



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

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| Name of designated centre: | Jasmine Services |
| Name of provider: | Brothers of Charity Services Ireland |
| Address of centre: | Roscommon |
| Type of inspection: | Announced |
| Date of inspection: | 07 August 2018 |
| Centre ID: | OSV-0004468 |
| Fieldwork ID: | MON-0021888 |

About the designated centre

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

Jasmine services provide full-time residential care and support to adults with a disability. Jasmine services are located in a residential area of a rural town and are close to local amenities. The centre comprises of two bungalows which are of similar design and layout although one bungalow has five bedrooms and the other four. All bedrooms have en suite bathroom facilities with mobility aids such as hoists provided where required. An additional toilet is provided in each bungalow as well as a communal bathroom in the larger bungalow for residents' use. Residents also have access to a communal kitchen/dining room, two living rooms, conservatory and utility room with laundry facilities in each bungalow. On the day of inspection, the inspector was unable to assess staffing arrangements in bungalow two as it was unoccupied due to resident vacancies. Residents in bungalow one are supported by a team of 'community connectors' and outreach workers when at the centre. At night-time, residents are supported by an overnight staff member who is available to provide assistance to residents if required.

The following information outlines some additional data on this centre.

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| Current registration end date: | 13/01/2019 |
| Number of residents on the date of inspection: | 3 |

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------|----------------------|-------------|------|
| 07 August 2018 | 09:15hrs to 19:54hrs | Stevan Orme | Lead |

Views of people who use the service

The inspector met three residents who lived at the centre during the inspection. Residents were unable to tell the inspector about the care and support they received, but appeared relaxed and comfortable with all observed support provided by staff.

The inspector also had the opportunity to meet a family member during the inspection. They told the inspector that they were happy with the support provided and that their relatives' needs were met at the centre. This viewpoint was further reflected in two satisfaction questionnaires completed on behalf of residents by their representatives and reviewed as part of the inspection.

Capacity and capability

Residents received a good quality of care at the centre, although the provider had not ensured that appropriate resources were available at all times to meet their assessed needs. The provider's governance arrangements had not effectively monitored practices at the centre to ensure they were in-line with organisational policies and the regulations.

Following the last inspection, the provider had made improvements to its governance arrangements at the centre. The provider had introduced six-monthly unannounced visits and undertaken an annual review into the quality of care and support provided to residents. However, further improvement was required to ensure that the provider's systems effectively monitored the service. For example, monitoring arrangements had not ensured that residents' documentation was consistently completed and subject to regular review to ensure it was up-to-date and appropriately guided staff.

The provider had reviewed staffing arrangements following the last inspection and had introduced additional resources to support residents to access activities in the local community. However, resources were allocated only on weekdays, and staffing arrangements did not provide residents with the choice to participate in social activities at the weekend.

Staff were both knowledgeable on residents' assessed needs and the centre's operations. Staff knowledge was continually updated by their attendance at staff meetings where all aspects of the service were discussed. The provider had also put arrangements in place to commence individual staff supervisory meetings to discuss

their personal development at the centre.

The provider's training department also ensured that staff had access to regular opportunities to update their skills and knowledge. However, records showed that not all staff had received up-to-date refresher training. In addition, the provider had not ensured that training identified in the centre's last inspection had been undertaken by all staff such as infection control.

The provider's risk management arrangements ensured that accidents and incidents were appropriately reported, investigated and reviewed to inform practices at the centre. Arrangements were also in place to respond to adverse incidents such as fire and the loss of utilities. However, improvement was required to ensure that all risks were identified and practices were subject to regular review to ensure their effectiveness.

Regulation 14: Persons in charge

The person in charge was suitably qualified and involved in the governance and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had not ensured that an appropriate number of staff were employed to meet residents' needs and rosters did not accurately reflect those staff employed at the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider 's training arrangements had not ensured that all staff had received infection control training as agreed in the centre's previous inspection.

Judgment: Substantially compliant

Regulation 21: Records

The provider's recruitment and selection arrangements ensured that all information required under the regulations such as national vetting disclosures and references were obtained prior to staff commencing employment at the centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements were not robust in nature, and had not ensured that previous inspection findings were addressed and that practices at the centre were in-line with organisational policies and the requirements of the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had put measures in place to ensure that residents and their representatives were aware of their right to make a complaint and access advocacy services. However, the provider's complaints records did not record the complainant's satisfaction with the outcome of their complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had not ensured that all policies required under the regulations were subject to review every three years.

Judgment: Substantially compliant

Quality and safety

During the course of the inspection, the inspector found that residents were kept safe from harm and were supported in-line with their assessed needs. Residents were involved in day-to-day decision making at the centre reflective of their abilities and measures were in place to inform them of their rights. However, improvements were required to ensure that all aspects of the service provided were subject to review to ensure their effectiveness.

Residents were supported at the centre to access a range of activities in their local community which reflected their assessed needs, interests and personal goals. Arrangements at the centre supported residents to maintain links with their families as well as participate in activities such as going to the local park, visiting places of interest and attending community events. The provider also ensured that residents had access to day services in-line with their individual needs.

Following the last inspection, the provider had put measures in place that ensured that both residents and their representatives were aware of their rights such as how to make a complaint and access to advocacy services. The inspector found that residents attended regular advocacy meetings and were involved in making decisions about the centre subject to their abilities. The provider had also supported residents to gain greater access to their personal finances since the last inspection; however, this was still not the case for all residents from records examined during the inspection.

Residents' personal plans were comprehensive in nature and provided clear guidance to staff on residents' assessed needs. The person in charge had ensured that residents' personal plans were reviewed annually; however, records showed that the effectiveness of all supports provided had not been assessed. The person in charge had also not ensured that residents' involvement in their reviews was documented along with time frames for the achievement of personal goals.

The provider had not ensured that effective fire containment measures had been put in place at the centre such as an identified fire door and magnetic fire door closures. However, the inspector received assurances from the provider that all agreed actions would be undertaken and had been delayed due to the availability of the appointed contractor.

The provider ensured that staff were knowledgeable on what to do in the event of a fire and ensured their participation in regular fire drills. However, the provider's management arrangements had not reviewed the centre's fire evacuation plan to ensure it reflected staff practice and not all staff had undertaken fire safety refresher training.

The centre was homely and residents were supported to personalise their bedrooms. The provider had ensured that required aids and adaptations had been installed at the centre to meet residents' assessed needs. However, the inspector found that the provider had not ensured that all furnishing in the centre's communal rooms were in a state of good repair and that all equipment such as hoists were subject to regular servicing to ensure they were in good working order.

Regulation 12: Personal possessions

The provider had not put measures in place to ensure that all residents had sufficient access to their finances to facilitate their personal choices and interests.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and personal goals.

Judgment: Compliant

Regulation 17: Premises

The premises met residents' assessed needs, although the provider had not ensured all furniture was in a good state of repair and mobility equipment was regularly serviced to ensure it was in working condition.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured that residents had access to a resident's guide which informed them about the services and facilities they would receive at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Although residents were kept safe at the centre, the provider had not ensured that all risks had been identified at the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Although the provider had measures in place to evacuate residents from the centre in the event of fire, they had not ensured that all identified fire containment actions had been addressed from the last inspection. The provider's fire safety arrangements had also not ensured that all protocols were subject to regular review and staff had attended up-to-date refresher training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medication was appropriately managed and administered by qualified staff. However, no arrangements were in place for the safe and segregated storage of out-of-date medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Although subject to regular review, the provider had not ensured that all aspects of personal plans were assessed on their effectiveness in meeting residents'

assessed needs. In addition, records did not reflect residents' involvement in developing and reviewing their personal plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access healthcare professionals as and when required and in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviour that challenges, the provider ensured that staff had received up-to-date training and positive behaviour support plans were in place to support the person, guide staff practices and reduce any risk to others. In addition, the provider ensured that where restrictive practices were used to support residents they were subject to regular multi-disciplinary review and the least restrictive in nature.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place which safeguarded residents from abuse and were supported by clear reporting protocols. Staff were aware of the signs of abuse and had received up-to-date training, which ensured their knowledge was in-line with current practice developments.

Judgment: Compliant

Regulation 9: Residents' rights

Following the last inspection, the provider had ensured that residents had access to advocacy services at the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Jasmine Services OSV-0004468

Inspection ID: MON-0021888

Date of inspection: 07/08/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Re-structuring has taken place but funding has only allowed for 16 hours per month to be added to the roster for outreach activities. Permanent additional funding has also been sought from our external funding body for additional staff for this designated center to bring it up to the full staffing levels required. This request continues to be escalated at all meetings with our funding body.</p> <p>The roster now reflects when the outreach support worker is on duty to support people on outings and activities in the local community and the person employed through the Community Employment Scheme has a separate roster at the centre to reflect when the person is supporting people at the centre.</p> | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Infection control is part of our suite of trainings and the next session is planned for 28/08/2018.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regular audits and checklists are in place and completed within designated timeframes to ensure that all necessary documentation required complies with regulations and the</p> | |

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| <p>organizations policies and procedures. The Person in Charge has scheduled to meet with staff on 18/09/2018 to ensure that these measures are adhered to and that governance and management arrangements are robust on an ongoing basis. </p> | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>In future all complaints logged by staff and management either on behalf of the person supported, their family members or other as appropriate will detail whether or not the complainant was satisfied with the outcome of the complaint made and any follow up actions undertaken by the staff / manager. </p> | |
| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The provider had set annual review dates on some of the local policies in place within the organization; however some of these policies had not been reviewed within this timeframe. As the regulations state that policies are subject to review every three years the provider will ensure that all local policies will now have a review date within a three year timeframe. </p> | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The social worker and manager/person are working closely with people supported and the staff team to ensure access to their personal finances is satisfactory for all people supported. </p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The person in charge will liaise with the team on 18/09/2018 to ensure that the old furniture is replaced with new.</p> <p>Contact has been made with the necessary equipment maintenance contractors on 10/08/2018 and arrangements made for all mobility equipment to be serviced to ensure it is in proper working order.</p> | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> | |

All risk assessments are being updated and reviewed by the staff team in conjunction with the MDT and manager.

An additional risk assessment has been completed in relation to the need for a door lock in place at certain times when only one staff member is on duty supporting four individuals. |

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

An external fire safety consultant surveyed both houses on 23/10/2017 and reported the requirements needed to comply with regulation 28. The funding required to carry out these works was sought from our external funding body but was not granted until 27/05/2018.

An outside contractor has been appointed to undertake the works and the contractor completed their assessment of the centre on 29/06/18. The contractor gave an initial date for completion of works for 22/08/18 and 23/08/18. However this has been delayed due to the availability of the appointed contractor. The manager/person in charge has been in ongoing follow up with the contractor and 17/09/2018 has now been confirmed for completion of the works. |

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Arrangements are now in place for the safe and segregated storage of out-of-date medication i.e. each person has a separate plastic storage box with their photograph attached in their medication cabinet. |

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge has scheduled to meet with staff on 18/09/2018 and will ensure that all individuals receiving supports have the appropriate planning review reports and individual assessments reviewed in order to ensure the ongoing effectiveness of the plan and to ensure that each person's needs are being met on an ongoing basis.

Each person is encouraged to attend all of their planning meetings and asked to sign their plan to reflect their involvement in developing and reviewing their personal plan. Not all people are able to sign their own plans. |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 12(1) | The person in charge shall ensure that, as far as 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. | Substantially Compliant | Yellow | 31/10/2018 |
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 31/10/2018 |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 16/08/2018 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as | Substantially Compliant | Yellow | 28/08/2018 |

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| | part of a continuous professional development programme. | | | |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 17(4) | The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 18/09/2018 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 28(4)(a) | The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of | Substantially Compliant | Yellow | 30/09/2018 |

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| | fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. | | | |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance. | Substantially Compliant | Yellow | 16/08/2018 |
| Regulation 29(5) | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and | Substantially Compliant | Yellow | 16/08/2018 |

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| | whether or not the resident was satisfied. | | | |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 30/10/2018 |
| Regulation 05(6)(b) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | Substantially Compliant | Yellow | 30/09/18 |
| Regulation 05(7)(c) | The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales. | Substantially Compliant | Yellow | 18/09/2018 |