



## Office of the Chief Inspector

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

Name of designated centre:	Jeddiah
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	10 and 11 April 2019
Centre ID:	OSV-0002604
Fieldwork ID:	MON-0022483

## About the designated centre

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

Jeddiah provides full-time residential care and support to male and female adults with an intellectual disability and additional medical, sensory and mental health needs. Jeddiah cannot cater for people with significant physical disabilities due to the size and layout of the house. Jeddiah is located in a town and is close to local amenities and facilities such as shops and leisure activities. The centre comprises of a split level house with residents' bedrooms being both on the ground and first floor. Resident bedrooms on the ground floor have their own individual entrance and exit doors. All residents' bedrooms at Jeddiah have en-suite facilities and a communal bathroom is provided on the first floor. Jeddiah has a communal living room and kitchen dining room which is accessed by all residents. Laundry facilities are provided for residents' use on both the ground and first floor of the house. Residents are supported by a staff team which includes both nursing and care staff. On call nursing support is provided to residents at all times including at night and can be accessed by the care assistants on duty.

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

Current registration end date:	08/10/2019
Number of residents on the date of inspection:	5

## 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
10 April 2019	15:40hrs to 19:30hrs	Jackie Warren	Lead
11 April 2019	09:30hrs to 13:35hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met and spoke at length with four residents who lived at the centre. All residents told the inspector that they enjoyed living there, that they felt well cared for and safe, that they trusted the staff, and that they enjoyed good access to activities of their choice. Residents told the inspector about projects and activities that they enjoyed, which included social events, employment, development of independent living skills, outings and shopping. Residents spoke about the improvements that had been made to the centre. They stated their satisfaction with these works and said that it improved their level of comfort in the centre. Residents also commented that they were very pleased with the replacement of external steps with a ramp as this improvement made them feel much safer.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review into the care and support provided at the centre was being carried out.

There was a person in charge responsible for the overall management and day-to-day running of the centre. The person in charge was present in the centre daily, and was well known to residents. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs. There were adequate numbers of staff available to support residents' activity choices. All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management. There was a training schedule to ensure that training was delivered as required. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support needs, and that these needs were supported in a person-centred way.

The person in charge and staff in the centre were very focused on working with the provider to improve the service being delivered to residents. The provider had made extensive improvements to the centre since the last inspection to improve the level of comfort and safety of those living there. For example, the building had been redecorated and furnished to include an upgraded sitting room, replacement windows and doors, and internal and external painting. External exit steps had also been replaced with a ramp to increase safety and accessibility for residents. Additional works to increase residents' comfort were planned and scheduled to take place shortly. Furthermore, the provider had reviewed and increased staffing arrangements to ensure improved governance and enhanced service and support for residents. These arrangements included significantly increased involvement of the person in charge in the centre, and overall increased staffing levels to provide residents more choice about how to spend their days.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose and a range of operational policies, were available.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

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

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

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was present in the centre daily and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had access to, and had received, appropriate training, including mandatory training, as part of a continuous training and development programme. Staff also had access to regulations and standards to guide practice.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was a clearly defined effective management structure, and there were systems in place such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents. A representative of the provider visited the centre frequently, and carried out audits of the quality and safety of service approximately twice each year.

However, these were not consistently being completed within six-monthly time frames as required by the regulations.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up-to-date copies of the statement were readily available in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the chief inspector, and these had been suitably submitted.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up-to-date.



Judgment: Compliant

## Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

Residents confirmed, and the inspector observed, that residents were out and about in the community and were very involved in a wide range of local activities such as social events, community involvement, household tasks, developing independent living skills, training courses, employment, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities and confirmed that they enjoyed them very much and that they loved living in the centre..

Residents had good access to information including media, general information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate formats that they could understand.

The centre suited the needs of residents. The centre was clean, comfortable, well decorated and suitably furnished. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking.

The provider had measures in place to safeguard residents from any form of harm. These included safeguarding training, access to a designated safeguarding officer and an up-to-date policy to guide staff. The provider also had suitable measures in place for the support and management of behaviour that challenges. These included training, behaviour support plans, and involvement of a psychologist and behaviour support specialist. These plans were being implemented and there had been no occurrences of incidents arising from behaviour that challenges for a long time.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents' social, health and developmental needs were identified and suitable supports were in place to meet them.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services accessed by residents included speech and language therapy, physiotherapy, psychology and behaviour support which were supplied directly by the provider. Plans of care were developed for residents which identified their

specific healthcare needs, ensuring that appropriate information was available to guide staff in the delivery of appropriate care. Safe medication management practices were also evident in the centre.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for, and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit family and friends in other places

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided for residents to take part in their preferred interests and lifestyles, as well to ensure that all their assessed needs were met.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated, and comfortably furnished.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

## Regulation 20: Information for residents

There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and there were suitable arrangements for the management of unused and out-of-date medication. Risk and capacity assessments had been carried out for all residents in respect of their capacity to manage and administer their own medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs and wishes. Plans of care had been developed for each resident to ensure that these assessed needs would be met. These were being suitably reviewed and implemented.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had effective measures in place for the support and management of behaviour that challenges. These included staff training, and involvement of psychology and behaviour support. Restrictive practice was not in use as a form of behaviour management.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the centre was operated in a way that respected the rights of residents. Residents had choice and control in their daily lives, the rights to

vote and to practice their religious beliefs, and access to advocacy services.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Jeddiah OSV-0002604

Inspection ID: MON-0022483

Date of inspection: 10/04/2019 and 11/04/2019

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation 23:            The provider ensures that:</p> <ul style="list-style-type: none"> <li>&gt;The centre is resourced to provide effective delivery of care and support in accordance with the statement of purpose.</li> <li>&gt;There is a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.</li> <li>&gt;Management systems are in place to ensure that the service provided in the centre is safe, appropriate to residents’ needs, consistent and effectively monitored.</li> </ul> <p>This includes;</p> <ul style="list-style-type: none"> <li>• A schedule to ensure that an annual review of the quality and safety of care and support and six monthly unannounced visits of the centre are conducted, residents are consulted with as part of this process.</li> <li>• Reports produced include plans to address any concerns regarding the standard of care and support provided. The reports are made available to the residents and their representatives.</li> <li>• In response to HIQA’s Enhanced Monitoring Approach, a framework for persons in charge to assess the centre’s compliance with the regulations was introduced as a quality improvement initiative in March 2018, this is completed quarterly.</li> <li>• A corresponding quality improvement plan is developed to manage and monitor any actions that arise.</li> <li>• A schedule of audit is completed throughout the year to ensure the service provided is consistent and effectively monitored.</li> <li>• An annual review and update of the centre’s Statement of Purpose.</li> </ul> <p>&gt;To support staff exercise their personal and professional responsibility for the quality and safety of services they deliver and facilitate staff to raise concerns about the quality and safety of care and support provided to residents, the provider has the following</p>	



measures in place:

- Formal supervision is completed with staff on a six monthly basis.
- Staff meetings are convened monthly.
- Managers meetings are held fortnightly and minutes are made available in the centre to share information and learning.
- A suite of evidenced based policies are provided to guide and support staff.
- A health and safety management system which includes the corporate, organisational and centre specific safety statements, the risk register for the centre and the plans in place to respond to emergencies that may arise.
- A programme of mandatory training and a prospectus of professional development courses available through the Centre for Education.
- Staff are also supported to undertake training and development which is specifically relevant to the needs of the residents in the centre.

Response:

The 6 monthly unannounced visits by the person nominated by the registered provider will take place as scheduled on a 6 monthly basis or before if required. This has been documented on a log that is reviewed regularly and the next unannounced date has been scheduled.

## 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(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/08/2019