



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

Issued by the Chief Inspector

Name of designated centre:	Jasmine Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	12 November 2020
Centre ID:	OSV-0004468
Fieldwork ID:	MON-0030603

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 comprises of three houses and is located in a residential area of a rural town. All bedrooms have en suite bathroom facilities with mobility aids such as hoists provided where required. 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 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.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 12 November 2020	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents who were availing of this service were in receipt of person centred care and they were supported to enjoy a good quality of life.

The centre could support up-to-nine residents and comprised of three houses. One of these houses supported one resident and the other residents lived in two semi-detached houses which had an interconnecting corridor. On the day of inspection eight residents were using this residential service. The inspector conducted the inspection from one section of the semi-detached house where documentation was reviewed. This house was large, spacious and decorated in a homely manner. The corridor was large, which made it easy for residents with reduced mobility to move about their home and there was three large reception rooms in which residents could relax. The grounds were level and ramps were in place so that residents could safely go outside to enjoy a nearby sensory garden. Some residents who used this service had increased mobility needs and there was also tracked hoists in place to support an ease of transferring these residents.

In order to maintain social distancing, the inspector conducted the inspection in a room which was adjacent to the a kitchen and communal area. Throughout the early morning the inspector found that there was a very pleasant atmosphere and residents were supported to get up in the morning at a time that suited themselves. Staff members chatted freely with residents and there was a busy and homely atmosphere throughout the morning. The inspector met briefly with the residents as they were preparing to go to their day service. All residents seemed relaxed and the staff who were supporting them were chatting in a warm and friendly manner.

It was very clear to the inspector that the well being and welfare of residents was to the forefront of care. The person in charge and a team leader facilitated the inspection and they clearly demonstrated how residents were supported in a person centred manner throughout the COVID-19 emergency. Additional pictorial person-centred plans had been developed as residents were cocooning in the centre. These plans detailed various activities which residents liked such as movie nights, gardening and keeping in contact with family members via hand held devices. A plan for one resident showed them attending a virtual concert in which proceeds were donated to charity. The pictures from this virtual event showed the resident smiling and they appeared to be really interested in the event as they held the hand held device closely.

The team leader of the centre spoke in a very positive manner in regards to a resident who lived in another house. They spoke at great length in regards to how the resident was supported to have a voice in relation to issues which were impacting and their daily life. The team leader explained that the resident loved swimming but the local swimming pool did not have the necessary equipment which would facilitate them to use it. As a result, the resident had to travel a substantial

distance to a suitable swimming facility. However, the resident was supported to liaise with a local sports funding body and they agreed to finance the necessary equipment which would allow this resident to use their local pool. They also had community access issues within their own locality as high street kerbing prevented them from freely accessing the local community. Again, the resident was supported to voice their concerns and a local building firm installed temporary ramps which meant the resident could navigate their local area in safe manner. The staff member also explained that the resident was in the process of canvassing the County council to have the ramps made as a permanent fixture. This resident also made a video of their experience of living through COVID-19 including how they passed the time, excursions they took and home activities such as baking banana bread and personal art projects. This video gave an insight into how COVID-19 impacted on this resident and how with the support of staff, they continued to live a full but restricted life.

Overall, the inspector found that there were two separate aspects of this inspection. In regards to the quality of the service, it was clear that residents were the sole focus of care and that they lived full lives. The provider also demonstrated that they were well prepared should an outbreak of COVID-19 occur; however, some underlying care practices, which were associated with ensuring that the safety of care was maintained to a good standard, required significant improvement. These care issues and the governance arrangements which are in place to oversee the quality and safety of care will be discussed in the subsequent narrative of this report.

Capacity and capability

Overall, the inspector found that the resources and oversight arrangements which were implemented by the provider ensured that residents lived a good quality of life; however, some areas of care, which impacted on the safety of care provided to residents, required significant improvement .

There was robust contingency planning in place in response to COVID-19 and it was clear that the provider, as an organisation, were responding in an coordinated manner to ensure that the safety of residents was promoted. Working groups were identified at senior management level to lead out on the response to COVID-19. These included a national COVID-19 leadership management team and a national COVID-19 clinical team which aimed to distribute the latest public health advice to each region and designated centre. The clinical team also monitored the implementation of national guidelines and also the effectiveness of infection and prevention control practices in designated centres. The centre had a COVID-19 outbreak management plan which was centre specific and clearly outlined the infection prevention and control arrangements which promoted the safety of residents. The person in charge had good knowledge of practices contained in this document and some of these were observed in practice such as the use of (personal protective equipment) PPE and a one-way-system for entering and exiting the

centre. The centre's team leader had undertaken additional training in infection prevention and control and they held responsibility for the day-to-day oversight of infection prevention and control practices and to adherence to national advice by the centre's staff team. They completed regular reviews of these practices and there was a clear escalation pathway to the centre's person in charge should any deficits be identified. Although, there was a robust response in preparing the centre for COVID-19, the outbreak management plan did require review. In several areas of this plan it referenced that the management on-call system was a support to staff who required assistance when responding to a possible outbreak; however, the centre's on-call system did not provide cover after 23.30 at night - leaving staff with no senior manager to contact during night time hours.

The provider had completed all required audits and reviews as stated in the regulations and a range of additional internal audits of medications, health and safety and adverse events were also in place. The aim of these audits was to ensure that care practices were maintained to a good standard and that any deficits in care would be identified and addressed. These oversight arrangements ensured that many aspects of care were maintained to a good standard; however, these arrangements failed to identify significant areas for improvement which were found on this inspection. For example, the provider was unable to demonstrate that the centre was meeting the manual handling needs and fire evacuation requirements of a resident with changing needs, as suitable assessments had not been completed. Furthermore, without suitable assessments, the provider was unable show the inspector that the centre was adequately resourced in terms of staffing needs.

The provider had arrangements in place to ensure that staff received training in regards to COVID-19 and training which was relevant to the residents' care needs. Staff had undertaken training in breaking the chain of infection, hand hygiene and using PPE. Additional training in regards to dysphagia and epilepsy was also completed which demonstrated that the provider had employed staff who were equipped to meet the resident's individual needs.

Overall, the inspector found that there were two separate aspects to this inspection. Firstly, the provider clearly demonstrated that residents were assisted to live full lives and they were also supported to understand that COVID-19 was going to impact on their lives. The centre was a nice place in which to live and staff were supportive and kind in their approach to care. However, secondly, improvements were required in regards to the safety of care which was provided to a resident, as the provider was unable to clearly demonstrate that they had been responsive to all their changing needs.

Regulation 15: Staffing

The provider was unable to demonstrate that sufficient staff numbers were in place to support the manual handling and fire evacuation needs of all residents as suitable

reviews had not been undertaken in response to a resident's changing needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A sample of training records were reviewed which indicated that staff were up to date with their training needs and had also undertaken additional training in response to COVID 19.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not undertaken sufficient reviews of a resident's individual care needs and also failed to demonstrate that the centre was meeting their manual handling and fire evacuation requirements.

Judgment: Not compliant

Quality and safety

As mentioned earlier in the report, residents were assisted to enjoy a good quality of life but improvements were required in regards to some care practices.

Residents had been assisted to develop additional person centred plans throughout the COVID-19 emergency and the inspector found that these had been tailored to meet resident's individual needs, interests and communication requirements. Each of these plans contained additional information in regards to COVID-19 and picture formatted information in regards to COVID-19 testing, symptom checks and use of PPE had been discussed with residents to help them understand what was happening in their lives. One resident was also in the process of being supported by a competent person from an external agency in regards to their life choices.

Residents had access to their general practitioner (GP) of choice and they were reviewed by their GP as changes in their health occurred. A resident had recently undergone significant changes in their health and the GP and specific external health professionals were in regular contact with the centre. The inspector did however identify that some improvements were required in terms of healthcare

provision. For example; the inspector found that care notes highlighted concerns in regards to equipment which supported the manual handling needs of a resident. Although, there was some correspondence between the centre and allied health professionals, there had been no formal assessment which clearly outlined the staffing requirements and necessary equipment to safely support this resident's manual handling needs. Furthermore, residents with underlying medical conditions did not have suitable care planning documentation in place to guide staff in this area of care.

Although, there was clear evidence of ongoing review in many aspects of care such as end of life planning and assisting the residents with their rights and understanding how COVID-19 will impact on them, some other areas of safety had not been reviewed. As mentioned above, a resident had recently undergone significant changes in their life and staff and the provider had responded in a person centred manner to many of their care needs. However, the provider had not taken into consideration how these changes would impact on the resident's ability to evacuate the centre should a fire occur. The resident's evacuation plan had not been recently reviewed and a fire drill had not been conducted to ensure that staff could safely move this resident to a place of safety in the event of an emergency.

As mentioned earlier in the report, the provider had robust contingency planning in place in response to COVID-19. The person in charge and team leader were actively involved in the oversight and implementation of infection control measures and the inspector observed staff sanitizing their hands and using PPE when social distancing could not be maintained. Staff were participating in, and conducting regular sign and symptom checks and ongoing review of precautionary measures were completed by the team leader.

Overall, the inspector found that care within the service was delivered in a person centred manner and that quality of residents' lives was actively promoted. But, improvements were required to ensure that relevant reviews were completed which reflected the changing needs of some residents.

Regulation 26: Risk management procedures

A review of adverse events indicated that any safety issues were responded to in a prompt manner and the person in charge completed regular trending of incidents. Risk assessments were also implemented in response to issues which directly impacted on the safety of care such as COVID 19.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had infection prevention and control arrangements in place which aimed to protect residents and staff from infections such as COVID-19. Staff had undertaken additional training in this area of care and additional cleaning was implemented in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider failed to demonstrate that fire safety arrangements had been effectively reviewed in response to the changing needs of a resident. The provider also failed to demonstrate that all residents could evacuate the centre when minimal staffing was available.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage in place for medicinal products and residents had been assessed to manage their own medications.

Judgment: Compliant

Regulation 6: Health care

The provider had not undertaken a full review of a resident's manual handling requirements following a significant change in their personal needs. The provider also failed to ensure that a plan of care was available to guide staff when supporting residents with medical needs such as epilepsy.

Judgment: Not compliant

Regulation 8: Protection

The centre appeared to be a pleasant place to live and there were no active safeguarding plans required at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were supported in this centre and considerable work had been undertaken to help residents to understand how COVID-19 was affecting their lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Jasmine Services OSV-0004468

Inspection ID: MON-0030603

Date of inspection: 12/11/2020

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: The fire evacuation needs of all people supported have been reviewed and risk assessed in line with the changing needs of people supported. All PEEPS have been updated and fire evacuations have been completed with minimum staffing and maximum people supported. All staff have training in Fire Safety.</p> <p>The manual handling requirements for one person supported has been formally assessed by Occupational Therapy on 8th December 2020. This formal assessment will guide staff with the manual handling requirements of the person supported. This will continue to be monitored and risk assessed on a quarterly basis and in line with any changing needs for the person. All staff have training in manual handling procedures.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The fire evacuation needs of all people supported have been reviewed and risk assessed in line with the changing needs of people supported. All PEEPS have been updated and fire evacuations have been completed with minimum staffing and maximum people supported (30/11/2020). All staff have training in Fire Safety.</p>	

The manual handling requirements for one person supported has been formally assessed by Occupational Therapy on 8th December 2020. This formal assessment will guide staff with the manual handling requirements of the person supported. This will continue to be monitored and risk assessed on a quarterly basis and in line with any changing needs for the person.

All staff have training in manual handling procedures.

The individual care needs of a person supported with changing needs have been reviewed and includes an updated epilepsy care plan (29/11/2020)

All staff have epilepsy training.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire evacuation needs of people supported have been reviewed.

A Fire Evacuation with minimum staffing and maximum number of people supported was completed on 30/11/2020. This was completed without any issues arising and within timeframes.

The Personal Emergency Evacuation Plans (PEEPS) for each person has been reviewed and updated in response to the changing needs of people supported. All staff are updated on all PEEPS.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The manual handling requirements for one person supported has been formally assessed by Occupational Therapy on 8th December 2020. This formal assessment will guide staff with the manual handling requirements of the person supported. This will continue to be monitored and risk assessed on a quarterly basis and in line with any changing needs for the person.

All staff are trained in manual handling procedures.

An Epilepsy Care plan has been completed and updated for the person supported (29/11/2020). Person supported is under the care of a consultant neurologist with the support of an MDT in the hospital as well as daily nursing support in the service.

All staff have training for Epilepsy.

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 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	11/12/2020
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	11/12/2020
Regulation 28(3)(d)	The registered provider shall make adequate	Not Compliant	Orange	02/12/2020

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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	03/12/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	11/12/2020