

# eDeposit Ireland

## Eden Lodge, Clare

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**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Eden Lodge
<b>Centre ID:</b>	OSV-0002032
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Enable Ireland Disability Services Limited
<b>Provider Nominee:</b>	Fidelma Murphy
<b>Lead inspector:</b>	Cora McCarthy
<b>Support inspector(s):</b>	Carol Maricle
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
09 August 2017 11:00	09 August 2017 06:00
10 August 2017 09:00	10 August 2017 01:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was undertaken to inform a registration renewal decision.

How we gathered our evidence:

As part of this inspection, the inspector met with two residents who were on a stay in the centre. The inspector met a number of staff, including the person in charge who also acted as a regional manager of the service, a person involved in the management of the centre and two family support workers. The inspector also met with the key worker who led the service on a day to day basis.

The inspector observed staff as they interacted with the two residents. The inspector observed that both residents presented as happy and content to be at the centre. The inspector also reviewed a sample of documentation such as personal plans, medicines management records and incident and accident logs.

Description of the service:

The provider had produced a document called the statement of purpose which described the service provided. Services provided were on a scheduled basis depending on the needs of the residents and funding arrangements and at the time of this inspection 15 residents were availing of respite in the centre. The inspector found that the service matched what was described in the statement of purpose.

During this inspection, there were two staff attending to the needs of one resident on both days. Some of the residents attended respite alone and others attended as part of a small group. The capacity of the centre was for six children.

The centre was located in a detached two-storey house on the outskirts of a town and comprised seven bedrooms in total; three on the ground floor and four on the first floor. One of the bedrooms on the ground floor was used as a staff sleepover room and an office space. There were two sittings rooms, a large well-equipped kitchen with a dining area and a utility room. Each bedroom had its own en-suite toilet, shower and wash-hand basin. There was an enclosed garden to the rear of the centre containing a lawn and play equipment. The area to the front of the centre was used for car parking and was enclosed by a wall and electronic gates. Residents had access to local towns. There was a dedicated vehicle for use by staff and the children.

Overall judgment of our findings:

Overall the centre was in compliance with the regulations. However one improvement was required.

- training for staff in alternative communication methods to meet the needs of residents (Outcome 2)

The reason for this finding is explained under the relevant outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and participated in decisions about their care and they had access to advocacy services and information about their rights. The residents' privacy and dignity was respected and they were facilitated to exercise choice and control over their lives.

The person participating in management (PPIM) informed the inspectors that each stay in the centre began with a welcome meeting during which the residents were invited to make suggestions regarding the timetable of events for their stay. This gave the residents the opportunity to have input into the running of the centre, the activities they participated in and the care they received.

The key workers contacted the residents prior to respite breaks and were informed of any events that may positively or adversely affect their stay.

There was a comprehensive complaints management system in place; only one complaint was noted from 2015, it had been dealt with promptly and to the satisfaction of the resident. A visual complaints process and advocacy information was prominently displayed on a notice board in the kitchen. There was also an appeals process in the event of a complainant not being satisfied with the outcome. Residents and family members who completed questionnaires had no complaints and said that the residents were treated with dignity and respect and were very happy with the care provided.

Systems were in place to ensure that residents' belongings and finances were protected. Inventories of belongings were recorded on arrival. There was sufficient storage

provided for the safe storage of residents' belongings. Safe practices were adhered to if monies were required to be stored on behalf of residents.

Residents' capacity to exercise choice in their daily lives was respected and their independence maximised. Residents' reported in questionnaires that there were regular house meetings during which they all had a say in the activities and meals for the duration of their stay; food was bought once the residents had expressed their preferences.

The system, whereby residents were cared for by the same staff on each respite break, ensured that staff became familiar with the residents and their particular needs.

Residents were facilitated to participate in activities that were meaningful to them, and which fulfilled social and developmental needs, interests and abilities. The respite break gave residents the opportunity to spend quality time with their friends and engage in numerous activities with them.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents were supported to communicate and staff were aware of the communication needs of the residents. However, communication passports as recommended by psychologist had not been implemented.

Visual communication supports were in place for the residents, for example a visual support was used for one resident regarding hand washing. Each resident's personal plan contained a communications assessment in which their individual communication needs were set out. However a recommendation from the psychologist in September 2016 for a communication passport, as part of a behaviour support plan had not been implemented. A speech and language therapist had recently been engaged to address this and was currently putting together a communication passport in conjunction with a resident and staff. Staff with whom inspectors had spoken demonstrated their familiarity with the resident's needs and how best to respond to them. Inspectors observed good communication and interactions between staff and residents during the inspection.

Some staff had received training in communicating by means of sign language and were familiar with the use of pictures or photographs to facilitate the expression of choices and preferences. However there was a deficit in formal training in this area which had also been highlighted in the staff views summary of the unannounced inspection.

On their overnight respite breaks, the residents had access to television and DVDs. Some of the residents brought their own electronic devices such as laptops or tablets and there was a computer available in the centre with internet access which could be used for both leisure and learning purposes.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Each residents' wellbeing and welfare was maintained by a high standard of evidenced based care and support. A comprehensive assessment of the health, personal and social care and support needs was carried out with the resident and their family members prior to commencing a respite stay in the centre.

Inspectors viewed the personal plans of four residents which were available to the residents and signed by both the resident, their family members and their key workers.

The personal plans were based on comprehensive assessments of need undertaken by the PPIM and health professionals, which included visits to the residents' homes and discussion with the residents and their families. The assessments included health, medical information, personal care, communication, eating and drinking and sleep patterns. These assessments formed the basis of personal plans, identified needs and informed referrals to other health professionals. Staff informed inspectors that the residents' personal plans were reviewed by key workers in conjunction with the residents and their families on an annual basis.

There was a clear transition process for the residents transitioning from home to the centre on a short stay, a long-term transition process to other services or educational institutions. There was a system in place of the key worker phoning the residents prior to the residents' stay to get an update on their needs and also giving feedback on the residents prior to their return to home. There was evidence of communication in relation to up skilling for residents in preparation for moving onto other services. Inspectors observed warm, positive interactions between residents and staff during the inspection. The key worker met with the residents, their parents and other professionals to identify suitable opportunities to meet the resident's needs going forward.

The goals outlined in the personal plan were person centred and meaningful and there was a regular review of the goals. There was clear evidence that residents were encouraged to be involved in decision-making and in giving their opinions at regular house meetings. Residents were also involved in the practical running of the centre by choosing meals, shopping, meal preparation, making beds and doing laundry.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The design and layout of the centre was suitable for its stated purpose and met residents needs in a comfortable and homely way.

The centre was located in a rented premises, which was a very large two-storey house close to a main road on the outskirts of a town. The layout was as described in the statement of purpose and provided adequate private and communal space. There were seven bedrooms in total; three on the ground floor and four on the first floor. One of the bedrooms was being used as a staff sleepover room and an office space. There were two sittings rooms, a large well-equipped kitchen with dining area and a utility room. Each room had its own en-suite toilet, shower and wash-hand basin.

An enclosed garden to the rear of the centre contained a lawn, garden furniture, a trampoline and provided space for residents. The area to the front of the centre was used for car parking and was enclosed by a wall and electronic gates. On the previous

inspection it was noted that the decking at the rear of the house was in need of repair and the centre required painting and cleaning. These issues had been addressed prior to this inspection; the decking had been removed and a wall had been built around the perimeter. The provider had engaged contract cleaners and painters, the paint work was mostly finished and the house was looking more homely and comfortable.

The centre was well-maintained and had ample space for residents. It had sufficient furniture, fittings, storage and was very clean and comfortable. Following the previous inspection the PPIM had made efforts to decorate the centre in a more person centred homely manner.

Risk assessments had been carried out on the premises and some measures had been put in place to control risks. Access to the attic had been blocked off. Signage alerted people to a change in level on the upstairs floor. Inspectors were concerned that the banisters on the first floor posed a safety risk to residents as there was a considerable drop from them if someone were to fall to the hallway below. While this risk had already been identified by the provider, measures to control it had not been put in place. During the inspection, the PPIM put a risk assessment in place which outlined control measures to ensure the safety of the residents; this reassured the inspectors of the residents' safety.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were measures in place to promote and protect the residents, visitors and staff. The actions required from the previous inspection were satisfactorily implemented.

There was a comprehensive risk management policy which covered identifying, recording, investigating and learning from incidents. A training matrix had been developed and this showed that staff had completed courses in a range of relevant areas such as manual handling and fire prevention.

Accidents and incidents were recorded on a service form and signed off by the person in charge. The inspector reviewed incidents and accidents that had taken place and found that each incident was addressed appropriately through incident review and appropriate supports were put in place.

There was a centre risk register in place and individual risk assessments for each resident which were regularly reviewed and updated by the PPIM and the keyworkers.

There were facilities available within the centre for residents to share bedrooms on occasion. The procedures involved for residents sharing a bedroom were set out in the statement of purpose and this stated that a risk assessment would be completed prior to residents sharing bedrooms. The inspector noted that this procedure was being followed by staff since the last inspection.

There was a system in place for recording maintenance issues and these were dated and addressed each week; urgent issues were responded to immediately, for example, when a resident was unable to exit the bathroom for a few minutes due to a broken lock, all locks were changed the following day.

There was a prominently displayed visual fire evacuation procedure ensuring the safety of residents and staff in the event of a fire.

The fire alarm, emergency lighting and equipment were serviced regularly and there were regular fire drills. Staff completed daily checks of fire safety systems. However one resident was afraid of the alarm sound and declined to exit the house during the fire drill. There was no evidence of follow up regarding this and also there was no night time simulated drill; the PPIM acknowledged this and confirmed same would be carried out immediately.

The inspectors viewed the national certificate test, service, tax and insurance details of the house vehicle. The service vehicle was checked regularly by staff and a transport log was completed also.

Satisfactory procedures were in place for the prevention and control of infection. There was a new cleaning regime in place for staff since the last inspection and contract cleaners had been brought in to do a deep clean. Staff signed and dated when they had cleaned specific areas. The action from the previous report was satisfactorily implemented.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were measures in place to protect the residents being harmed or experiencing abuse and appropriate action was taken in response to allegations, disclosures or suspected abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Inspectors viewed training records which indicated that staff had attended training in safeguarding. A staff member interviewed by the inspector was knowledgeable regarding what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report concerns to. The inspector observed staff interacting with the residents in a respectful and warm manner.

The person in charge was the designated person for reporting allegations or suspicions of abuse and neglect in accordance with the centres policy, national guidance and legislation.

Residents who completed questionnaires stated that they felt safe in the centre.

There was a policy in place on behaviours that challenge however it was due to be reviewed in September 2016. There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for individual residents. For example, a comprehensive functional analysis and subsequent positive behaviour support plan was completed for one resident which had resulted in the reduction of incidents of concern for that resident. There was evidence from the training matrix that staff had received training in the management of actual and potential aggression. There was evidence of regular multidisciplinary team meetings to review positive behaviour support plans and ensure their effectiveness.

There was no evidence of restrictive practice at the centre and all alternative measures were considered prior to of the use restrictive practice.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported on an individual basis to achieve and enjoy the best possible healthcare. There were supports in place to meet their healthcare needs.

Residents' health care needs were met through timely access to health care services and appropriate treatment and therapies. For example, one resident had an issue with his feet and was supported to attend the general practitioner (GP) and subsequently the hospital. The residents' healthcare appointments were facilitated by either family members of the resident or the key worker and primary care team. Some residents also attended health professional teams that were linked to external services they attended. There was evidence of good clear communication between all who facilitated the residents appointments through emails, phone calls and meetings. The key worker requested copies of reports and assessments from the professionals involved to update the residents personal plan. The resident's communication passport contained a section on healthcare and this was updated each year by the resident, family members and key worker.

The key worker was in contact with the family prior to the resident coming into the centre to discuss any health issues that may have arisen. Should a health issue that required medical attention arise while the resident was in the centre, an out of hours GP service was available.

The provider ensured that staff were trained to address the health needs of each resident or be guided by the relevant health professionals. There was evidence of regular input from the multidisciplinary team (MDT) both annually and via referral as necessary such as positive behaviour support plan developed by the psychologist following an in-depth functional analysis.

Residents whose personal files inspectors viewed were independent in the area of personal care and were encouraged to take responsibility for their own health and medical needs, including self-administration of medication, if assessed as competent to do so; an example of such an assessment was shown to the inspector.

Residents were supported to develop menus for their stay and also facilitated to prepare meals as appropriate to their ability and preference. Records of meetings with residents supported this. During this inspection, the inspector did not observe any meal times, however, there was plenty of food and snacks available for the residents. There were records kept of food and nutrition provided. Staff monitored the food and drink consumed by residents on special diets, for example one resident was coeliac and was provided with adequate gluten free food as observed by inspectors at a morning coffee break. Staff were also observed supporting residents in a respectful manner. Some of the residents used picture exchange systems to facilitate their food choices.

**Judgment:**

Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

All residents were protected by the centre's policies and procedures for the safe administration of medication. The action from the previous inspection was satisfactorily implemented.

There was a medicines management policy in place which outlined the process for ordering, prescribing, storing, disposal and administering medication to residents. All staff were trained in the safe administration of medicines management and had attended separate training on the administration of emergency medications.

Medicines were stored securely in a locked cupboard in the kitchen. The personal plan indicated that regular review of medications was undertaken, the most recent for one resident was on the 10 May 2017.

A person involved in the management of the centre explained the process of medicines management to the inspector. Prescription records were considered valid for six months. Prior to a resident's stay at the centre the key worker contacted the resident's parents to enquire if there had been any changes to medication or any issues arising in relation to medication. Residents usually brought their own medication to the centre which was checked and records maintained in their personal files.

The person participating in the management of the centre was knowledgeable of the processes required in the event of these drugs coming into the premises.

There were no out-of-date medicines found on the premises and there was a system in place in the event that there was out-of-date medication which required disposal.

There was a medication management recording document for all residents which contained their name, a photograph, their date of birth, known allergies and their diagnosis.

The inspector viewed a sample of prescription sheets which contained all required information such as the name and address of the resident, their photograph, their date of birth, the name, dose and route of the medicine and the GP signature.

The inspector viewed a sample of administration records and these contained the

signature of the staff member administering the medication. There was a signature sheet to compare signatures to and adequate space to record comments on withholding or refusing medication. The times of administration matched the prescription sheet.

There was an annual audit of medicines management and monthly audits carried out by the key workers to ensure safe medication management practices. The inspector viewed an appropriate assessment for a resident who self administered their own medication.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The statement of purpose was found to contain the information as required by the regulations.

The statement of purpose accurately described the service provided in the centre. It consisted of a statement of the aims, objectives and ethos of the centre and the facilities and services provided for residents. The provision of a bath for use by residents was not in the statement of purpose, however the PPIM amended the document to the inspectors satisfaction on the first day of the inspection.

The statement of purpose was also provided in an accessible format and displayed in a prominent place for the residents.

The post of PPIM was a significant role at the centre as they led the service on a day-to-day basis and reported to the regional manager who acted as person in charge. The person in charge was not based at the centre but was present on a regular basis and was always accessible; this was confirmed by two staff members.

The arrangements made for the supervision of staff members at the centre was appropriate.

**Judgment:**

Compliant

## **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

### **Theme:**

Leadership, Governance and Management

### **Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

### **Findings:**

There were effective management systems in place that support and promote the delivery of safe, quality care services. One action from the annual review was not addressed.

The statement of purpose set out the management system at the centre. The PPIM reported to the person in charge who acted as a regional manager for this centre and other services. The regional manager reported to the provider representative. The management systems in place were adequate to ensure the effective running of the centre. The person in charge acknowledged that should the centre expand its opening hours then his current whole time equivalent at this centre may not be sufficient in order to adequately govern and manage the centre given his other responsibilities within the organisation.

Staff were clear about who the person in charge was and the on-call arrangements. Staff stated that the person in charge was accessible and approachable. There were systems in place for the supervision of staff. Staff attended at minimum one supervision session annually with a person involved in the management of the centre. They also took part in group performance management appraisal systems and were held accountable for the shared aims and objectives of the centre which were reviewed quarterly. Inspectors viewed the minutes of staff team meetings; these occurred regularly and discussed various issues.

The inspectors viewed the 2016 annual review and an unannounced inspection (June 2017) for the centre. The person in charge was aware of the findings and discussed with the inspector the actions arising. The report outlined a summary of the staff views also, which indicated that staff felt there was a need to have communication training to support residents with their individual forms of communication; this was also identified by the inspectors and actioned under Outcome 2: Communication.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the needs of residents and the safe delivery of service. Residents received continuity of care. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. There were supervision and performance management systems in place. The actions arising from the previous inspection were satisfactorily implemented.

There was an appropriate skill mix and number of staff to meet the needs of the residents. This centre was not open full-time and as such the staff employed to work at the centre also worked elsewhere for the provider. The PPIM ran the service on a day-to-day basis and they were supported by a team of support workers. The PPIM explained that consistency of care was ensured by rostering staff with whom the residents had familiarised themselves with over a period of time. Staff demonstrated to the inspectors an in-depth knowledge of the residents' needs and the contents of their daily plans and personal files.

The inspector viewed the training matrix which outlined the training completed by staff; all mandatory training was up to date. Staff completed a range of courses in safeguarding, manual handling and fire prevention.

The inspector viewed a sample of personnel files. There were effective recruitment processes in place which included reference checking, Garda vetting and met the requirements of the regulations. There were probationary periods in place for new staff and an induction was provided.

There were no volunteers working at the centre at the time of this inspection.

**Judgment:**

Compliant

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## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Cora McCarthy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited
<b>Centre ID:</b>	OSV-0002032
<b>Date of Inspection:</b>	09 & 10 August 2017
<b>Date of response:</b>	10 October 2017

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a deficit in formal training in picture exchange communication and sign language (LAMH), some residents used this method of communication but staff were not trained in this area, this was also highlighted in the service unannounced inspection.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**

At present there are no children in Eden Lodge who use LAMH as a form of communication. Should any children come into the service in the future a trainer has been identified in Clare Children Services who provides LAMH training which will be provided to staff.

Picture Exchange Communication is used by one service user at present. Training in PECs has been discussed with the service users SLT and she has stressed that the formal method of PECs communication would not be beneficial to this service user at present. She will make herself available to provide staff with training in the use of pictures and verbal and non-verbal communication methods which best suits his needs. She is in the process of producing a communication passport to provide all staff working in the various settings a better understanding of his individual communication needs.

**Proposed Timescale:** 30/12/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

No evidence of follow up regarding resident who did not engage in the evacuation process as they were afraid of the alarm. Also a nighttime drill had not been simulated although the PPIM did inform inspectors that they would schedule one immediately.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

A child who did not engage with fire alarm procedure has had his personal plan, PEEPS and risk assessment updated to reflect the risk.

A night time simulated fire drill is to be completed with all service users by the end of October 2017.

**Proposed Timescale:** 31/10/2017

