

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

Issued by the Chief Inspector

Name of designated centre:	Jeddiah
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	10 May 2022
Centre ID:	OSV-0002604
Fieldwork ID:	MON-0036681

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.

Number of residents on the date of inspection:	4
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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 (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
Tuesday 10 May 2022	09:00hrs to 17:00hrs	Catherine Glynn	Lead

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 as part of a registration renewal application submitted by the provider. The centre comprised of one house, on the outskirts of Co. Sligo. The house comprised of four resident each, who had their own bedroom, and bathroom, with a small personalised living space provided. There was ample outdoor space, seating, sensory gardens and recreational space throughout the centre. The house was well-maintained, suitably decorated, and personalised to the choice of each resident with comfortable living spaces, improvement was required to update some areas of the centre.

The inspector met with three residents on the day of inspection. One resident spent time talking with the inspector and had a recent bereavement. They spoke about their plans and how staff had supported her with this process. The resident knew all the staff and management team and spoke very positively about their support. Another resident engaged with the inspector on the day of the inspection and briefly showed their room, which again was personalised to her taste and choice. 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.

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.

In summary, the inspector 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 September 2021, 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. The provider was required to show that the annual review and report had been prepared, in consultation with residents and their representatives as required by the regulations. The inspector found that this was addressed on the day of this inspection. In addition, the actions identified by the inspector the provider and person in charge were aware of the actions required and they were in progress at the time of inspection.

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. The inspector found that the person in charge went beyond the requirements of the regulations, and did promote effective oversight and accountability of the centre and provided a person centred care.

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 2021 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 at the time of inspection and on review of the staffing roster. In addition, the person in charge had increased the staffing level at night time to ensure adequate staffing support was in place throughout 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. On the day of inspection, the inspector noted that in two staff files, the provider was still awaiting receipt of up-to-date vetting as required by the regulations. In addition, one staff file had one reference instead of two also required by the regulation.

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 about 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 their 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. She 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 19: Directory of residents
provider had ensure that directory of residents was maintained in the centre as required by the regulations.
Judgment: Compliant
Regulation 21: Records
On review of the records in the centre, the inspector found they did not contain the relevant information as specified by the regulations, were in date and reviewed regularly. Whilst vetting requests were submitted, two staff had not received this at the time of inspection, and not having the required numbers of references evident.
Judgment: Substantially 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 assured that the existing management structures and monitoring practices were appropriate and that the provider had ensured that a safe and suitable service was in place for all residents.
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

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 well-being 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 two 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 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. The inspector found that on the day of the inspection there was adequate staffing in all

houses to support the residents assessed needs and choices. 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.

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 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 design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents, however maintenance was required to upgrade the some areas of the centre. This included painting in communal areas of the centre due to marks and scrapes on the wall surface. The person in charge had noted this was required, but no time-bound plan was in place.

Judgment: Substantially 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, 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 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 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

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	
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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Jeddiah OSV-0002604

Inspection ID: MON-0036681

Date of inspection: 10/05/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none">• The Person in Charge has progressed the Invitations for Garda Vetting that is required for all staff currently out of date within the Designated Centre.• The Person in charge has completed an audit on the HR Files, and has ensured the required referances are present on all Individual files within the Designated Centre .	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• The Registered Provider has ensured that the premises are designed and laid out to meet the Aims and Objectives of the Residents who reside there. The Registered Provider has ensured to meet the current needs of the residents in this designated centre.• The Person in Charge has approval for the painting of two Residents bedrooms and the hall area in the Designated Centre. This will be completed by 14th July 2022.• The Person in Charge has updated her Quality Improvement Plan in relation to the ongoing maintenance work, and has identified time frames for ensuring this work is completed.	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	14/07/2022
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	03/06/2022