Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Juniper Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	17 and 18 February 2020
Centre ID:	OSV-0004696
Fieldwork ID:	MON-0026092

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, some 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.

Number of residents on the date of inspection:	4

How we inspect

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
Monday 17 February 2020	14:30hrs to 19:00hrs	Noelene Dowling	Lead
Tuesday 18 February 2020	09:00hrs to 15:00hrs	Noelene Dowling	Lead
Monday 17 February 2020	14:30hrs to 19:00hrs	Catherine Glynn	Support
Tuesday 18 February 2020	10:00hrs to 15:00hrs	Catherine Glynn	Support

What residents told us and what inspectors observed

Inspectors met with three of the four residents in two of the houses as they returned home in the evening. The residents welcomed inspectors and some spoke about their lives in the centre. One resident preferred not to have the inspectors in their part of the house and this was respected.

Some residents showed inspectors around their home, which they had ownership of and were very happy with. They had their own personal space in the houses with separate sitting rooms and workshops for their own personal use. Other residents allowed inspector's to participate in some of their daily routines. The spoke of their various work and training initiatives and had lots of activities top engage in, which they enjoyed. Residents liked to have a rest on Sundays as the weekdays were busy for them and this was respected. They said the staff always helped them, they had people to talk to if they had any concerns and problems were sorted out for them by the staff and the managers.

They said they felt safe living in the centre and got on very well together most of the time. It was apparent that the staff were very familiar with and responsive to the resident's non-verbal communication and to their wishes and preferences.

Capacity and capability

This monitoring inspection was carried out in order to ascertain the providers continued compliance with the regulations. The centre was last inspected in September 2018, with a finding of non-compliance in governance and management, due primarily to the lack of adherence to the condition imposed on registration in relation to fire safety. Since that time, the provider applied to vary the condition imposed, with a revised time frame for completion of these works by 30/12/2020.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their role and responsibilities and the provider had ensured that residents had a good, varied and meaningful quality of life. However, some aspects of the governance and management arrangements required review in order to ensure they were suitable and effective. The provider had implemented a number of quality improvement systems including audits however, these we were limited in their effectiveness to analyse the possible causes, examine trends and implement strategies to improve or change the services based on the outcomes. It was also observed that a number of the actions in relation to risk and fire safety had not been identified by these internal auditing systems.

The provider also undertook required unannounced visits which were detailed and

identified a number of issues, including issues of risk management for the residents relating to an open fire in the house. However, there was no system to ensure that these issues were followed up on or addressed adequately. These issues were actioned and discussed in greater detail in section two of this report: Quality and Safety

There was however, an annual report for 2018 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents with one to-one staffing available during the day. Nursing care was not required by the residents. The staffing levels ensured that the resident's individual support and preferred activities were provided. From a review of a sample of personal files, the recruitment practices were safe with all of the required documents and checks been completed.

According to the training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable as to the supports necessary for the residents. Formal supervision processes for staff had commenced and there was evidence that frequent team meetings were held which promoted good communication and consistency of care for the residents.

The transparency of the management of complaints required some review. While the residents' rights were actively promoted, a system had recently been introduced to manage specific statements, made by the residents which constitute complaints but which may be related to behaviours. This was a suitable mechanism for managing these issues. However, the decision making and protocol regarding this, and the evidence of direct oversight, was not transparently documented. This could place both resident and staff at risk in this instance.

The statement of purpose also required some amendments to meet the requirements of the regulations.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of the role and responsibilities

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was suitable to meet the needs of the residents with one to-one staffing available during the day. Nursing care was not required by the residents. From a review of a sample of personal files, the recruitment practices were safe with all of the required documents and checks been completed.

Judgment: Compliant

Regulation 16: Training and staff development

According to the training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in the centre did required review so as to ensure clear roles and areas of accountability for decision making. The quality improvement systems including audits were limited in their effectiveness to analyse the possible causes, and implement improvement strategies.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required some amendments to meet the requirements of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the provider and person in charge was submitting the required notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The transparency of the management of complaints required some review. While the residents' rights were actively promoted, an additional system had been introduced to manage specific statements made by the residents which may constitute complaints but the decision making and oversight of this was not transparent. This could place both resident and staff at risk in this instance.

Judgment: Substantially compliant

Quality and safety

Overall, residents living in the centre received care and support which was of a good quality, person-centred and which promoted their wellbeing. There were some improvements necessary however in the systems for risk management, reviews of care and fire safety.

The provider had put systems in place to ensure that the residents' personal and social care needs were prioritised and supported. There were small numbers of residents living in each house and issues of compatibility and suitability to live together were considered in decision regarding admissions. At the time of this inspection, a transition into one of the houses, was being carefully managed to ensure the best outcome for all of the residents.

Staffing levels were good which supported the residents' individual and complex needs for engagement, activities and care. The residents had good access to the local community and their day services and activities were tailored to their own

preferences, interests and abilities, supported by their one-to-one staffing. Some of the residents had paid supported employment, and others prepared meals for local charities. They went to regular social events of their choosing and were supported to develop and maintain life skills. Their primary care needs were being very well supported and staff were observed to be attentive and engaged with the residents, aware of their individual needs, and responsive to them.

Some improvements were required in the system for holding comprehensive multidisciplinary reviews, in particular for residents with more complex needs so to ensure that the their current and continuing care and support needs were being addressed adequately. The residents' personal outcome plans however, did show that their own preferences were being supported in regard to work, social care and recreation.

Each resident had good access to healthcare professionals and individual healthcare plans were in place and monitored. However, on review of personal plans there were some gaps evident in further follow up and referral where this would be deemed necessary. For example; one resident was not reviewed by a dietitian to ensure that they received appropriate care to manage their diet when concerns arose. Furthermore, another resident had not received a review when a medication regime was discontinued to ensure this was suitable. However, this was not a consistent finding however and for the most part, residents healthcare needs were being provided for.

The residents' right to make decisions regarding their own lives were encouraged and supported with information and advice available to enable them to make good decisions. These included the right to attend their own medical practitioner alone, manage their own medicines, finances, and lock their bedrooms or private spaces. These were based on their wishes and assessed abilities.

A number of residents had detailed and pertinent individual risk assessments implemented however, the systems for the assessment and management of risk required some review to ensure that the risks were being adequately assessed and appropriate management plans implemented (taking the residents right and preferences into account). Some risks were identified which had not been mitigated by effective control measures. For example, the risk associated with a resident using the fire escape to enter the building was addressed as a fire safety hazard, as opposed to a risk of injury to the resident. No practical action was taken to prevent this occurring.

Other risks were evident including residents placing themselves at significant risk outside of the centre on occasions, or necessitating staff to leave the centre in order to be safe. The provider had initiated a number of control measures including contact with emergency services to manage this without undue restrictions on the resident. However, in some instances, these decisions presented significant challenges in balancing the resident's rights, need for safety in risk taking and the provider's duty of care and the overall decision making process involved in these strategies were not sufficiently or transparently documented. The inspector did observe however, that this was a very complex situation which made significant

demands on staff.

It was also observed that here was no comprehensive system in the centre which detailed both environmental and clinical risks to ensure that they were assessed, evaluated, consistently managed and updated regularly. From the documentation provided to the inspectors by the person in charge, it was also observed that the review and analysis of incidents occurring in the centre did not support sufficient learning and review.

Systems for safeguarding of residents were satisfactory overall and the inspector was informed that there were no current concerns of this nature. The provider had assigned personnel to deal with any such incidents which may occur. However, the arrangements for decision making in regard to the management of some residents finances, where this was necessary, and spending of monies, were not sufficiently robust to ensure the residents were adequately protected by these systems.There was however no evidence of any wrong doing.

There were detailed plans and good access to clinical supports for the management of behaviour that challenged. A small number of restrictive practices were implemented in the centre following an assessment and review. These were implemented as part of the behaviour support systems and were based on the residents' need for safety and support. The provider's human rights committee which oversees these practices, had recently being reinstated which provided a further system for safeguarding the residents.

The fire alarm system had not been serviced since its installation in 2018. Although somewhat mitigated by the regular fire drills and tests done on the systems weekly, this could pose a risk to the residents. The provider was requested to address this issue and did so with a suitable date for servicing the fire alarm provided. Documentary evidence that the fire doors which had been installed were of the required standard was also forwarded following the inspection. The provider had completed some interim works including the installation of fire doors and specialist treatment of other areas of the buildings had taken place.

The provider also had conditions placed on the registration of the centre with regard to fire safety and these are to be completed by December 31, 2020. Once completed, the provider will be required to confirm this with HIQA and apply to the Chief Inspector to have the condition attached to the registration removed.

Medicine management practices were reviewed and found to be satisfactory, errors were addressed, and assessments had been carried out with the residents resulting in some residents self-medicating. There were also suitable systems for managing intake and returns of medicines.

Regulation 13: General welfare and development

The residents' were supported to achieve their own personal goals and aspirations

through individualised work, training and recreation.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for the assessment and management of risk required review to ensure that the risks were being adequately assessed and appropriate management plans implemented, taking the residents' right and preferences into account.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider failed to ensure that the fire alarm system was serviced quarterly as required.

The provider is required to complete the outstanding fire safety and containment works within the time frames as set down by the application to vary which was granted.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were satisfactory.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents social care needs were very well supported and driven by their own preferences.

Some improvements were required ensuring that comprehensive multidisciplinary reviews, in particular for residents with more complex needs, took place to ensure that the resident's current and continuing care and support needs were being

addressed adequately

Judgment: Substantially compliant

Regulation 6: Health care

While the residents' good health was promoted and they had good access to all relevant clinicians there was no system for ensuring that issues identified were consistently followed up on.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were very detailed plans and good access to clinical supports for the management of behaviour that challenged. A small number of restrictive practices were implemented in the centre following assessment and review.

Judgment: Compliant

Regulation 8: Protection

There were appropriate systems for ensuing that residents were adequately safeguarded and there were designated persons within the organisation to oversee this.

However, the arrangements for decision making in regard to the management of some residents finances (where this was necessary), and spending of monies, were not sufficiently robust to ensure the residents were adequately protected by these systems.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents' right to make decisions, be consulted and have control over their daily lives were fully supported.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Juniper Services OSV-0004696

Inspection ID: MON-0026092

Date of inspection: 17 and 18/02/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge held a meeting with staff team on 27\02\2020 to set up a robust system of regular audits and checklists which ensure completion within designated timeframes. This will ensure all necessary documentation required to comply with regulations and the organizations policies and procedures are kept up to date and adhered to. The Person In Charge and Service Lead met on 03\03\2020 to review the Governance and Management arrangements at the centre. A business plan is being submitted to external funders so that 15 hours supernumerary hours can be allocated towards a team leader post for this designated centre. On receipt of this funding the newly appointed team leader will be the named PIC of this centre and the area manager who is currently the PIC will have their roles changed to the PPIM.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has now been amended and updated. It now clarifies the tenancy arrangements in place within the designated centre.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The additional system to manage specific statements made by people supported has now an accompanying protocol to ensure decision making and oversight are transparent.
This protocol clarifies the procedure involved for all staff and includes the input of the person supported, social work department, management and the behavior support team.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All risk assessments are being updated and reviewed by the staff team in conjunction with MDT and manager.

A full case review which involved input from senior management, the social work department, the person in charge and behavior support/psychology department took place on the 26\02\2020. This meeting reviewed the risks associated with a person supported and their behaviors of concern.
Risk Assessments have been updated and new risk assessments put in place with accompanying control measures and protocols. These are in the process of being implemented in conjunction with the person supported and the MDT. The person's behavior support plan has also been updated and a referral to the organizations Human Rights Review Committee is being submitted for review and approval.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Contracts have now been put in place with an approved contractor to ensure that the fire alarm systems are serviced quarterly as required.

The provider is required to complete the outstanding fire safety and containment works by the 30\12\2020 as set down by the application to vary which was granted.

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 set up a schedule to meet with staff teams to ensure that all individuals receiving supports have the appropriate individual planning reviews and individual assessments completed in order to monitor the ongoing effectiveness of the plan and to ensure the individual's needs are being met.
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Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge has put in place a system of quarterly audits and checklists to be completed within designated timeframes to ensure all health care issues identified are consistently followed up on.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The person in charge scheduled a meeting with Social Work on 21\02\2020 to plan for arrangements and how decisions are being made on the management of a person's finances and decisions on their spending of monies.
A robust system and plan to ensure the person is adequately protected was set up which includes the input of the person, Social Work and the person's identified family support network at the persons planning meetings. This provides a basis to facilitate a collaborative decision making approach in relation to finances which will preserve and adequately protect the person's rights and protection.

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/09/2020
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.	Substantially Compliant	Yellow	27/02/2020
Regulation 26(2)	The registered provider shall ensure that there	Not Compliant	Orange	30/04/2020

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	06/03/2020
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	20/03/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	19/03/2020
Regulation 05(6)(a)	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	Substantially Compliant	Yellow	27/02/2020

	needs or circumstances, which review shall be multidisciplinary.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	27/02/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	21/02/2020