



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:	Unannounced
Date of inspection:	04 May 2022
Centre ID:	OSV-0004468
Fieldwork ID:	MON-0036728

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 in County Roscommon. All bedrooms have en suite bathroom facilities with mobility aids such as hoists provided where required. 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:

9

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 (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
Wednesday 4 May 2022	10:30hrs to 14:00hrs	Catherine Glynn	Lead
Wednesday 4 May 2022	10:30hrs to 14:00hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the providers arrangements in response to a number of significant notifications and other information received by the Chief Inspector. The centre was last inspected in September 2021 and granted registration renewal in 2021.

As part of this inspection, inspectors met with the person in charge, social care leader and one other staff on duty, who was supporting a resident with their individualised programme. At the time of the inspection other residents were attending their day services as scheduled.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs, while also ensuring that all residents benefited from a quality of life. It was also evident that the person in charge and staff helped residents on a daily basis to understand and manage their schedule effectively, through a personal outcomes approach. All residents were also provided with weekly meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff and a resident were seen to be engaging warmly and comfortably during the inspection. They were observed to be happy going about their activities.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Social stories had been developed to help residents understand various aspects of the COVID-19 pandemic, such as vaccination, testing and changes to usual routines.

Residents were supported to keep in touch with their loved ones and interventions had been introduced to ensure residents could maintain contact with families and friends while adhering to safety and current public health guidelines. Civil and religious were also being upheld. residents were supported to practice their religion as they wished.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service delivered to residents living in this centre.

Capacity and capability

This risk inspection was carried out in response to a number of significant notifications received by the Chief Inspector. The Centre was last inspected in September 2021 and granted a registration renewal in 2022. This inspection found that overall the provider had good governance and management systems and structures for the oversight and direction of care for residents in the centre. However, improvements were required and will be discussed later in the report.

This inspection found that there were good governance systems and structures in place for the oversight, monitoring and direction of care for residents living in the centre. Improvements were required in regard to the governance arrangements. This included a review of the on-call arrangements when the person in charge was on leave. The provider did not have robust arrangements in place to monitor all incidents effectively which ensured that relevant notifications were identified, responded to, and reported appropriately in a timely manner as required by the regulations. Inspectors noted that an incident that had occurred in the centre on the 26 of March was not recognised and reported until the 08 of April.

There was a suitably qualified, full time, person in charge, however, the person in charge was also the regional manager of services for this organisation. While the person in charge was found to have a good knowledge and awareness of all aspects of the designated centre, due to the range of their responsibilities, this affected the oversight at times of the service. Inspectors were introduced to a re-deployed staff who was currently receiving training and mentoring to take on the role as person in charge. There were quality assurance systems in place with audits and provider reviews were also undertaken frequently to monitor the care.

From a review of the staff training records mandatory training was up-to-date for staff, although new staff members had yet to complete mandatory training in fire safety and safeguarding. Inspectors were advised that this was scheduled to occur and the person in charge submitted confirmation of completion of this required training.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the assessed needs of residents, the statement of purpose and the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training as part of a

continual professional development programme and training provided was up to date. The person in charge also confirmed completion of staff training shortly after the inspection. Staff supervision meetings were taking place regularly.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre was appropriately resourced to ensure effective delivery of care and support. There was a defined management structure in place with clear lines of authority identified but improvement was required. The inspector found that the management structure for cover arrangements was not effective as not all persons covering had access to the management systems in place to respond to incidents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge monitored the incidents and was aware of the requirement to report necessary incidents to the Chief Inspector in a timely manner, however, due to call management arrangements, an incident was not reported to the Chief Inspector as required by the regulations. Inspectors noted that an incident that had occurred in the centre on the 26 of March was not recognised and reported until the 08 of April.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents living in this centre received care and support based on their individual preferences and wishes and their social care needs were prioritised.

The provider had ensured that residents had individually planned and supported access to recreation, occupation and meaningful day-to-day activities. While these had been restricted during COVID-19 restriction phase, residents were now resuming activities safely, with due regard to their individual vulnerabilities. The residents had individual routines such as going out for meals, attending coffee shops, recreational activities, community access and support to develop self-care

and life-skills. The staffing ratio ensured that these plans were able to continue. The residents had individual hobbies which they were supported to participate in and were being supported to manage their vulnerabilities by staff and to understand their own care needs.

The systems for the protection of residents from abuse were satisfactory in all areas in the centre. Inspectors found that appropriate policies and procedures were in place. These included safeguarding training for all staff , a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that the residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include all risks identified following recent incidents.

The provider had measures in place to protect the resident and staff from the risk of fire. These included up-to-date fire training for staff, provision of fire doors in the centre, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. A review of fire safety records indicated that fire drills which took place both night and day were carried out in the centre. In addition, inspectors found that the provider had completed the actions identified from the September inspection.

On the day of the inspection, inspectors completed a walk around of the centre with staff. The centre was warm, clean comfortable, suitably furnished decorated to the residents' wishes. The centre was located in a rural location on the outskirts of a small town. There were laundry facilities in all houses in the centre and there was suitable arrangements for refuse collection by a suitable private contractor. The person in charge discussed recent work completed in one house and discussed further plans in place for finishing the outdoor space for some residents.

Overall, residents living in this centre received a personalised and a person centred care and there was a high level of compliance with the regulations relating to health and social care , and safety.

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 17: Premises

The premises was both clean and in a good state of repair. In addition, its design and layout of the centre met both the assessed needs of residents and the requirements of schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the management of risk which included a comprehensive personal risk management plan. Internal audits ensured were taking place which ensured that control measures identified were effective.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety procedures and equipment were in place at the centre and staff had completed up to date fire safety training. Fire drills demonstrated that both residents and staff could safely evacuate, and the provider had ensured that actions identified from the previous inspection were now completed.

Judgment: Compliant

Regulation 8: Protection

There were appropriate systems in place for ensuring that residents were adequately safeguarded and there were designated persona within the organisation to oversee this.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Jasmine Services OSV-0004468

Inspection ID: MON-0036728

Date of inspection: 04/05/2022

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 governance and management structure within the designated centre includes a full - time area manager, who is the person in charge and a full-time team lead with supernumerary hours. This provides an arrangement of oversight at different levels within the residential service to ensure that the service provided is safe, appropriate, consistent and effectively monitored. The area manager met with the team lead of the designated centre on the 06/05/2022. The meeting included a review of the arrangements in place when covering for the Person In Charge and to ensure that the person covering is aware of what senior manager to contact in order to access management systems to respond to incidents where required.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The area manager met with the team lead of the designated centre on the 06/05/2022. The meeting included a review of the arrangements in place when covering for the Person In Charge and clarified what senior manager to contact to ensure that all relevant incidences are reported to the Chief Inspector as required by the regulations in a timely manner where necessary.	

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)(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	06/05/2022
Regulation 31(3)(f)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any other adverse incident the chief inspector may prescribe.	Substantially Compliant	Yellow	06/05/2022