



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

Issued by the Chief Inspector

Name of designated centre:	Juniper Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	28 July 2021
Centre ID:	OSV-0004696
Fieldwork ID:	MON-0026091

About the designated centre

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

Juniper services consists of four houses and provides a residential service to seven adults with a primary diagnosis of intellectual disability and who require mild to moderate support. The centre can also support residents with mental health needs, and behavioural needs. Residents are provided with individualised support and are facilitated to remain at home as they wish and can also attend day services from Monday to Friday. All four house are located in rural settings, some distance from each other. Each house is provided with their own transport. Each resident has their own bedroom which had been decorated to the residents taste and choice. Residents are supported 24 hours a day, 7 days a week by a person in charge, social care workers and care assistants. Residents are also supported at night by a sleep-in staff member in each house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 28 July 2021	10:00hrs to 17:45hrs	Catherine Glynn	Lead
Wednesday 28 July 2021	10:00hrs to 17:45hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This is a centre that very much ensured residents are provided with the care and support they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations and follow up on actions identified on the previous inspection in February 2020. The centre comprised of four houses, in a rural area of Co. Roscommon. Three houses comprised of one resident each, who had their own bedroom, bathroom, hallway, kitchen and living area. The fourth house had two residents who shared a large personalised bungalow. This included a generous individualised living space, each resident had their own bedroom, and shared a bathroom and kitchen area. There was ample outdoor space, seating, sensory gardens and recreational space throughout the centre. All houses were well-maintained, suitably decorated, and personalised to the choice of each resident with comfortable living spaces.

The inspector met with four residents on the day of inspection. One resident was active outside and was completing their wood cutting while talking to the inspector. The inspector observed the tidy workspace the resident maintained as they completed their activity and they also spoke about their daily work routine. The resident also spoke about the guidelines that were now in place due to COVID-19. They showed that they were familiar with hand hygiene practices and asked the inspector to adhere to them on the day of the inspection. Another resident declined to engage with the inspector on the day of the inspection. They chose to relax in private and attend to their planned activities that day. It was clear that all residents had a good quality of life, had choices in their daily life, and were actively involved in meaningful, worthwhile activities, and that the provider and person in charge prioritised person centred care to all residents. This was evident from information that residents shared with the inspector, a visit to each house in the centre, conversations with the person in charge and documentation reviewed during the inspection. Residents were happy to share information about their lifestyle, activities and achievements with the inspectors.

Prior to the introduction of public health safety guidelines, the person in charge told inspectors that these residents led very active lifestyles. Since then, much effort was made by staff to ensure that these residents led very active lifestyles. since then, much effort was made by staff to ensure these residents still engaged in meaningful activities. Some residents enjoyed outdoor activities such as, kayaking, swimming, walking, baking and gardening.

The adequacy of this centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. much effort was made by the person in charge and staff to ensure residents were as involved as possible in the

planning of their daily care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Staff had worked with these residents for a number of years and knew them and their assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to. Furthermore, in response to behavioural support needs of some residents, he would also ensure adequate safety arrangements were in place to ensure staff safety while supporting these residents.

In summary, inspectors found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home.

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 the quality and safety of the service being delivered.

Capacity and capability

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations. The centre was last inspected in February 2020, with a finding of substantially-compliant in governance and management, due primarily to the oversight and accountability of the management structure in place in the centre. Since that time, the provider had applied to vary the conditions of registration due to the addition of a house into the centre in January 2021.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. However, some aspects of the governance and management required review, as the role and responsibilities of the person in charge went beyond the requirements of the regulations, and did not promote effective oversight and accountability of the centre.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2020 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. Nursing care was not required by the residents and a social care model was in place in the centre. The staffing levels ensured that the resident's individual support support and preferred activities were

provided. From a review of a sample of personal files, the recruitment practices were safe with all required documents, and checks completed.

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

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application to renew registration for this centre, within the specified time. The inspector had reviewed all documents prior to the inspection and found that they contained the relevant prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the overall responsibility for this centre in conjunction with his other assigned duties. The inspector found that the person in charge was knowledgeable and familiar with all residents and staff on the day of inspection. He held a strong knowledge of the operational needs of the service delivered to them.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable skill-mix and number of staff were at all times on duty to support residents. Arrangements were also in place, should additional staff resources be required.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place to ensure all staff had access to the training they required suitable to their role. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 21: Records

On review of the records in the centre, the inspector found they contained the relevant information as specified by the regulations, were in date and reviewed regularly.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured the insurance was maintained and in-date, in-line with the requirements of regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not assured that the existing management structures and monitoring practices were appropriate. There were improvements required to ensure that all aspects of the service were effectively monitored.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that appropriate practices were in place for the admission and contract for the provision of services in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose
The provider had ensured that the statement of purpose had been subject to regular review. This was evident as the current statement of purpose now shows the revised reporting structures and the name of the current person in charge
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had ensured that all adverse events as listed in the regulations that occurred in the centre were reported within the prescribed period.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure that was accessible to residents.
Judgment: Compliant
Regulation 4: Written policies and procedures
There were policies and procedures in place as specified by schedule five of the regulations and were maintained as required in respect of the designated centre.
Judgment: Compliant
Quality and safety
There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all

risks.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The centre comprised of four houses which were located in a rural area which was close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained in all four houses. Each house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the houses.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. Three houses facilitated one to one staffing, and the fourth house had day service staff providing activities during the day to support the resident and staff. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

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 design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at the centre.

Judgment: Compliant

Regulation 27: Protection against infection

since the introduction of public health safety guidelines, the provider had put in place a number of measures in place to protect the safety and welfare of all staff and residents. Regular temperature checking, wearing of appropriate PPE and social distancing was regularly practiced. The provider had contingency plans in place to guide staff on what to do, should an outbreak of infection occur at this centre and these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the resident and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

comprehensive assessment of the resident's health and social care needs had been carried out, and an individualised plan had been developed based on these assessed needs.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and protected.

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	
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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Juniper Services OSV-0004696

Inspection ID: MON-0026091

Date of inspection: 28/07/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge is in contact every two to three days with the services within the designated center. Contact can be via tele communication, email, MS team's meetings and face to face individual support meetings. Supervision meetings are held on a quarterly basis with each staff team. The Person in Charge also engages and supports the team during multi-disciplinary meetings that take place regularly.</p> <p>There is now a log available in each of the services which staff complete when the Person in Charge has been in contact or has been on site at the service for meetings etc.</p> <p>There are two team leaders to support the area manager and shift leads are present in the majority of day and residential centers.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/08/2021