area manager. The inspector also had the opportunity to meet with four staff members who were on duty, and with four of the residents who were availing of the respite service. Three completed questionnaires about what it is like to live in the centre which had been completed by service users and their families prior to the inspection were also reviewed.

This centre provides a respite service and is registered to accommodate up to six residents. Fourteen residents were availing of the service at the time of inspection. Twelve service users received respite on a planned and recurrent basis and two residents were being accommodated on a longer term emergency basis. Each resident had their own bedroom for the duration of their stay. The length of respite stays typically varied from two to three nights at a time. Residents and respite service users were supported to attend their day services during the day time while residing in the centre. The person in charge spoke of plans to provide suitable alternative accommodation for two residents who were currently residing in the centre on a long-term emergency basis. One resident was due to transition and transfer to live in another designated centre early in the new year and the provider had plans in place to provide a new house currently under construction for another resident.

On arrival to the centre, there was a homely and welcoming atmosphere, where residents were being supported by staff to go about their morning routines. Two service users had already left to attend their respective day services, one resident had gone on a day trip with residents from another designated centre to Knock religious shrine and two service users were getting ready to leave the centre to attend day services. Due to the communication needs of these residents, they were unable to tell the inspector their views about the care and support they received; however, they appeared happy and smiled as they interacted with staff in a familiar way. Completed questionnaires reviewed indicated that service users enjoy attending for respite and meeting with staff and other friends, "there is a lovely atmosphere, everyone enjoys each others company, its a happy environment, staff are very caring and nice".

Eden House Respite Service comprises a large, bright and comfortable single storey house situated in a campus setting and located in a residential area on the outskirts of a city. It is centrally located and is close to wide range of amenities. The centre is registered to accommodate up to six residents. The centre was designed to meet the needs of residents and had been extensively refurbished and redecorated during 2022. The layout and design of the house allowed residents to enjoy a variety of

settings including adequate spaces to relax in and adequate space to facilitate the use and storage of specialised equipment and specialised chairs and wheelchairs. There were six large bedrooms available to accommodate residents. The house had been designed to facilitate bed evacuation from all bedrooms in the event of fire or other emergency. There was adequate personal storage space and televisions provided in each bedroom. Bedrooms were personalised and decorated in line with individual preferences prior to each resident availing of respite. Bedrooms were prepared with each residents own personal bed linen, soft furnishings, framed photographs, personal toiletries and other items of interest to individual residents. There were systems in place to securely store individual personal belongings between respite stays. There were two large fully assisted bathrooms with specialised jacuzzi bath and showering facilities. The house was well-equipped with aids and appliances to support and meet the assessed needs of the service users. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, bath and showering equipment were also provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced. Service users had access to a large sensory garden to the rear of the house. The house and outdoor areas were designed to promote mobility of residents using wheelchairs and specialised chairs.

Residents and service users had complex physical and medical health care needs. Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests. Staffing levels in the centre including night -time staffing levels had been assessed and continued to be reviewed to ensure that they were adequate to meet the assessed and increasing support needs of residents. Staff were observed to interact with residents in a caring and respectful manner.

From conversations with staff, observations made by the inspector, a review of completed questionnaires and information reviewed during the inspection, it appeared that residents and service users had good quality lives while availing of respite service in accordance with their capacities, and were regularly involved in activities that they enjoyed, on the campus, in the community and also in the centre. The campus provided many facilities for respite users to avail of for recreational use, for example, residents had access to a swimming pool, hydrotherapy, water bed and a rebound therapy unit. Staff reported that some also enjoyed partaking in activities out in the community such as going for walks, drives, visiting local hotels, eating out, attending the cinema and going shopping. Service users had access to transport which they could use to attend activities and go on day trips. Some residents and service users were observed to enjoy relaxing in the house, listening to their preferred music videos and preferred television programmes. From a sample of personal plans reviewed, it was clear that some service users led active lives and had enjoyed regular trips and outings. For example, there were several photographs of a resident clearly enjoying participating in a number of outdoor fun runs, boat trip, overnight stays in Dublin and afternoon tea in a local hotel. On the day of inspection, two service users were looking forward to having their evening meal out in a local hotel. Service users had recently enjoyed trips to the local Christmas markets, Christmas craft fare and Christmas lights show.

The inspector saw that there was a range of easy-to-read documents and information supplied to service users in a suitable format. For example, easy-to-read versions of the complaints process, the annual review, the human rights charter and pictorial staffing information were made available. Staff spoken with confirmed that they continued to consult regularly with service users and had established their preferences through the personal planning process, and through their ongoing communication with residents and their representatives. Staff continued to use varying communication aids including objects of reference to help residents and service users understand what was happening in their environment and to help them make choices. The person in charge outlined that further training on communication was planned for all staff commencing in January 2025 in order to help staff better understand varying communication levels.

In summary, the inspector observed that respite service users and residents were treated with dignity and respect by staff. It appeared that they were supported and encouraged to have a good quality of life that was respectful of their individual wishes and interests while availing of the service.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents and service users lives.

Capacity and capability

The management team had organised systems and processes in place to ensure that they had oversight arrangements to monitor the quality and safety of care received by residents and service users. The findings from this inspection indicated that the centre was being well managed. This centre had a good history of compliance with the regulations. The issues identified in the compliance plan from the previous inspection had been addressed.

There was a clear organisational structure in place to manage the service. The person in charge worked full-time and was also responsible for one other designated centre as well as having other managerial responsibilities in the organisation. They were supported in their role by the team leader who was a clinical nurse manager, staff team and area manager. There were on-call management arrangements in place for out-of-hours.

Staffing levels in the centre including night-time staffing levels had been assessed and continued to be reviewed to ensure that they were adequate to meet the assessed and increasing support needs of residents. Staffing levels had recently increased during the day and evening time in order to meet the assessed needs of residents and service users and to facilitate additional activities and outings. A

dedicated housekeeping staff member was also employed. There was one staff member on active duty at night-time in the centre and there were additional staff members based on the campus at night to provide additional support as required, or in the event of an emergency. Staff spoken with confirmed that this arrangement was working well, and that the campus night-time nurse supervisor was based in the centre at night-time.

Training records reviewed by the inspector provided assurances that the staff were provided with ongoing training. Records reviewed indicated that all staff including locum staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents and service users.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. The annual review for 2023 was completed and had included consultation with residents' families. Improvements identified to the premises as a result of the review had been addressed. The provider continued to complete six-monthly reviews of the service. The most recent review had been completed in December 2024. The person in charge advised that while a written report had not yet been received, no issues of concern had been highlighted on the day. The inspector noted that the actions identified following the review of June 2024 had been addressed or were in progress. For example, the provider had identified suitable homes for two persons currently being accommodated in the respite service and plans were in place to progress this action.

The provider had put in place audit systems to regularly review areas such as health and safety, infection prevention and control and medication management. The audit systems also included a quarterly review of incidents and accidents, medication errors, fire safety, risk management, staff training, personal profiles, residents finances, complaints, infection, prevention and control and restrictive practices. The inspector reviewed a sample of completed audits. The results of audits indicated good compliance and were discussed with staff at regular scheduled team meetings to ensure learning and improvement to practice. Audits were also completed by clinical nurse specialists in the organisation in relation to medication management practices and infection, prevention and control. A recent comprehensive audit had also been completed by the health and safety department which indicated good compliance.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The person in charge was employed on a full-time basis and had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix was appropriate to the number and assessed needs of the residents and service users in the centre. The inspector found that the staffing levels were in line with levels set out in the statement of purpose and a full complement of staff were available. There were consistent and stable staffing arrangements in place. The staffing rosters reviewed for the weeks 1 December to 14 December 2024 indicated that a team of consistent staff was in place. The roster was well maintained and it clearly set out the staff on duty.

The inspector reviewed a sample of three staff files. Files reviewed indicated that all documents and information as set out in schedule 2 of the regulations were available including up-to date vetting disclosures.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

All staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of residents and service users including various aspects of infection prevention and control, feeding eating and drinking guidance, dysphagia, oxygen therapy and human rights based approach to care.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents and service users. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with service users and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The updated statement of purpose recently submitted was reviewed by the inspector. It was found to contain the prescribed information as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

There was a high level of compliance with the regulations reviewed relating to the

quality and safety of care on this inspection. The provider had measures in place to ensure that the well-being of residents who availed of the respite service in the centre was promoted. The provider had adequate resources in place to ensure that service users got out and engaged in activities that they enjoyed while availing of the respite service.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Due to the short and intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly managed by their families. However, residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs. Suitable measures were also in place to ensure that residents' medicines were managed securely and appropriately during respite breaks.

The person in charge and team leader were very focused on ensuring that residents' general welfare, development, community involvement and leisure activities were being prioritised during respite breaks. The location of the centre enabled residents to visit the shops, coffee shops, restaurants and other leisure amenities in the area. The centre had access to transport in the evenings and at weekends, which could be used for outings or any activities that residents chose.

The centre suited the needs of residents, was spacious and comfortable, well decorated and suitably furnished. All residents had their own bedrooms during respite breaks and each person had their own supply of bed linens for use during their breaks. The centre and equipment was maintained in a visibly clean condition throughout. There was a spacious sensory garden at the rear of the house where residents could spend time outdoors.

The provider had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. Identified risks were discussed with staff at team meetings. The management and staff team continued to regularly review all restrictive practices in use. The house had been designed to facilitate bed evacuation from all bedrooms in the event of fire or other emergency. All residents, service users and staff had been involved in completing fire drills. Fire drill records reviewed indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community during their stays in the centre. Suitable support was provided to residents to achieve this in accordance with their individual interests, as well as their assessed needs. The centre was located on a campus with many facilities for recreational use, and also close to a range of amenities and facilities in the local area and nearby city. There were several photographs displayed showing residents clearly enjoying a wide range

of activities.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents. All areas of the centre were designed to allow for wheelchair users to easily move about, this was of great importance given that the majority of service users were non ambulant. The centre was visibly clean, suitably decorated in a homely style and maintained in a good state of repair.

The house was well-equipped with aids and appliances to support and meet the assessed needs of the service users. Overhead ceiling hoists and specialised equipment including beds, bath and showering equipment were provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All service users had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, fire safety, medication management, infection, prevention and control and incidents completed by the local management team. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. The emergency fire action plan had recently been updated. Weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Staff demonstrated good fire safety awareness and knowledge on the evacuation needs of residents. The house

had been designed to facilitate bed evacuation from all bedrooms. Regular fire drills of both day and night-time scenarios were taking place involving all staff, residents and service users. Fire drill records reviewed by the inspector indicated that residents and service users could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Many residents had complex care and support needs and required two-to-one staffing at various times throughout the day, particularly in relation to personal and intimate care, as well as, support with their manual handling needs. Staff spoken with were familiar with, and knowledgeable regarding residents' and service users' up to date health-care needs. The inspector reviewed a sample of three service users files which were maintained on a computerised information system. There was a comprehensive assessment of need completed (PEN picture), individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for residents including evidence of review meetings and progress updates.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were being well met in line with their personal plans and residents had access to medical and healthcare services to ensure their wellbeing during respite breaks.

Service users and residents had timely access to a range of allied health services including physiotherapist, speech and language therapist, occupational therapist, behaviour therapist and mental health team while availing of the respite service.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. All staff had received training in order to support residents manage their behaviour.

There were some restrictive practices in use, these were maintained under regular multi-disciplinary review, risk assessments had been completed which outlined the rationale for their use. At the time of this inspection, the use of some bedrails had been referred to the organisations bed rail committee, a sub group of the human rights committee and were waiting on review.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of service users. The privacy and dignity of service users was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Service users had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services, an independent advocate was due to visit a resident the day following the inspection and regular in-house advocacy meetings were being held. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. The provider was actively supporting two residents currently availing of emergency respite services to move to alternative suitable accommodation in the local community.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant