

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Juniper Services
<b>Centre ID:</b>	OSV-0004696
<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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 02 May 2017 09:00 To: 02 May 2017 20:00

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 29 and 30 June 2015. As part of this inspection, the inspector reviewed the four actions the provider had taken since the previous inspection. The inspectors found that one of these actions had not been addressed in line with the provider's response and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. Residents stated that they felt happy and safe in their home and could complain to a staff member if they so wished. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with four staff members, including the person in charge and the provider nominee. The inspector briefly met three other staff members. The inspector

observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, fire precautions, medication records and emergency planning within the centre was also reviewed.

#### Description of the service;

The designated centre comprised three houses that accommodated five residents who have intellectual disabilities. The designated centre was registered to accommodate seven residents. One house was located in a housing estate on the outskirts of a village. The other two houses were located in a rural setting. Each resident had their own bedroom which was decorated to reflect their interests. Each house had an adequate amount of shared bathrooms and toilets, which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents, to have visitors such as family and friends. Transport was also provided in all three houses for residents to access the community.

#### Overall judgement of our findings:

This inspection found compliance with the regulations under several outcomes including residents rights, social care needs, healthcare and medications. The inspector found that improvements were required in relation to outcomes including safeguarding, governance and management and resources. The inspector also found that significant improvements were required in relation to health and safety, with this outcome deemed as major non-compliant.

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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre.

The person in charge maintained a record of all received complaints in the designated centre. Each complaint had been documented and feedback had been given to the complainant. The procedures on how to make a complaint were clearly on display and detailed the people responsible for managing complaints including the appeals officer.

Residents were supported to manage their finances with one resident requiring no support from staff. Staff maintained a record of both income and expenditure for residents who required support. Receipts and regular balance checks were monitored by staff on duty and the person in charge was conducting regular audits of these records.

Residents attended weekly meetings with staff on an individual basis to discuss issues such as activities and meal choices. Minutes of these meetings were maintained and available for review.

Staff interacted with residents in a warm and caring manner. Staff were guided in assisting residents with their hygiene needs by intimate care plans which were regularly updated. Residents also had keys for their individual bedrooms.

**Judgment:**

Compliant

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<b>Outcome 02: Communication</b> <i>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.</i>
<b>Theme:</b> Individualised Supports and Care
<b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.
<b>Findings:</b> On the day of inspection, residents had access to television and media such as newspapers and radio. Some residents had access to internet facilities and personal mobile phones. However, internet facilities were not available in all houses that made up the designated centre. This was also an action in the previous inspection report.
<b>Judgment:</b> Substantially Compliant

<b>Outcome 05: Social Care Needs</b> <i>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.</i>
<b>Theme:</b> Effective Services
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> On the day of inspection each resident had a personal plan in place which was regularly reviewed by the staff team.  Each plan contained areas such as my life, all about me, things I like, things I don't like and what is important to me. These aspects of the person plan were used to assist with the formulation of personal goals in conjunction with the resident, family members and relevant staff members. The inspector found that residents had chosen a wide range of

personal goals, which the resident was supported by the staff team to achieve.

Daily notes also indicated that residents had a varied amount activities throughout the week. Residents were supported to attend paid employment and accessed their local community on a daily basis. Residents also had a schedule of weekly activities which could be altered to meet their needs as required.

**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:**

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection had been addressed with window restrictors now available. However, improvements were required in relation to fire precautions and risk management plans.

The provider had completed a health and safety statement for the designated centre which was regularly reviewed and updated. Staff were conducting regular health and safety reviews and some staff had completed training in risk management.

Each home in the designated centre had a risk register in place which identified all relevant risks. Each identified risk had been risk rated and controls measures applied to negate the identified risk. However, the inspector found that the designated centre did not have a risk management plan in place for infection control procedures used within the centre. The risk management plan for fire failed to state all control measures in place such as the use of personal emergency egress plans (PEEPS) and fire fighting equipment.

Identified risks for each resident such as challenging behaviour, transport and remaining unsupervised in centre transport, had a management plan in place. However, residents who remained in their homes by themselves during the day and potentially at night did not have a risk management plan in place to support this. Residents who accessed public transport had a risk management plan in place: however, areas of good practice used to negate the identified risk were not included such as the use of mobile phones and liaising with volunteers to support the residents' independence.

Staff within the centres were conducting regular fire drills with residents and completing

weekly checks of fire equipment. However, each of the three houses that made up the designated centre did not have a fire alarm or fire doors in place. The inspector also noted that emergency lighting was limited in availability and that in one house smoke detectors were absent from high risk areas such as the kitchen and a sitting room, which had an open fire. Carbon monoxide alarms were also absent from this premises. These areas for concern were brought to the attention of the person in charge who indicated that the provider would be employing the services of a suitably qualified person to assess fire precautions within the designated centre.

The centre had systems in place to monitor adverse events. All events were responded to in a prompt manner by the person in charge.

The centre also had infection control procedures in place. Staff used colour coded mops and cloths and adequate hand washing facilities were also available.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

On the day of inspection, the inspector found that residents were safeguarded against potential abuse. The actions from the previous inspection had been addressed with behavioural support plans now reviewed on a regular basis. However, improvements were required in relation to restrictive practices.

Staff interacted with residents in a warm and caring manner. Residents stated that they were treated with respect and could go to any staff member if they had a concern. Staff had received training in safeguarding and could identify the procedures to be followed if they had a concern. There was also information available on how to report a safeguarding concern and on the designated person to manage allegations of abuse.

The care of some residents was supported by behavioural support plans which were regularly reviewed. Staff who were interviewed had a good knowledge of these plans.



Restrictive practices such as access to the staff room had been referred to the human rights committee and been upheld. However, the inspector found that not all restrictive practices in use had been referred to this committee.

**Judgment:**

Substantially 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 the best possible health of residents was promoted in the designated centre.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also referred to allied health professionals and specialists as required. The inspector found that all prescribed interventions following these referrals had been implemented by the staff team.

Each resident's personal plan contained their medical history, and where required, a plan of care had been formulated to guide staff in the care of each condition. The inspector did not observe any meals being prepared on the day of inspection; however, residents had free access to kitchen facilities, snacks and drinks.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that there were systems in place for the safe receipt, storage, administration and recording of medications.

The centre had appropriate storage for medications and staff had a good knowledge of the safe administration of medications, including the actions to be taken in the event of an administration error. Some residents were self medicating and had managed their medications for a number of years. The provider nominee stated that a new risk assessment tool was being developed to support residents who currently self medicate and those who may wish to self medicate in the future.

Each resident had an individual prescription sheet in place which had been signed by the general practitioner and staff were completing an administration record following the administration of residents' medications.

The centre had a stock control system in place including medications which were received and those returned to the pharmacy.

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the designated centre had suitable governance and management arrangements in place. The actions from the previous inspection had been addressed with the range of responsibilities allocated to the person in charge now reduced to two designated centres.

The inspector met with the person in charge who had a good operational knowledge of the centre and of the needs of each resident. The person in charge was conducting financial audits of residents accounts and facilitating regular auditing of health and

safety and medications.

An annual review of the service had been completed; however, required improvements derived from the annual review, were not supported by a relevant action plan. The provider had also carried out a six monthly audit of the safety and quality of care. An action plan was generated following this audit which clearly identified the people responsible, including timelines for addressing any identified issues. the inspector noted that the person in charge had made good progress in completing the action plan.

**Judgment:**

Substantially Compliant

**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 designated centre was adequately resourced in terms of staffing needs. One action from the previous inspection had been addressed with suitable transport available in all houses which made up the designated centre.

**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:**

On the day of inspection, the inspector found that the centre had appropriate staff numbers to meet the assessed needs of residents of residents.

Staff records indicated that staff had attended training in areas such as fire safety, behavioural support, safeguarding and were up-to-date with training needs.

The person in charge maintained a planned and actual staff rota which was found to be accurate on the day of inspection.

Volunteers were actively involved with supporting residents to engage in social activities and residents stated that these social outings. Records regarding volunteers including their roles and responsibilities and support and supervision were not available on the day of inspection; however, these records were submitted on a day subsequent to the inspection.

**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>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004696
<b>Date of Inspection:</b>	02 May 2017
<b>Date of response:</b>	09 June 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:**

The provider failed to ensure that internet facilities were available throughout the designated centre.

**1. Action Required:**

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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

to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet access was installed in houses where people supported were interested in accessing the internet. All houses in this designated centre have smartphones and internet access via these. The Person in Charge will review the needs of people supported in all houses in relation to the internet and will liaise with the Speech and Language Therapist in this regard also.

**Proposed Timescale:** 28/06/2017

**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:**

The provider failed to ensure that risk management plans were in place for in place for infection control.

The provider failed to ensure that risk management plans were in place for residents who remained in their homes by themselves during the day and potentially at night.

The provider failed to ensure that all control measures used to negate identified risks were included on risk management plans.

The provider failed to ensure that carbon monoxide alarms were in place where required.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Risk management plans for infection control have been drafted by staff in conjunction with the Person in Charge.
2. A comprehensive risk management plan is being worked on by staff in consultation with the Person in Charge and the relevant multi-disciplinary staff. This will include the review of risk assessments and protocols, the review of Individual Emergency Plans and evacuation plans and procedures in the event of a person going missing. There is also a specific night time procedure now in place.
3. All risk assessments have been reviewed and all control measures are now listed.
4. Carbon Monoxide alarms are being installed in houses where required in this designated centre.

**Proposed Timescale:** 1. Completed 11/05/2017; 2. 30/06/2017; 3. Completed

25/05/2017; 4. 16/06/2017

**Proposed Timescale:** 30/06/2017

**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 designated centre had adequate emergency lighting.

**3. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting is being installed.

**Proposed Timescale:** 23/06/2017

**Theme:** Effective Services

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

The provider failed to ensure that fire doors were in place in the designated centre.

**4. 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:**

1. Additional funding has been sought from our external funder to put in fire doors and fire alarms.

2 In the interim, we have quarterly fire drills, deep sleep evacuations, fire safety training, weekly fire equipment checks and a night time procedure that all staff follow.

Proposed Timescale: 1. On receipt of additional funding 30/09/2017; 2. Completed 11/05/2017

**Proposed Timescale:** 30/09/2017

**Theme:** Effective Services

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

The provider failed to ensure that smoke detectors were available throughout the

designated centre.

**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:**

Additional smoke detectors are being installed.

**Proposed Timescale:** 16/06/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider failed to ensure that all restrictive practices had been referred to the rights committee for review.

**6. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Person in Charge has reviewed all restrictions in conjunction with the staff team and the multi-disciplinary team to ensure least restrictive procedures and all have been referred to the Human Rights Review Committee.

Proposed Timescale: Completed 12/05/2017

**Proposed Timescale:** 12/05/2017

**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 failed to ensure that an action plan had been generated to address areas identified deficits following the annual review of the quality and safety of care in the centre.

**7. 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 Person in Charge has followed up with the Quality Manager to review planning and actions required in the designated centre and a meeting with staff is scheduled.

**Proposed Timescale:** 22/06/2017