



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

Name of designated centre:	Juniper Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	18 September 2018
Centre ID:	OSV-0004696
Fieldwork ID:	MON-0021900

## About the designated centre

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

Juniper services consists of three houses and provides a residential service to seven adults with a primary diagnosis of intellectual disability and who require mild to moderate support. The centre can also support residents with mental health needs, and behavioural needs. Residents are provided with individualised support and are facilitated to remain at home as they wish and can also attend day services from Monday to Friday. All three house are located in rural settings, a short distance from each other. Each house is provided with their own transport. A social care model of care is provided in this centre and residents are supported by a combination of social care workers and care assistants. Residents are also supported at night by a sleep-in staff member in each house.

**The following information outlines some additional data on this centre.**

Current registration end date:	04/01/2019
Number of residents on the date of inspection:	5

## 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
18 September 2018	10:15hrs to 18:30hrs	Catherine Glynn	Lead

## Views of people who use the service

Inspectors met with two residents who lived in this centre and spoke with both of them. These residents indicated that they were happy with the care and support they received there. Inspectors observed that residents were comfortable, relaxed, and happy in the company of staff, and in their environment.

A review of resident questionnaires indicated that residents were satisfied with the service provided.

## Capacity and capability

Overall, inspectors found that the care provided to residents, including healthcare and personal planning was of a good standard; however, improvement was required with regard to fire precautions provided in the centre.

Inspectors found that there was a suitable management structure in place and all required audits and reviews of the service had been completed as required. The information gathered from these audits and reviews was used to improve the quality of aspects of care provided in the centre. These reviews led to positive changes for all residents living in the centre.

Following the previous inspection the provider had been issued with a notice of proposal to cancel the registration of the centre. Subsequently the provider responded to the grounds for cancellation by submitting a time bound action plan which outlined how the Brothers of Charity were going to return the centre into compliance with the regulations. On the day of this inspection, inspectors found that the actions had not been addressed within the time frames agreed and there was no clear plan in place for the completion of all fire works required.

The provider had ensured that good recruitment practices were in place which ensured that the safeguarding of residents was promoted in the centre. The provider had ensured that all schedule 2 documentation was received and maintained prior to staff working in the centre, and was available for review by the inspector. The person in charge maintained an accurate staff rota which indicated that residents received consistent care from both regular and relief staff employed by the provider.

On review of staffing arrangements in the centre, inspectors found that adequate staffing resources were in place to ensure that residents were facilitated to attend activities of their choice. Inspectors found that residents were supported individually

and in group activities within the centre. Inspectors met with staff, who had a good understanding of the service and of the residents' care needs. Residents were observed to be relaxed in the company of staff members and stated they would go to staff if they had a concern.

The provider had failed to ensure that all staff had received mandatory and refresher training as required. The person in charge supported and supervised staff as scheduled on a regular basis to ensure that consistent standards of care were maintained in the service. Staff spoken with stated that the person in charge provided formal and informal support as required and was also readily contactable if needed.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of designated centre's registration, was submitted to the chief inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held a full-time role in the organisation and had the capacity to visit this centre regularly each week to meet with residents and staff. The person in charge was found to meet the criteria as required by regulation 14.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had adequate staffing levels in place to meet the needs of the residents who lived in this centre. Rosters were found to be well-maintained and clearly outlined staff names and their start and finish times worked in the centre. A sample of staff files were reviewed and these contained all information as required by Schedule 2 of the regulations.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider did not have an accurate list of all training completed by staff working in the centre, at the time of inspection.
Judgment: Not compliant
<b>Regulation 23: Governance and management</b>
The provider had not completed all actions previously identified during inspections in relation to fire precautions in the centre. At the time of this inspection, the provider had no clear time bound plan for addressing the issues identified.
Judgment: Not compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was found to contain all information as set out in schedule 1 of the regulations and was reviewed on a regular basis.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
The person in charge had ensured that volunteers had their roles and responsibilities set out in writing, received supervision and support and had Garda Vetting disclosures in place.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge maintained an accurate record of all notifications which were submitted to the chief inspector.
Judgment: Compliant

## Regulation 21: Records

The provider had ensured that all records required under the regulations were maintained and available for review when required,

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents included the required information relating to residents who lived in the centre.

Judgment: Compliant

## Quality and safety

While in general residents received a good quality of support, inspectors found that the provider had failed to take adequate precautions to protect them from the risk of fire.

The provider had ensured that fire precautions such as smoke detection and fire extinguishers were in place in all houses and were regularly serviced. Staff also ensured that these were in good working order by conducting regular fire equipment checks and fire drills, which demonstrated that residents could be evacuated in a timely manner. However, the provider had not ensured that fire precautions such as fire panels and fire doors were installed throughout the designated centre as required from a previous inspection.

The provider had received a notice of proposal to cancel registration of the centre following the previous inspection and had responded with an action plan specifying how the Brothers of Charity was going to return to compliance with the regulations. Inspectors found, that while aspects of the required fire works were in place, significant work remained outstanding and was outside the agreed time frames as specified in the providers action plan response. In addition, a competent person had also reviewed the fire precautions within the centre and recommendations were made in regards to the installation of fire doors, and fire panels and while the provider had submitted a time line for the completion of these works this had not been met as required, which further compromised the safety arrangements in the centre.

The centre suited the needs of residents. The houses were clean, comfortably



furnished and well-maintained. Residents had their own bedrooms, which were decorated to their preferences. There was adequate furniture such as wardrobes and other furniture where residents could store their own clothing and belongings.

The provider had ensured that effective measures were in place relating to maintenance of residents' welfare and development in the centre. During the course of the inspection, inspectors found that residents received person-centred care and support, which ensured that they could enjoy activities suited to their preferences, capacities and assessed needs on a daily basis.

There was safe medication management practices in place in the centre. Medication was suitably stored and administered, and staff had training in the safe administration of medication. All residents had been assessed for suitability to take control of their own medication.

### Regulation 13: General welfare and development

The provider ensured that each resident had received appropriate care and support, having regard to the nature and extent of their assessed needs and wishes. Residents had opportunities for occupation and recreation and to participate in activities in accordance with their interests, capabilities and developmental needs.

Judgment: Compliant

### Regulation 17: Premises

There were three houses in this centre and each house was found to be clean, spacious and laid out to meet the needs of the residents living there. Each house was found to be in a good state of repair and staff had a system available to them to report any maintenance works required.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place to identify and assess risk in this centre, which were regularly reviewed and updated as required, to ensure that they reflected current risks and controls in the centre.

Judgment: Compliant
Regulation 28: Fire precautions
The provider had not ensured that the recommendations of a fire report or actions arising from the previous inspection were completed within the specified time frames as required.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The provider had medication management policies and procedures in place that complied with legislative and regulatory requirements. Staff were found to be knowledgeable on the procedures for safe-administration of medication.
Judgment: Compliant
Regulation 6: Health care
Each resident had a personal plan in place which was reviewed on a regular basis. Residents were supported to enjoy a good level of community participation and individual goals which were identified in their personal plan. Goals were monitored and reviewed to reflect progress or completion of goals. A plan was in place to complete annual reviews of this process.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans had been developed, when required, with input from relevant multi-disciplinary staff. These plans were being implemented and reviews of these took place following any incidents that occurred.
Judgment: Compliant

Regulation 8: Protection
The inspector found that the provider had measures in place to protect residents from harm and abuse and took appropriate action in response to any concerns raised.
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Compliant
Regulation 19: Directory of residents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Juniper Services OSV-0004696

Inspection ID: MON-0021900

Date of inspection: 18/09/2018

## 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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:  A training needs analysis form and a training calendar are issued by the training department annually. A full review of training and refresher training required by staff in this designated centre has been undertaken. All staff training is now scheduled as required and a timebound plan is in place.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  The Person in Charge has followed up on all outstanding issues in relation to fire containment in the designated centre and there is now a timebound plan in place. The Person in Charge has reviewed fire management systems in general in this designated centre to ensure effective management systems are in place.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge has followed up on all outstanding issues in relation to fire detection and containment in the designated centre and there is now a timebound plan in place. The Person in Charge has reviewed fire management systems in general in this designated centre to ensure effective management systems are in place.</p>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	07/11/2018
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.	Not Compliant	Orange	23/11/2018
Regulation 28(1)	The registered provider shall ensure that effective fire safety	Not Compliant	Orange	23/11/2018



	management systems are in place.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	23/11/2018