

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Jasmine Services
<b>Centre ID:</b>	OSV-0004468
<b>Centre county:</b>	Roscommon
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Margaret Glacken
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	2

## 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 14 July 2016 09:00 To: 14 July 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This inspection was carried out to monitor compliance with the regulations. As part of this inspection the inspector reviewed the actions the provider had undertaken since the previous inspection which took place on 20 November 2014. Of the 21 actions required, 15 had been addressed in line with the provider's response and six had not been satisfactorily addressed and remained non-compliant on this inspection.

**How we gathered our evidence**

As part of the inspection, the inspector met with five residents. All residents appeared happy, content and interacted warmly with staff and the inspector. Residents' bedrooms were individually decorated with personal photographs, achievements and music posters. The person in charge stated that residents were supported to attend community events, visit family and friends and to use the facilities of the local town.

The inspector also spoke with three staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre were also reviewed. In each outcome the inspector focused on the actions taken by the provider to achieve compliance with the failings identified during the previous inspection.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was being provided as described in that document. The centre comprised two modern, spacious houses that accommodated seven residents who have moderate to profound intellectual disabilities. Some of the residents also had mobility issues. Four residents resided in one house and three in the other. The houses were adjacent to each other with an inter-connecting corridor allowing residents and staff to access both houses for special occasions such as parties and music events. The premises were spacious, clean, well furnished and provided personal and communal space for residents.

#### Overall judgment of our findings

The inspector found that the lack of appropriate working time for the person in charge to carry out their role had impacted negatively on the quality of care that the residents received in the centre, with several areas for improvement identified by the inspector such as,

- Personal plans were not fully reviewed on an annual basis (outcome 5)
- All risks within the centre had not been addressed (outcome 7)

The inspector also found that the provider was not meeting the required standard in terms of the regulations with improvement needed in areas such as,

- The complement of staff did not reflect the assessed needs of residents which impacted on them negatively (outcome 16)
- The arrangements for the person in charge were inadequate (outcome 14)
- Six monthly audits of the service were not conducted (outcome 14)
- The annual review of the centre had not been carried out (outcome 14)

The inspector found examples of compliance with the regulations in the following areas:

- Residents were consulted in how the centre was run (outcome 1)
- All contracts contained relevant information in regards to the service provided and fees to be charged including details of additional charges (outcome 4)
- The premises was well maintained both internally and externally and met the assessed needs of residents (outcome 6)
- The healthcare needs of residents were being met (outcome 11)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**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):**

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

**Findings:**

On the day of inspection, the inspector found that residents were consulted about how the centre was planned and run. However, the inspector found that improvements were required in regards to the staffing arrangements, advocacy and residents' finances.

The inspector found that the staffing arrangements within the centre failed to meet the social needs of residents and also failed to maintain the dignity of residents. Residents with high support needs were unable to access the community on Sundays and on evenings during the week as there was only one staff on duty. The inspector also found that the dignity of residents was not maintained within the centre as there was insufficient staff numbers to offer residents with high support needs baths or showers during the week. The person in charge stated that these residents were offered baths and showers at the weekend when there was sufficient staff numbers available.

An intimate personal care plan had been developed for each resident to ensure privacy and respect. Each plan reflected the assessed needs of individual residents, with clear guidance for staff in attending to personal care such as preferences, pace and level of independence. The inspector observed staff speaking with residents in a caring and respectful manner. All residents had large en-suite bedrooms which were well furnished. These rooms were decorated with personal photographs of family, friends and music posters.

A centre specific complaints procedure written in a legible format, including pictures, was clear and accessible to both residents and their families. The inspector reviewed the complaints log which detailed all complaints received. It showed clear timelines in

regards to responding to complaints and the actions taken. All logged complaints had been addressed by the person in charge in a timely manner. There were no unresolved complaints on the day of inspection. Two staff were interviewed on the day of inspection. Both staff had a good understanding of the complaints procedure and could identify the person in charge as the nominated person to deal with complaints.

The charter of human rights was on display for all residents and the person in charge indicated that the role of advocacy within the centre is to be explored in the coming months. There were monthly residents meetings taking place with minutes recorded. However, on the day of inspection there was no advocacy service available for residents in the designated centre.

The inspector also reviewed a sample of residents' finances and found that further improvements were required in terms of finances for some residents. This was discussed with the person in charge on the day of inspection. The person in charge stated that the multi-disciplinary team had been involved in addressing this situation, but little progress had been made.

**Judgment:**

Non Compliant - Moderate

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed all contracts for the provision of services. All contracts viewed were signed. The necessary amendments required as per the previous inspection were implemented with new contracts now including the weekly charges to residents.

There had been no recent long term admissions to the centre and there were no immediate plans to admit any new residents, however, there was an admissions policy to guide the process if required.

**Judgment:**

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):**

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

**Findings:**

On the day of inspection, the inspector found that the well being and welfare of residents was maintained to a good standard within the centre. However, improvements were noted in regards to the review of personal plans.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans, each of which reflected the assessed needs of the residents. Each plan contained details such as personal goals, family and friends, social interests, intimate care plans, personal development and risk assessments plans. There were comprehensive health care plans in place with all identified needs being addressed.

Residents had good family contact with all plans viewed containing family pictures and a log of family contact which was well maintained. Residents were facilitated through their individual day service to have jobs and take part in further development such as horticulture, relaxation techniques and industrial design.

Within the centre, residents were assisted to attend community events such as plays and music concerts. The residents were also facilitated to achieve goals such as holidays, hotel breaks and to canvas local authorities in regards to accessing local amenities.

From a review of personal plans the inspector found that not all aspects of each personal plan were assessed at a minimum annually. In some cases personal emergency evacuation plans had not been reviewed since 2014. Also, the goals for two residents had not been identified for 2016. The person in charge stated that staff had commenced working on these goals, but the associated personal outcome measures which the centre used to identify goals were not available to the inspector on the day of inspection.

**Judgment:**

Non Compliant - Moderate

**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:**

On the day of inspection, the inspector found that the premises was in a good state of repair and met the assessed needs of residents. The actions from the previous report were addressed with the heating system now working.

The designated centre consisted of two large modern bungalows. Both were joined by an interconnecting corridor. The centre was located in a residential neighbourhood of a large town and was within walking distance of shops and services such as taxis and public buses. Both houses had large spacious bedrooms for residents, each of which had an en suite. There was substantial storage space for each resident with large wardrobes and lockers available to use. Large reception rooms were also available in both houses which were comfortably furnished to suit the needs of residents.

There was a hoist tracking system in place for residents with mobility issues with high low beds also in place. The hoists were viewed to be fully serviced on the day of inspection. All internal doors were wheelchair accessible and ramps were available for external doors.

On the day of inspection, both houses were warm, clean, bright and well ventilated. Laundry facilities were also made available to residents. There was a staff room in both houses and a separate office.

**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):**

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

**Findings:**

The inspector found that there were measures in place to address emergencies, risk and any incidents within the centre. The centre had policies and procedures in place relating to risk management.

The risk register for the centre was reviewed by the inspector. It contained detailed risk assessments in regards to various identified risks such as use of the use of hoists, infection control, risk of burns and scalds and open fires. All risks were rated and the necessary control measures documented. However, the inspector noted that not all identified risk within the centre had been risk assessed. The use of lap belts, bed rails and self injurious behaviour were not assessed in terms of risk. The centre had procedures in place to monitor and learn from incidents. Incidents were recorded and addressed by the person in charge.

The inspector found that there were some good practices in place for the detection and prevention of fire, however improvements were required. Service records indicated that the emergency lighting, fire fighting equipment and fire alarm system were serviced at regular intervals. Staff carried out weekly checks of the fire alarm, emergency lighting and fire escapes. Fire doors were evident throughout the building, each of which had a self closing mechanism attached. However, the inspector noted that a door leading to a kitchen was not a fire door. Also, two fire doors were being held open by latches. This was brought to the attention of the person in charge on the day of inspection.

There was an emergency evacuation plan in place for the centre. Each resident's file viewed had a personal emergency evacuation plan in place. There was also emergency accommodation listed in the event of the centre being closed due to loss of power or flooding. However, the inspector also found that the centre's fire emergency plan was not in line with actual evacuation procedures within the centre. The person in charge indicated that staff from one house would attend the other house in the event of a fire. This information was not listed on the centre's emergency evacuation plan.

**Judgment:**

Non Compliant - Moderate

**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:**

On the day of inspection, the inspector found that the designated centre had adequate measures in place for the prevention, detection and response to alleged abuse. There was a policy in place for the provision of behavioural support. All staff had been trained in the management of behaviours that challenge.

There were measures in place to protect residents. There was a policy on the safeguarding of adults with a disability from abuse. Training records indicated that all staff had attended training on safeguarding. Staff who spoke with the inspector were very clear on what actions they would take in the event of suspected or alleged abuse with all staff stating that they would make the person safe and contact the designated person who deals with any allegations of alleged abuse. The inspector observed staff interacting with residents in a respectful and friendly manner.

The designated centre had only one resident with documented behaviours that challenged relating to self injurious behaviour. The inspector viewed the positive behavioural support plan for this resident. The plan had been recently reviewed by the multi-disciplinary team. It contained detailed information in regards to the functions of this behaviour and the methods used by staff to respond to this behaviour including using an enriched environment, rapport building and the use of objects of reference. The person in charge stated that the behavioural support plan was working well for the resident with the incidents of challenging behaviour significantly decreased. The inspector reviewed the incident logs for challenging behaviour which also showed a marked reduction in incidents.

There were a number of restrictive practices used within the centre on the day of inspection such as lap belts and bed rails. All restrictive practices were in accordance with the organization's use of restrictive practices policy. The human rights committee had reviewed and upheld all restrictive practices within the designated centre. The person in charge stated that all restrictive practices within the centre were the least restrictive possible and used for the shortest duration possible.

**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:**

On the day of inspection, the inspector found that overall the healthcare needs of residents were being met. Each resident had access to allied health professionals, general practitioner (GP) and specialists such as psychiatry, dermatology, neurology and rheumatology.

The sample of files reviewed by the inspector indicated that residents were reviewed at least annually by their GP. Residents were facilitated to visit their GP in times of illness, with all medical interventions required at that time documented. The inspector also reviewed a sample of residents' medical care plans. Each resident had comprehensive plans in place to guide staff in relation to their medical needs such as arthritis, pain management, epilepsy and hernia care.

Residents were also reviewed by allied health professionals as and when required. Residents with dysphagia were subject to on-going review by speech and language therapists with modified diets been prescribed. Residents who had food intolerances had specialized diets prescribed. For example, gluten free foods were available for residents where required. All prescribed diets were clearly documented with information readily available for staff. All staff interviewed had knowledge of the dietary requirements of residents. Residents' body mass indexes were also monitored monthly.

**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:**

The inspector reviewed documentation and work practices in regards to medication management within the designated centre. An organizational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

All relevant staff had been trained in the safe administration of medication, including the administration of buccal midazolam. Staff interviewed by the inspector had knowledge of best practice in regards to the safe administration of medication. Medications were

stored appropriately in a locked press, with the keys to the press being held by the senior staff on duty.

Five medication administration recording sheets were reviewed in conjunction with their associated prescription sheets. The inspector found two medication errors on the day of inspection. One medication error was in relation to the non administration of prescribed medication. The second medication error was in relation to the non recording of the administration of prescribed medication. Staff on duty were unaware of the medication errors and therefore had not taken the necessary steps in line with the organisations policy on the safe administration of medication. The person in charge contacted the GP in relation to the medication errors on the day of inspection.

**Judgment:**

Non Compliant - Moderate

**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 reviewed by an inspector. It had been amended since the previous inspection and now clearly stated the actual staffing arrangements for day and night within the designated centre.

The inspector noted that the revised statement of purpose accurately described the service being provided to residents. Copies of the statement of purpose, prepared in a clear format, were available in the centre to residents and their relatives.

**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:**

On the day of inspection, the inspector found that the provider had some management structures in place, however, the person in charge was not fully supported by the organization to carry out her role.

On the day of inspection the person in charge stated that she visits the centre three to four times a year. The person in charge also explained that she is the person in charge of numerous designated centres and that it is difficult to attend the designated centre on a more regular basis. The inspector found this impacted negatively on her ability to be present at the centre and ensure that her responsibilities as person in charge were fulfilled. The person in charge indicated that a new person in charge is to be appointed by September; however no evidence of this was available to the inspector on the day of inspection.

The actions from the previous inspection had been partially addressed by the provider. Scheduled team meetings were regularly taking place in the designated centre. Minutes of these minutes were documented and available on the inspection day. The person in charge stated that she received regular support and supervision from a senior manager within the organization. However, there were no arrangements in place for individual staff to receive regular support or supervision within the centre. The person in charge stated that she is always available to staff and maintains regular telephone contact with centre.

The provider also failed to ensure that unannounced visits had taken place within the designated centre as detailed in the regulations. This was also identified in the previous monitoring inspection. The person in charge had partially completed the annual review of the designated centre for 2015. The person in charge stated that the annual review had highlighted the need for extra staffing within the centre. This issue had been brought to the attention of senior management within the organization by the person in charge.

The inspector reviewed a sample of residents' monies and their associated recording mechanisms within the designated centre. The inspector found that recorded balances were inaccurate in some cases. Although there was no money misappropriated, there were discrepancies noted by the inspector. The inspector found that large amounts of rent money from several residents were being stored jointly in one resident's cash box. The associated recorded cash balance for that resident did not reflect their individual cash balance or rent paid. This was brought to the attention of the person in charge, these issues were addressed on the day of inspection.

**Judgment:**  
Non Compliant - Major

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

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

**Findings:**

On the day of inspection, the inspector found that the centre was inadequately resourced, in terms of the staffing arrangements, to meet the needs of residents.

The inspector found that the staffing arrangements within the designated centre were failing to support the dignity of residents. The person in charge stated that residents with high support needs were unable to have a bath or a shower during the week as two staff were required to carry out their personal care. This was also reflected in the occupational health assessments carried out which were reviewed by the inspector. These residents were offered bed baths during the week as there was only one staff on duty. The person in charge also stated that residents could have baths and showers at the weekend when there was adequate staffing available to support the personal care needs of residents.

The staffing arrangements since the previous monitoring inspection had not been addressed to meet the assessed needs of residents. The inspector found that residents' freedom to exercise choice and control of one's life was limited due to continuing inadequacies in regards to staffing arrangements within the centre, with residents in one house unable to access the community on Sundays and throughout the weekday evenings.

**Judgment:**  
Non Compliant - Major

**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):**

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

**Findings:**

On the day of inspection, the inspector found that staff in the centre had received adequate training to carry out their roles, however some required improvements were noted by the inspector. The staff interviewed by the inspector were helpful and knowledgeable of residents needs. The staff rota was reviewed and found to be accurate.

The centre had a detailed training matrix in place which highlighted the training needs of staff. The inspector reviewed the training matrix which showed that not all staff had received infection control training as highlighted in the previous monitoring inspection. All staff had received training in safeguarding, manual handling, administration of medication, the provision of intimate care and food safety.

On the day of inspection two staff were interviewed. Each staff demonstrated a clear understanding in regards to safeguarding, administration of medication and the complaints process within the centre. One of the houses in the designated centre was nurse led, this was reflected in the centre's statement of purpose. There were no volunteers working in the designated centre on the day of inspection.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

On the day of inspection, the inspector found that overall the records and documentation were maintained to a good standard.

The sample of documents reviewed by the inspector were well organised. Training records were readily available for all staff employed in the designated centre and were clearly detailed. All the Schedule five policies were in place within the centre and had been reviewed within the three year timeframe as detailed in the regulations.

The risk management policy had been reviewed since the previous monitoring inspection to include safe moving and handling and infection control.

**Judgment:**

Compliant

**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:***

Ivan Cormican  
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>	Jasmine Services
<b>Centre ID:</b>	OSV-0004468
<b>Date of Inspection:</b>	14 July 2016
<b>Date of response:</b>	6 September 2016

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

**Theme:** Individualised Supports and Care

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

The provider failed to ensure that residents had access to advocacy services.

**1. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

The new team leader/person in charge will engage with the National Advocacy Service with regard to people having independent advocates apart from their families, if they so wish.

**Proposed Timescale:** 30/11/2016

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that residents had access to sufficient funds.

**2. Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The social worker and manager/person in charge will re-engage with families to ensure that people supported have access to sufficient funds. The social worker will also engage with the National Advocacy Service as required.

**Proposed Timescale:** 15/12/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that residents' personal plans were reviewed on an annual basis, including the goals for two residents.

**3. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All personal plans are currently under review. The manager/person in charge has met with keyworkers in this regard.

**Proposed Timescale:** 30/11/2016

## 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:**

The provider failed to identify all risks within the designated centre.

### **4. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

All risk assessments are being reviewed by the staff team in conjunction with the MDT and manager. Additional risk assessments will be completed for lap belts, bed rails and self-injurious behaviour.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

The provider failed to ensure that adequate arrangements were in place for the containment of fire.

### **5. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. An application is being made to the landlord to install a fire door in the kitchen and door magnets connected to the fire alarm on other doors. 30/09/2016
2. If the landlord agrees to install the fire door and door magnets, we will request that this is done immediately. 30/11/2016
3. If the landlord does not agree to install fire doors and door magnets, we will apply to our external funding body for the additional capital funding required. 31/10/2016
4. On receipt of capital funding, we will immediately carry out the work. 31/01/2017

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

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

The provider failed to ensure that the documented emergency evacuation plan accurately reflected emergency procedures within the designated centre.

**6. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The documented emergency evacuation plan now accurately reflects the emergency procedures within the designated centre and the manager/person in charge has clarified this with the staff team.

**Proposed Timescale:** 22/07/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The registered provider failed to ensure that there were adequate and suitable practices in relation to the administration of medication.

**7. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The manager/person in charge has reiterated the importance of all staff complying with organisational policies and best practice in relation to the management and administration of medication. Medication error forms were completed the day after the inspection.

**Proposed Timescale:** 22/07/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider had given the person in charge a remit over numerous designated centres. The inspector found this impacted negatively on her ability to be present at the centre and ensure that her legal responsibilities as person in charge were fulfilled.

**8. Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

A new team leader and person in charge is commencing in this designated centre on 12th September 2016.

**Proposed Timescale:** 12/09/2016

**Theme:** Leadership, Governance and Management

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

The provider failed to carry out unannounced visits to the designated centre.

**9. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Unannounced visits are planned for this designated centre.

**Proposed Timescale:** 30/09/2016

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that an annual review of the quality and safety of care and support is carried out within the designated centre.

**10. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review has now been completed.

**Proposed Timescale:** 29/07/2016

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that arrangements were in place to facilitate the person in charge to have complete oversight and accountability of the centre and its service provision.

**11. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A new team leader and person in charge is commencing in this designated centre on 12th September 2016.

**Proposed Timescale:** 12/09/2016

**Theme:** Leadership, Governance and Management

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

The provider failed to ensure that the recording mechanisms for residents' finances were appropriately maintained within the designated centre.

**12. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The new team leader/person in charge will be working on site and will ensure that the recording mechanisms for people's finances are appropriately maintained within the designated centre.

**Proposed Timescale:** 30/09/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The provider failed to ensure that the designated centre was adequately resourced in terms of staffing needs.

**13. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. As an interim measure, 19.5 additional hours per week have been added to the roster via a Community Employment Scheme. These temporary part-time hours will be used to assist with all aspects of support to ensure the dignity of people supported. 01/11/2016;
2. Re-structuring is planned for the beginning of next year and this will allow a further 19 hours per fortnight to be added to the roster to further support people to achieve their outcomes and community participation. 31/01/2017
3. Permanent additional funding has also been sought from our external funding body for additional staff for this designated centre to bring it up to the full staffing levels required. This request continues to be escalated at all meetings with our funding body. On receipt of additional funding – 31/03/2017

**Proposed Timescale:** 31/03/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all staff had received infection control training.

**14. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

This training is part of our suite of trainings and is planned for 20/10/2016

**Proposed Timescale:** 20/10/2016