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:	Juderobe
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	05 and 06 November 2019
Centre ID:	OSV-0005778
Fieldwork ID:	MON-0026653

About the designated centre

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

Juderobe provides a residential service to four female adults with a mild to moderate intellectual disability. The centre consists of one dwelling on the outskirts of a large town. The dwelling consists of four bedrooms, a shared shower-room, a bathroom, kitchen, lounge, garage, utility room and conservatory. The centre is staffed with a skill-mix of nursing and care staff and provides support 24 hours a day to residents. There is an on-call nursing service available for the centre also to provide further support, if required.

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
05 November 2019	14:00hrs to 18:45hrs	Angela McCormack	Lead
06 November 2019	09:45hrs to 13:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector met and spent time with three residents who lived at the centre. One resident was visiting their home and was not at the centre during the inspection. Residents who the inspector spoke with said that they liked living at the centre and that they were treated well by staff. One resident stated that they liked the centre because it was quiet. During the inspection, residents were observed going about their daily routines and were observed to be supported by staff who were knowledgeable about their individual needs. Residents spoke about activities that they enjoyed, including going to Mass, going to concerts, visiting family, eating out in restaurants and going on holidays. Residents appeared to be relaxed and comfortable in their environment, and with each other. During the inspection residents were observed to move freely around their home, and were involved in choosing meals and engaging in activities of choice, such as watching TV, reading magazines and relaxing in their bedrooms.

Capacity and capability

The inspector found that overall there were good governance and management arrangements in the centre with a clearly defined management structure in place. However, there were areas of improvement required with regard to residents' personal plans, staff training and development, positive behaviour support and fire precautions.

The person in charge worked full-time and was responsible for another designated centre also. He managed his time between both centres and was found to be very knowledgeable about the needs of residents. The person in charge carried out a range of internal audits in areas such as complaints, medicines, incidents, and health and safety. Checks were completed on residents' personal plans and fire safety by the staff team, with oversight by the person in charge. However, these checks failed to pick up on some issues in relation to an error on the fire evacuation notice and residents' goals not being followed up in a timely manner. The person in charge undertook to address this by implementing a new audit system to minimise the gaps in these checks.

Regular supervision meetings were carried out with staff who worked in the centre. Staff who the inspector spoke with said that they felt well supported and could raise any issues or concerns to the management team if needed. Staff received regular training as part of their continuous professional development. The person in charge maintained a training schedule which detailed mandatory and refresher training needs. However, the inspector found that not all staff had the training required to support individual residents with specific interventions for their care, which resulted

in staff engaging in practices that they were not trained in. For example, a staff who had not been trained in the administration of a particular PRN medicine that was prescribed for a resident had administered this medicine following consultation with the on-call staff. In addition, training for staff in person centred plans and goal setting that was identified as part of the provider audits and due for completion in October 2018 had not yet been achieved.

The provider had carried out unannounced six-monthly visits as required by the regulations. These audits were detailed in nature and outlined areas for improvement. An annual review of the quality and safety of care and support of residents was completed by the provider and detailed actions for quality improvement. The person in charge ensured that notifications were submitted to the Chief Inspector of Social Services, as required by regulation.

The inspector found that the centre appeared to be well resourced and that the staffing arrangements were adequate to meet the numbers and needs of the residents. The staffing complement included a skill mix of nurses and care assistants, with waking night cover in place each night. In addition, there was an out of hours on-call system in place to provide further support and guidance to staff who worked alone. This had recently been improved to ensure that the on-call person was available to attend to the centre if required.

There was a good complaints management procedure in place and the inspector found that complaints were well managed. The provider ensured that complaints were recorded, followed up and actions taken to resolve the complaints to the satisfaction of the complainant. There was an easy-to-read version of the complaints procedure which was accessible in the centre, and contained details of who the nominated complaints person was. However, the exact details of the appeals process was unclear on the easy-to-read document but the person in charge addressed this by the end of the inspection. Complaints were discussed at residents' weekly meetings and residents who the inspector spoke with said they were happy with the service and that they would speak with the person in charge if they were not happy.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience and qualifications as required by the regulations. The inspector found that he appeared very knowledgeable about residents' needs and it was evident that residents had regular contact with him.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre was well resourced with a skill-mix of nursing staff and care assistants. There was an actual and planned rota in place which showed continuity of staff who worked there.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that not all staff were trained in the administration of PRN medicines that were prescribed for residents. In addition, training in person centred planning which had been identified as being required by the provider in 2018 had not been completed.

Judgment: Not compliant

Regulation 23: Governance and management

Overall the inspector found good governance and management systems in place, and found that the person in charge and provider were responsive to issues that arose. However, some improvements were required to the oversight of the management systems with regard to staff training, fire evacuation, personal plans and consent and documentation regarding care interventions.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of services for residents. These agreements stated the fees to be charged and the details of services to be provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured all notifications were submitted to the Chief Inspector

as required by regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure on display in the centre and an easy-to-read document available for residents. Complaints were a regular agenda item at residents' meetings and residents who the inspector spoke with said they would go to the person in charge if they had a complaint.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service, and residents spoken with said that they were happy in their home and with the supports given by staff.

There were assessments in place for the health, personal and social care needs of residents and care plans were developed where required. Residents were supported to achieve optimal health with assessments and plans in place for identified health related needs. Furthermore, residents were facilitated to access allied health professionals and national screening programmes where recommended. Personal plans were developed with residents and were available in an accessible format, with photos of personal achievements available to view. Where residents chose not to attend their annual review meeting, a family representative was in attendance. In addition, feedback was received from residents and their families through the use of questionnaires as part of the annual review. While goals were identified with residents, the inspector found that some residents' goals were not achieved in a timely manner. In addition, there was no evidence that the goals were reviewed as to their effectiveness, and actions to progress them were not completed.

Staff were trained in behaviour management and staff who inspectors spoke with were knowledgeable about residents’ support needs and behaviour support plans. However, with regard to a residents' behaviour support plan around an intervention to prevent excessive consumption of hot beverages, it was unclear how and if the resident or advocate had consented to this intervention. In addition, where a resident was prescribed PRN medication for behaviour incidents, the inspector found that there were two protocols in place to guide staff in the use of the medicine. The inspector found that these protocols had inconsistent instructions regarding proactive strategies to minimise the use. Furthermore, the protocols that

were developed did not ensure safe use of the medicine, as the guidelines were not clear with regard to the exact name of the medicine, the maximum dosage in 24 hours and the route of medicine. This was brought to the attention of the person in charge during the inspection, who undertook to address this as a matter of priority.

The centre had systems in place for the detection, containment and prevention of fire, and regular fire safety checks were completed by staff. Residents had personal emergency evacuation plans in place which were detailed and regularly reviewed. However, the inspector found that the fire evacuation plan which was on display was not accurate and the overall centre specific plan to safely evacuate all residents was not clear. This was brought to the attention of the person in charge who had updated the easy-to-read evacuation plan and associated risk assessment by the end of the inspection. In addition, improvements were needed with regard to the fire drills to ensure that all residents can be safely evacuated. For example, a fire drill took place during the inspection and the inspector observed that some residents and staff did not evacuate to the designated assembly point, but gathered at the front door blocking evacuation of the centre for others.

There was good overall risk management processes in place in the centre. The person in charge had a good understanding of risk management and risk assessments were carried out for identified risks and a log of risks was maintained and regularly reviewed by the person in charge. Adverse events were assessed and plans were in place to respond to emergency situations. There was a system in place for the review of accidents and incidents, and learning from incidents were discussed at staff meetings.

Overall there were good systems in place for the safeguarding of residents. Staff were trained in safeguarding of residents,and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. A review of documentation and discussion with the person in charge demonstrated that any suspected abuse concerns were followed up promptly in line with procedure. Residents were supported to develop the awareness and skills to self-protect by use of a easy-to-read document and discussion at resident's weekly meetings. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents.

Residents were supported to participate in the running of the centre by weekly resident meetings. The inspector observed residents moving freely around their home and making choices about meals, leisure activities and having lie-ins. Residents had access to advocacy services and there were easy-to-read documents and visual notices on display throughout the house. For example, a pictorial staff rota and choice board for activities were on display in a prominent position, and a folder of easy-to read documents were located in the sitting-room for residents and readily accessible.

Regulation 17: Premises

The premises had adequate space and facilities for the needs and numbers of residents. The house was clean, homely and nicely decorated. Residents had their own bedrooms which were decorated to their individual preferences. There was space for residents to engage in activities in house, such as arts and crafts, having visitors, watching television and sitting out in the back garden.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments were carried for identified risk in the centre and a log of risks was maintained by the person in charge, which was under regular review. The person in charge demonstrated a good understanding of risk management, and specific risks which may impact on residents had specific plans in place.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that improvements were required to ensure safe evacuation of residents from the centre at all times, and that the overall centre evacuation plan was clear.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents goals as detailed in their personal plans were not reviewed as to their effectiveness, and actions were not taken to progress the goals in some instances.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that the health needs of residents were assessed, and residents had access to a range of allied healthcare professionals, such as general

practitioners, dentists, chiropodists and dietitians.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that where therapeutic interventions were deemed to be required as part of residents behaviour support plans, that there was no evidence that consent had been obtained from the resident and or their representative. In addition, the inspector found that there was unclear and inconsistent information to guide staff on the use of a prescribed PRN medicine for behaviour incidents for a resident.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that staff were aware of what to do in the event of an allegation or suspicion of abuse, and that safeguarding concerns were appropriately followed up. Resident were supported to develop the skills to understand how to self-protect and safeguarding was discussed regularly at residents' meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents were involved in the running of the centre and that residents' rights were promoted in relation to choice and control about their daily lives. Residents had access to advocacy services and there was evidence that this was promoted.

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	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Juderobe OSV-0005778

Inspection ID: MON-0026653

Date of inspection: 05/11/2019 and 06/11/2019

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: In order to bring the service into compliance with this regulation the following will be undertaken: • PIC conducted a supervision meeting with the identified care assistant providing clarity on what is within the scope of the role of health care assistant in terms of administration of medication – 07/11/2019 • Meeting with all Staff Nurses providing night duty support to ensure clarity on what is within the scope of the role of health care assistant in terms of administration of medication – 20/11/19 • PIC completed competency assessments with all support staff in Safe Administration of medications -29/11/2019 • Provide refresher training for all staff in Safe Administration of medications, within this training there will be a focus on what is within the scope of the role of health care assistant– scheduled for 10/01/2020 • Provide Person Centred Planning training for all staff - scheduled for 20/1/20.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring the service into compliance with this regulation the following will be undertaken: • The PIC will review the training matrix on a monthly basis to ensure that mandatory	

training is scheduled in and delivered in a timely manner
• The PIC will observe fire evacuations on a random basis (unannounced) for a period of two months
• The PIC will conduct a monthly audit on person centred care plans to monitor the effectiveness of goals achieved, progress on identified goals and PRN protocols in place
• PIC will provide monthly support to keyworkers in relation to progressing goals, documenting/reviewing same and ensuring SMART process used in relation to all goals.

Date for completion: 20/01/20

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to bring the service into compliance with this regulation the following will be undertaken:
• Review and update of the Centre's Emergency Evacuation Plan
• Each Personal Emergency Evacuation Plan has been updated to reflect changes to the Centre's Emergency Evacuation Plan
• The Centre Emergency Evacuation Plan is now displayed in a prominent area within the centre
• The Fire Drill Evacuation Procedure has been reaffirmed with all staff and residents during weekly residents meetings to ensure that the a full evacuation of the centre (to the designated assembly point) takes place for each drill
• PIC supervised a Fire Drill Evacuation Procedure on 17/11/2019 and 24/11/2019 which verified that the evacuation was completed in full.

Completed 24/11/2019

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:
In order to bring the service into compliance with this regulation the following will be undertaken:
• The PIC will conduct a monthly audit to monitor the effectiveness of goals achieved and progress on identified goals
• Each personal plan will be formally reviewed on a 3 monthly basis.
• Provide Person Centred Planning training for all staff - scheduled for 20/1/20.

• Staff nurses will provide advice and support to keyworkers developing, monitoring and documenting PCP goals.
• PIC will provide monthly support to keyworkers in relation to progressing goals, documenting/reviewing same and ensuring SMART process used in relation to all goals.

Date for completion 20/01/2020

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In order to bring the service into compliance with this regulation the following will be undertaken:
• Consultation has taken place with each resident and their representative supported by the multi-disciplinary team regarding their behaviour support plan – completed 25/11/2019
• We are currently working with the resident and their representative to formally document consent - to be completed by 06/12/2019
• Training has been delivered to all staff in the management of behaviours that challenge including de-escalation and intervention techniques – completed 12/11/2019
• Restrictive practices within the centre have been reviewed in line with the Sligo/Leitrim Restrictive Practice Policy – 25/11/2019
• Within the centre, the specific prescribed PRN medication referred to in the report has been reviewed and there is a single clear protocol in place for same – complete 25/11/2019
• All staff have been made of aware up the updated PRN protocol

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	20/01/2020
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	20/01/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	24/11/2019

	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.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	24/11/2019
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	20/01/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed	Not Compliant	Orange	06/12/2019

	as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	29/11/2019