



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

Issued by the Chief Inspector

Name of designated centre:	Heron House Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	21 November 2024
Centre ID:	OSV-0008700
Fieldwork ID:	MON-0042640

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Heron House can provide residential supports to four individuals of mixed gender with an intellectual disability and may include complex needs such as physical, medical, mental health, mobility and or sensory needs and communication support. Services provided to meet residents' needs are psychology, psychiatry, social work, speech and language therapy, physiotherapy and occupational therapy. The age range of each people supported is 18 years of age to end of life. Heron house can provide residential supports to four individuals of mixed gender with an intellectual disability and may include complex needs such as physical, medical, mental health, mobility and/or sensory needs and communication support. Services provided to meet residents' needs are psychology, psychiatry, social work, speech and language therapy, physiotherapy and occupational therapy. The age range of each people supported is 18 years of age to end of life. Heron House is a bungalow with front and rear gardens. The accommodation has a sitting room, combined living and dining area, kitchen, utility room, three bedrooms, one staff bedroom/office and an individualised one bedroom apartment. The centre is located close to two rural villages and a short drive from a busy city. There is transport available for residents to access the local community. Residents are supported by a staff team of a person in charge and a team leader, social care workers and care assistants. Staff are present at all times when residents are in the centre, including at night.

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
Thursday 21 November 2024	10:15hrs to 18:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, team leader and staff on duty, and viewed a range of documentation and processes. This was the first inspection of the centre since it opened in March 2024.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering meals and refreshments. All residents had the option of attending day service activities which they did several times each week. Residents also had good involvement in the local community and took part in leisure activities that they enjoyed. Residents frequently went for visits to parks, woodlands and beaches, bowling, swimming, cinema, and for meals out.

The centre consisted of a large house in the countryside close to two rural villages. This gave residents access to shops, coffee shop, gyms and sporting facilities, restaurants, churches and community activities. The centre was laid out, furnished and equipped to provide residents with a safe and comfortable living environment. The house had been fully refurbished before it had opened and was spacious enough for each resident to have their own space when they wanted this. Each resident had their own bedroom and these were comfortably furnished and personalised. There was also provision for one resident to have individualised bedroom, bathroom and sitting room space within the house. There were a selection of games, puzzles, books and art materials provided in the centre for residents' use.

Residents were out at day service activities on the day of inspection. However, the inspector had the opportunity to meet briefly with residents in the morning before they went out, and on their return in the late afternoon. Two residents chose to have minimal interaction with the inspector while one resident was happy to discuss their life in the centre. This resident told the inspector they were very happy with all aspects of living in this centre and said that they had settled in well. They told the inspector that they were well supported by staff, who provided them with good care, and that they made their own choices around their lives. They also said that all the residents in the house got on well together. The resident knew who was in charge, and they said that they trusted the staff and knew that they could raise any concerns with them. The resident was happy to tell the inspector about activities that they enjoyed and took part in. They had particularly enjoyed a 'paint and

prosecco' evening in a local hotel, and liked going for manicures. The also talked about a recent train trip to Dublin and showed the inspector a social media video that that they had made to capture the trip. The inspector was shown a colourful scrapbook entitled 'a new chapter in my life' which had been made by residents to commemorate their life so far in their new home. It recorded pictorial records home based activities such a moving in, first breakfast together, birthday parties, playing football in the garden, making breakfast, recycling and planting in the garden. It depicted a range of activities that took place in the community including outings to various places of interest, shopping for a lamp, going to discos, the circus, a fun fair, cinema and a leisure outing to an escape room.

During the inspection, each resident was seen taking part in separate activities that they liked. A resident who liked modern music was watching a concert on their television. They told the inspector that were enjoying it, and also that they were very happy in their new home. A resident liked staff to draw with them and this was happening, while another resident was doing a jigsaw puzzle while chatting with staff.

It was clear during the inspection that there was a good rapport between residents and staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. From observation in the centre, conversations with residents and staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the wider community. Throughout the inspection, it was very clear that the person in charge and staff prioritised and supported the autonomy and rights of residents.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by a team leader who was based in the centre and was involved in the day to day running of the service.

There were clear deputising arrangements in place for the management of the

centre when the the person in charge was absent. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, the person in charge was very knowledgeable of the provider' processes, their regulatory responsibility, and residents' support needs.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation, and transport vehicles for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. Staff had attended mandatory training as well as other training relevant to their roles.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Auditing of the service was being carried out in line with the provider's audit schedule. Although this was a new service which had not been in operation for a year, two unannounced audits of the service had already been carried out on behalf of the provider. These audits were comprehensive and detailed, demonstrated overall good levels of compliance and gave rise to clear action plans for any required improvements to be carried out. The person in charge was aware of the requirement to carry out a review of the quality and safety of care and support of residents, and had commenced preparing for this review. The person in charge had good oversight of the service. They had developed a service improvement plan based on findings from audits, reviews and reports, which was presented to staff at service improvement and support meetings that were held every six weeks.

The provider had developed a written statement of purpose which described the purpose and function of the service.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the designated centre. The inspector read the information supplied to the Chief Inspector in relation to the person in charge. This indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived in the centre, and was also knowledgeable of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the wider management team, staff and a team leader who was based in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents.

The service was subject to ongoing monitoring and review. The inspector viewed the audits and checks that were being carried out in the centre and found that a high level of compliance in all audits. Two unannounced audits by the provider had already taken place in the centre. These showed good levels of compliance and any areas for improvement were clearly stated with time frames for completion. The person in charge was aware that a review of the quality and safety of care and support was required to be completed annually. This was not yet required as the centre was not a year in operation, although the person in charge commenced carrying out this review. An organisational structure with clear lines of authority had been established to manage the centre. The person in charge held service improvement meetings with staff every six weeks to review and oversee the quality of care and included areas such as health and safety, restrictive practice and residents' current needs. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty. The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate levels of suitably trained staff to support residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which met the requirements of the regulations. The inspector read the statement of purpose and found that it described the service being provided to residents and was up to date and accurate. The person in charge was aware of the requirement to review the statement of purpose annually or more frequently as required. It had already been reviewed and updated after the centre opened. The statement of purpose was available to view in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff were suitably trained appropriate to their roles. The inspector viewed the centre's training records which demonstrated that staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding. Staff had received other relevant training, such as

manual handling, hand hygiene, feeding, eating, drinking and swallowing, assisted decision making and medication management to enable them to support residents' needs and keep them safe. All staff had also attended training on human rights based approach to care. A staff member told the inspector that they found that this training reinforced the practices that were in place and had provided them with reassurance that they were providing rights based care to residents.

Judgment: Compliant

Quality and safety

Based on these inspection findings there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare and development of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported.

This centre was new and had opened in the current year. Before the centre opened the house had been refurbished to suit the needs of residents, and was comfortable, well decorated, suitably furnished and very spacious. All residents had their own bedrooms which were decorated to their liking with their personal possessions and photos. The centre was maintained in a clean and hygienic condition throughout. There was a well-kept garden to the back of the house where residents could spend time outdoors. The management team had been very mindful of compatibility when admitting residents to the centre and thorough transition plans had been developed to support residents to move to this centre.

Residents could choose to take part in a range of social and developmental activities in their home, at day services and in the community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Although residents were out attending activities during the day, while they were in the centre the inspector found that their needs were supported by staff in a person-centred way. Conversations with residents and staff, and review of records indicated that residents were involved in a range of activities such as shopping, going for beauty treatments, day trips, going to entertainment events and housekeeping tasks. Residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychiatry, psychology,

occupational therapy, speech and language therapy and behaviour support which were supplied directly by the provider. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Residents had access to food and drinks to suit their needs and suitable foods were made available to meet their assessed needs and preferences. Residents had choices at mealtimes and could take part in grocery shopping and food preparation as they wished.

Assessments of health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for all residents based on their assessed needs, and meaningful personal goals had been agreed with each resident. Residents' personal planning information was up to date, and suitably recorded.

The provider had good systems in the centre to manage and reduce the risk of fire. These included staff training, emergency evacuation drills, personal evacuation plans, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire.

Residents' rights were being respected and supported. Information was supplied to residents through interaction with staff, easy to read documents, social stories and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service. Residents communicated with each other and with staff at house meetings, when they made plans and discussed topics of interest. All residents were registered to vote and they were supported to do this if they wished.

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at day services and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed. Developmental activities included planning and preparing the centre's garden, making meals and baking in the kitchen, making own purchases in shops, taking exercise, attending an art class in the community and employment for one resident. Residents also took part in a range of leisure activities such as discos, going to the circus, trips and outings, going for walks, bowling and swimming. Residents were also involved in household tasks, such as laundry, recycling and food preparation, and had autonomy to carry out everyday community activities such as shopping, banking, going to the cinema, and eating out.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector saw that the house was well maintained, clean and comfortably decorated. The house was spacious and was laid out to ensure that each resident had adequate communal and private space as required. Each resident had their own bedroom and these were very nicely decorated and personalised with residents' own belongings. There were gardens to the front and rear of the house, where residents could spend time outdoors and do some gardening. There were laundry facilities for residents to use and there was a refuse collection provided by a private contractor.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. While in the kitchen the inspector saw that the fridge was well stocked with a selection of fresh food. The inspector saw that weekly food choices and preferences were discussed with residents at weekly house meetings, and residents had the option of helping to prepare their own food if they wished to.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents. There was a residents' guide that met the requirements of the regulations. The inspector read this document and found that it had been developed in both regular and easy-to-read formats and met the requirements of the regulations. Other information that was relevant to residents was also provided to them. This included photographic information about staff on duty at each shift, and easy-to-read versions of the complaints process and the fire evacuation plan.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had made suitable arrangements to ensure a recent transition of a resident to the centre was safe and appropriate. A clear transition plan had been developed. The inspector read the plan, which described the preparations for the resident's move, including social stories and visits to the centre. Staff from this centre and the previous centre had worked together to support the resident's move. In the lead up to the transition, staff from this centre visited the previous centre several times to become familiar with the resident's needs. Staff from the resident's former centre also came to the new centre for the first days of transition to support the resident to settle in. The resident's assessments and care needs had been supplied to the person in charge from the centre that they were leaving. This ensured that continuity of care would be provided.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective measures in place in the centre to safeguard residents, staff and visitors from the risk of fire. The inspector reviewed records of fire drills, equipment servicing, personal evacuation plans and staff training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Personal emergency evacuation plans had been developed for each resident. There were fire doors throughout the house, and some bedrooms had evacuation doors through which residents could exit directly to the outdoors in the event of an emergency. Training records viewed by the inspector confirmed that all staff had attended up-to-date fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out and, individualised personal care plans had been developed for each resident based on their assessed needs. The inspector viewed a sample of two residents' personal plans. These plans were clear and informative and had been developed with input from the provider's multidisciplinary team. Meaningful personal goals had been developed for each resident, and records indicated that these were being achieved as planned.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that appropriate healthcare was provided for each resident. The inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs. As this is a new service, the person in charge confirmed that all residents had retained their general practitioners when they moved to this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. Throughout the inspection, the inspector saw that residents had choices around how they lived their lives, and were being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Residents were included in decision making in the centre and were supplied with information relevant to their lives. Weekly house meetings were held in the centre and information was shared and decisions made at these meetings. The inspector viewed the minutes of five house meetings and saw that information was shared in ways that suited residents' needs. Minutes recorded that some of the information shared with residents included discussions on human rights, healthy eating, safeguarding and types of abuse, how to make a complaint or raise a concern, house updates and local news. Fire safety and evacuation had been explained to residents by using a social story. The provider had an advocacy process in the service and external advocacy services were also available to residents in the event that they wished to avail of these services at any time. A video on advocacy had been shown to residents at a recent house meeting. Residents also used these house meetings to discuss and plan social activities and meal planning. Minutes recorded that they planned activities such as birthday parties, discos, horse riding, going to the races, meal choices and food shopping. At a recent meeting the upcoming general election was discussed and all three residents confirmed that they intended to vote. A resident told the inspector about their rights, and confirmed that staff had told them about these. They also explained that they could live their lives as they chose and received staff support, as required, to do this. They knew the complaints process and felt confident that if they made a complaint that it would be

addressed.

Comfortable accommodation was provided for residents. Each resident had their own bedroom, and there was adequate space, which ensured that residents could enjoy privacy. The centre was nicely furnished and bedrooms were personalised to each person's taste. Adequate transport and staff support ensured that each resident could take part in individualised activities and outings.

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	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant