

# eDeposit Ireland

## Jasmine Services, OSV-0004468, 10 September 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Jasmine Services, OSV-0004468, 10 September 2021', [report], Health Information and Quality Authority, 2022-06-01, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-03-11 04:34:23
Link to Item	<a href="https://hdl.handle.net/20.500.14765/105884">https://hdl.handle.net/20.500.14765/105884</a>



# 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:	Announced
Date of inspection:	10 September 2021
Centre ID:	OSV-0004468
Fieldwork ID:	MON-0033742

## 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:	8
--	---

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
Friday 10 September 2021	10:15hrs to 17:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing and the centres staff team were supporting residents in a way that promoted their views and rights.

The inspector reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home. Furthermore, the centre's staff team had received a number of compliments from residents' family members and allied healthcare professionals they had worked with in 2020. The compliments were focused on the high standard of care and support provided to residents. Where family members had voiced concerns about the service received for residents, the inspector noted that concerns had been responded to appropriately, and a record of all correspondence maintained.

The inspector had the opportunity to meet with two of the residents, one was receiving day service programmes from their home and the other resident returned to the centre to meet the inspector. The residents appeared comfortable and to enjoy the activities they were engaging in. One of the residents was interacting with a staff and enjoying artwork; the other resident was taking a break from their day programme and was relaxing with staff. The inspector was supported to interact for a brief period with both residents. The staff member supporting the residents was aware of the resident's communication skills and helped the resident to inform the inspector of a trip they had made to a sporting event and that they hoped to travel to future games. The inspector observed warm and friendly interactions between the residents and staff members supporting them throughout the inspection.

A review of residents' information demonstrated that before restrictions imposed due to the current pandemic, residents were engaged in activities in their communities. Staff members also informed the inspector that before COVID-19, residents were partaking in day trips, going on holidays, and going out for lunches and dinners. The provider had ensured that individualised day service programmes had been developed for each resident. Some residents were attending their day services while others were receiving their day service from their home. Residents were being supported to engage in activities that were led by day service staff members and some residential staff, that were familiar to them. Activities included cooking, arts and crafts, drama, and butterfly making. The centres person in charge and staff members spoke of the positive impact this was having for residents.

A review of residents' information demonstrated that there were strong practices in regard to supporting residents to plan and achieve person centred goals. Residents had set a number of goals in early 2020 that had to be altered due to the impact of COVID-19 restrictions. The staff team had been proactive in developing alternative goals along with the provider's day service staff. These practices led to positive

outcomes for residents.

There was also clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two family members; both spoke of the service being provided to their loved ones. The inspector reviewed a list of queries the family had and this was reviewed through documentation and discussion with the management team. The inspector saw notes and records of responses and issues that were raised and these were being addressed as required.

The inspector visited all three houses of the centre on this occasion. Two of the buildings were laid out to meet the needs of the residents but the third house required a ramp at the back door to facilitate wheelchair access. There was a large day room/ activity room in two centres where residents were supported. Each house was spacious and had pictures of residents and information for residents throughout. However, as previously mentioned, one house required additional work to enhance the accessibility and egress of the building.

It was very clear that the resident's rights to a good quality and meaningful life were being prioritised. Resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences. Staff and residents had weekly meetings to plan the menu and discuss shopping needs.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next two sections of the report present 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 being delivered.

## Capacity and capability

The providers management arrangements ensured that a good quality and safe service were provided for people who lived at this centre, There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The

inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the reports and that these had been addressed, however, the inspector found that provider had not recognised additional areas that required improvement in the centre, for example, in one house all doors required self-closing devices, based on the residents assessed needs, and another house required review in regard to accessibility for residents. The provider had ensured that an annual review of the quality and safety of care and support in the centre had also been carried out and that residents and their representatives had been consulted.

The number and skill-mix of the staff team was appropriate to the number and assessed needs of the residents being supported in the centre, however improvement was required. The inspector reviewed the centre's proposed and actual staff rota and found gaps evident in one of the houses, where staff were managing absenteeism and leave by themselves, which resulted in staff working excessive hours above their contract. Therefore, staff were not accessing their work breaks as required and were staying on after their allocated shifts. The provider had run an unsuccessful recruitment campaign and was hoping to progress this recruitment campaign after the inspection.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning. Staff members also referred positively to the supports provided to them by the provider.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centres complaints log and noted that there were systems to respond to complaints in a prompt manner.

In the majority of documentation reviewed, the inspector noted that there was generally good provider oversight in place. For example, the health and safety documentation in the centre was being kept up-to-date and were relevant and clear. The inspector reviewed both the annual review and the most recent twice per year unannounced visit report and found that these were clear and balanced and had identified some areas where action was required to ensure a good quality of service was being offered. Where required, there was no evidence of an action plan being developed and that actions were being taken forward and resolved in accordance with the agreed time frames. In addition, while the provider advised the housing association will address the identified issues but there was no action plan in place to support this advise. However, the inspector noted that the provider did not

sufficiently detail the actions required to ensure that they would be suitably identifiable to the reader.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents. In the next section improvements are identified in relation to fire and premises.

#### Regulation 14: Persons in charge

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

Judgment: Compliant

#### Regulation 15: Staffing

The provider had addressed the actions from the previous inspection, staffing issues remained an issue. The provider had run an unsuccessful recruitment campaign and this was ongoing at the time of inspection. The inspector noted that staff were working excessive hours outside of their roster. Staff were advised by management to self-manage absenteeism, and leave cover arrangements which was also listed on the on-call arrangements guidelines.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

#### Regulation 19: Directory of residents

<p>The provider had established and maintained a directory of residents, which contained the information as specified in the regulations.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 23: Governance and management</b></p>
<p>The centre had appropriate governance and management systems that led to the effective monitoring of the care and support provided to residents. The provider had identified areas for improvement and work was in progress at the time of inspection to address these gaps.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 3: Statement of purpose</b></p>
<p>There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>The provider had ensured that all adverse incidents as listed in the regulations that occurred in the centre were reported within the prescribed period.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 34: Complaints procedure</b></p>
<p>The provider had developed an effective complaints procedure and ensured that residents knew their right to raise complaints.</p>
<p>Judgment: Compliant</p>

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2020 and that goals had been set for them to work towards in 2021.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans, and risk assessments focused on promoting the health of residents, and these were under regular review.

Effective fire safety precautions were in place, including fire detection, fire safety checks, emergency lighting arrangements and multiple exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal emergency evacuation plan (peep) was in place for each resident which ensured the staff guidance on how to support each resident required to evacuate. However, the provider was asked to review one house following the inspection in regards to the need for self-closing devices to be installed on fire doors, due to the assessed needs of residents in this house. The inspector had observed staff supporting a resident during the inspection and noted that the fire doors required improvement for the resident and staff in the centre.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The inspector reviewed previous investigations carried out following concerns being raised and found that the provider and person in charge had responded appropriately. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required regularly.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines. There were local response plans in place, and staff had been divided into teams. There was also a virtual handover system that was reducing contacts between staff members. The staff team had also completed training in regards to infection prevention and control measures.

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

### Regulation 10: Communication

The staff team supporting residents were aware of their communication needs. Residents also had access to assistive communication technology if required.

Judgment: Compliant

### Regulation 17: Premises

The provider had not ensured that wheelchair access externally in one house, and a ramp at the back door in this house.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

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

Judgment: Compliant

## Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had in the main ensured that effective measures were in place to protect the residents and staff from the risk of fire . However in one house, fire doors were not fitted with self-closing devices which may be required on review due to the assessed needs of residents .

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

## Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Jasmine Services OSV-0004468

Inspection ID: MON-0033742

Date of inspection: 10/09/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Area Manager has completed a successful recruitment campaign and the new staff commenced in their post on 20/09/2021. Staff are now working within their roster and contracted hours. The system for organizing cover during times of leave has been discussed with staff and reviewed by area manager. Staff apply for leave and escalate any issues to the line manager when any issues arise.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider has been in contact with a local contractor and works are now commencing to provide wheelchair access to the external back garden area of the house. As part of these works a ramp will be put in place at the back door and a patio area will be provided so that the the person can enjoy full access to their back garden.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Self-closing devices have been ordered and on receipt will be installed as per the persons assessed needs.	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/09/2021
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	30/11/2021

	persons in the designated centre and bringing them to safe locations.			
--	---	--	--	--