



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

## Issued by the Chief Inspector

Name of designated centre:	Evergreen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	26 April 2024
Centre ID:	OSV-0004464
Fieldwork ID:	MON-0042451

## 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 the Brothers of Charity Services, Ireland. This centre comprises of two premises which are located on the outskirts of a busy town in the midlands. 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. Nursing and social care staff are on duty at all times 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 26 April 2024	11:00hrs to 16:45hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

The inspector found that this was a good service with management systems in place which supported staff to ensure a good quality person centred service was delivered to residents.

As part of this inspection the inspector reviewed 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 regulations). This centre was in compliance with all regulations assessed on the day. Residents were protected from harm as there was a proactive risk management system in place where risks to residents were identified and controls were put in place to mitigate these risks. These were documented in personal and overarching risk management plans which gave detailed guidance to staff to assist them to keep residents safe. These measures included provision of adequate staff, suitable clean well maintained premises, access to transport and good fire safety arrangements. This was a short notice announced inspection. The centre is a respite only service. The inspector had contacted the provider in advance of the inspection to enquire as to when the maximum amount of residents would be available in the centre, to ensure that the views of residents were sought as part of the inspection. The centre comprises of two houses located 15 minutes' drive apart and is situated adjacent to a busy town. One house is a detached bungalow and the other is a two storey semi-detached house in a small housing development.

Both houses are located in close proximity to shops, restaurants and other community facilities. Each house had their own accessible transport. The respite breaks were planned in collaboration with families to offer the most convenient supports to residents and their families. Residents were supported to have maximum choice and control of their lives with person centred care evident and goals identified by residents being achieved for example attending concerts, going on day trips at the weekends, going to the spa and attending sporting fixtures. There were four residents resident on the day of inspection and the inspector met with all four residents. Some residents could freely communicate with the inspector, while others were non-verbal. The inspector observed that those who could not communicate freely with the inspector looked well cared for, one was relaxing in his chair and the other was smiling and was comfortable with staff assisting them with nutritional intake. Residents who could communicate freely told the inspector "love it here" "very happy living in the centre, we are out and about all the time" "get on well together" The only thing they would like changed would be to be able to avail of more respite. One resident told the inspector that they were going on a holiday abroad in the next few weeks and she was delighted and looking forward to this trip. All residents had a digital and accessible technology (DAT) assessment completed. Tablets and mobile phones were available to some residents. Staff used the residents' communication plan to ensure that the resident was supported to communicate their views and choices. Alternative communication systems for example non verbal cue cards, objects of reference systems were used by staff to

communicate with residents. The inspector spoke with the person in charge, area manager and three members of staff and found that all staff displayed a very good knowledge of the the care and support that residents required. And their preferences in how this was completed.

The staff team were well established in the centre which provided good continuity of care and assisted with communication. There was good communication between the centre and day services and families. Residents had a diary and an epilepsy tracking form to ensure their safety and to ensure good communication between services. One resident told the inspector that they had recently gone to a city for one of the days at the weekend to go shopping and have a meal. The vehicles are also used to transport residents to the day services.

## Capacity and capability

The inspector found that the provider had good management and governance systems in place where a safe quality service was delivered to residents. This included a system where incidents and accidents and complaints were logged on a system by the person in charge which alerted the area manager and senior personnel. This oversight was important to make sure that the provider was aware of the incidents, could see how they were managed and could identify trends and learn from events.

The centre was managed by an appropriately qualified person in charge. The person in charge had responsibility for the governance and oversight of this centre and another sister centre which also accommodated four residents, located approximately 30 minutes' drive away. Regional person in charge meetings were held. These meetings had a briefing and education focus and provided updates on any changes that they required to be aware of. Minutes were available of these meetings. The person in charge told the inspectors that the area manager was freely available and provided support and supervision to her.

Adequate resources to ensure the effective delivery of a person centred safe service to residents were in place. Staff were visibly present in communal areas and had time to chat and engage in a relaxed manner with residents. There were four staff on duty during the day and one waking and two sleep over staff at night time. The person in charge described the on call out of hour's roster and confirmed this service was easily accessible and worked well. This was also confirmed by staff. Regular audits were completed, for example, incident and accidents, record keeping, Deficits identified were addressed. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. The six monthly reviews were completed by personnel independent of the centre. Where any deficits were identified a corresponding quality improvement plan was enacted.

A staff training matrix was maintained which included details of when all staff had attended training and those that required training and time lines thereto. Staff had

access to training and refresher training in line with mandatory training requirements and the organisation's policy and residents' assessed needs for example training on specialist feeding and eating guidelines and epilepsy management.

Staff were in receipt of formal supervision and the person in charge described how she adapts an open door policy and staff can meet with her 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 were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed.

A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. Overall the findings of this inspection supported that this was a well-managed and well-run centre. Residents reported that were happy living in the centre and felt safe. The inspector also observed that residents were well cared for by staff. Residents were supported by a staff team who were familiar with their care and support needs. The provider and the staff team were identifying areas for improvement and taking the required actions to bring about these improvements. The statement of purpose was reviewed. This contained all of the information as detailed in the regulations and gave a detailed outline of the service, facilities and care needs to be supported.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents and to the size and layout of the designated centre. Where nursing care due to the assessed needs and complexities of residents was required this was provided.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. All mandatory training was up to date. In addition, all staff had completed training in human rights. Staff spoken with stated that this had influenced their practice and they were more aware of the importance of ensuring residents were supported to make their own choices . A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider had ensured that a rights based service was enacted in this service to ensure that the voice of the residents was paramount and residents were listened to, and their rights to autonomy, respect, dignity and fairness was upheld. The lines of accountability and reporting obligations were known by staff and were detailed by the provider in the centre's policies. An out of hours effective on call system was in place to guide and support staff.

Judgment: Compliant

### Regulation 3: Statement of purpose

The 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.

Judgment: Compliant



### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no complaints in process at the time of this inspection. A comprehensive complaints policy was in place. The Inspector reviewed the process for complaints management and found that an effective procedure was in place. An easy to read complaints guide was in place. There was access to advocacy services and details of this were displayed on a notice board in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All schedule 5 policies were in place and these had been reviewed in the last 3 years.

Judgment: Compliant

## Quality and safety

The inspector found that residents were provided with a good quality and safe service, and their rights were respected. Residents were facilitated to engage in various activities according to their wishes.

Day to day living in the centre was relaxed and all residents spoken with confirmed that they were happy availing of respite in the centre. Throughout the inspection, respectful, kind and caring interactions were observed between residents and staff. As this was a respite service, an integrated approach between families, day services and the centre was in place with clear lines of accountability and good communication processes in place, to ensure residents current needs were met, their care and welfare was protected and a smooth transition from home to the

respite service was achieved. Four regular residents used this service and a consistent established staff team was in place to meet the needs of residents. A full staff complement of established staff was in place which assisted with continuity of care.

The inspector noted on walking around the premises that the centre was clean, tidy and well maintained with adequate space for storage of residents' possessions. Residents were well dressed and their clothing looked well cared for. Bedrooms were of a suitable size and residents who were immobile had double doors off their bedrooms to assist with fire evacuation. Both houses had suitable well maintained accessible gardens. Residents' rights to privacy, dignity and respect and autonomy was upheld. For example, staff. Residents were observed to be listened to by staff and residents told the inspector that they are able to express their choices, and these choices were respected. Residents were involved in their day to day planning and they lived their lives as they wanted to.

Comprehensive accessible personal plans were in place which detailed their preferred activities which included shopping, swimming, going out for coffee and meals, attending concerts and going on holidays. Personal plans were reviewed frequently, with the involvement of all relevant personnel, which helped to ensure residents' care and welfare was protected and the support systems were integrated. Residents' healthcare needs, were monitored with supporting care plans in place to assist and advise staff how to manage these needs and therefore protect residents' health. Residents had their own assistive communication aids to include tablets and mobile phones. There was various activity and sensory equipment available in the centre to support the residents. An accessible sensory poly tunnel was in development and residents in one house had assisted with the painting of a Mural which was a lovely feature in the back garden. All residents attended day services. If they were unwell or chose not to attend day service staff attended the designated centre to engage with residents.

Residents spoken with stated if they had a concern they could talk to any of the staff and felt assured that they would guide and support them as to how to raise their concerns. There were no active complaints at the time of this inspection. A complaints policy and procedure was in place. Access to advocacy services were available if required and details of these services were displayed in the centre. Residents were complimentary towards the staff team. Residents' meetings were held monthly, minutes of these were made available. Residents told the inspector that they enjoyed attending these meetings and deciding on the menus for the week and activities they planned on attending.

There were effective systems in place to protect residents from abuse and these were implemented. All staff had attended training on protection. Staff spoken with and could tell the inspector how they would manage an allegation of abuse and would ensure the resident was supported in this situation. There was consideration given to the compatibility of the residents' needs when deciding on admissions and respite dates, to protect the residents. A comprehensive team of allied health professionals was in place. No residents were displaying challenging behaviour at the time of this inspection. From a review of the incident reports, the inspector was

assured that staff took appropriate actions and the incidents were appropriately reviewed by the person in charge.

Some specific restrictive practices were in place at the time of inspection. These mainly concerned the use of bed rails, and other safety systems for residents who could not maintain their own safety. These had been assessed as necessary by the appropriate clinicians and were monitored and reviewed.

### Regulation 10: Communication

All residents had their individual communication needs assessed and this information was used to inform the development of person-centred communication plans. Health passports were in place to aid communication if a resident had to be transferred to another health care facility. Residents had access to non verbal communication systems for example cue cards and tablets.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had good access to facilities for occupation and recreation. Varied activities of the residents choosing were available. Staff supported residents to develop and maintain personal relationships and links with wider community.

Judgment: Compliant

### Regulation 17: Premises

The 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 pleasant environment for residents to live in and was warm, clean and cosy with appropriate furniture and fittings.

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.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. There were good access to exits. Quarterly certification of emergency lighting was in place. Fire extinguishes were serviced annually. Personal emergency evacuation plans were in place and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time. Records of fire drills including simulating night time drills were available for review.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected their needs and was reviewed annually. This assisted staff in the delivery of safe quality person centred care. Comprehensive person centred care plans were in place to support staff to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 6: Health care

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 allied health professionals and the general practitioner were recorded and the rationale for same were well documented.

Judgment: Compliant

## Regulation 7: Positive behavioural support

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.

Judgment: Compliant

## Regulation 8: Protection

There were no safeguarding plans in place at the time of this inspection. The safeguarding and protection policy was up to date and staff were provided with training. Details of designated offices displayed and the confidential recipient

Judgment: Compliant

## Regulation 9: Residents' rights

The centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the freedom to exercise choice and control in their daily lives. A culture of positive risk taking was in place where residents independence was promoted for example using public transport and utilising a mobile phone to maintain safety and link in with staff. One resident was part of an advocacy group. Staff spoke about how they encourage and support residents to self advocate .

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
<b>Capacity and capability</b>	
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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
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