



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:	16 April 2025
Centre ID:	OSV-0002604
Fieldwork ID:	MON-0038168

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:	5
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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 (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 16 April 2025	09:45hrs to 15:55hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that the provider maintained good oversight of the service provided by Jeddiah resulting in the delivery of a good safe quality person centred centre to residents. This meant that residents were happy living in the centre and enjoyed life.

This centre is registered to provide care to 5 residents. The inspector met with four residents on arrival and had tea with them prior to them attending their day activities. The centre was welcoming and there was a pleasant relaxed atmosphere on arrival. All residents were very positive about staff in the centre, telling the inspector that they got on well with each other and enjoyed life. When asked about what it was like living in the centre, residents told the inspector 'I love living in this house.' 'Staff help with anything I want'. 'I like it here because I get out lots. I go shopping with the staff and I am going out today to buy a nice Easter jumper.' Residents described the activity programmes they were engaged in. Two residents went to a local day centre and were looking forward to going on the day of inspection as an Easter party was going to occur. One resident decided they wanted to have their activities in the company of centre staff and they went into the town shopping and had lunch out. Another resident went to another day service which they enjoyed. One resident told the inspector they they could independently get public transport to visit their family and they did this often. They explained they had a mobile phone and liked in with staff via the phone.

Four staff and the person in charge were available in the centre. The inspector met with three staff and the person in charge. Staff confirmed that they had worked with residents for substantial periods of time and stated they enjoyed working with the residents and they 'wanted to ensure that residents had a good quality of life and make a difference to the lives of residents'. They reported that staff got on well together, that the person in charge was freely available in the centre, and that they were easy to work with and were supportive. Staff confirmed that residents got on well together and enjoyed going out for meals together and relaxing together in the evenings. Residents told the inspector that the staff rotas were available to them so they knew who was working at any time in the centre. This gave security to residents. No staff or resident raised any concern with the inspector. The person in charge acknowledged the importance of having a consistent staff team in the centre.

A resident questionnaire for each resident had been sent had been sent from the office of the Chief Inspector of Social services (Chief Inspector) to the centre in advance of the inspection. The inspector received five completed questionnaires. All residents completed these supported by staff on 'What it is like to live in your home'. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Examples of comments included 'Staff are kind', and 'I have my own bedroom, I can make a phone call.'

The centre is a split level bungalow and there is a ground and first floor. It is located on the outskirts of a busy town. A wide range of amenities and public transport was available locally. Sitting rooms were decorated to create a cosy atmosphere with an electric stove and were personalised with photos of residents doing activities they enjoyed or in the company of staff, friend or families. Each resident had their own bedroom and the inspector noted that these were personalised. All residents except one had full en-suites including shower, toilet and wash-hand basin. One resident had a toilet and wash-hand basin and their bedroom was located in close proximity to the main bathroom which had a bath and shower. These measures assisted with protecting the privacy and dignity of residents as most residents did not have to use communal spaces to go to the shower/bathroom. A front garden and pleasant back patio was available to residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

Overall, the inspector found there were good governance and management systems in place, and these contributed to the safe running of the service ensuring residents' needs were met. The last inspection of this centre was carried out on 10 May 2022. The inspector reviewed the compliance plan from this report. One action was required post this inspection regarding painting of communal area of the centre due to marks and scrapes on the wall surfaces. This had been addressed at the time of this inspection. Staff meetings were occurring at regular intervals. The inspector reviewed the minutes of the team meetings from the 19 March 2025 and the 2 April 2025. An overview of the needs of residents, the quality improvement plan and any changes in the organisation was discussed at these meetings. Minutes were available for staff to review who were unable to attend. Regular person in charge meetings were also occurring. The inspector reviewed the minutes of one of these meeting held in February 2025. The person in charge stated the meetings were a great source of 'learning' and any non-compliance in HIQA reports were discussed and they confirmed that they reviewed their practices in these areas to enhance compliance with the regulations and safe care. The inspector found this was also reflected in the minutes reviewed.

The person in charge had an effective system in place to ensure all records were easily accessible and maintained to a high standard. The inspector reviewed a sample of three residents records and found that the records were legible, indexed and up to date . Records provided detail of the residents day to day lives in the centre and the care and support they received.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre and found all of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been a person in charge since 2017 and was described by staff as supportive and 'would do anything to help you'. They were well prepared for the inspection and facilitated the inspection very efficiently, obtaining documents requested by the inspector swiftly. All residents knew the person in charge by name and confirmed that they see them often. The person in charge displayed a good knowledge of resident's needs. A nurse was on duty in the centre when the person in charge was not available. There was a buddy system in place where another person in charge would support the nurse when the person in charge of the centre was on annual leave.

Judgment: Compliant

Regulation 15: Staffing

The inspector found there were adequate staff on duty at all times to meet the needs of residents. This meant that residents could engage in activities of their choice and thereby enhance person centred care and quality of life. The inspector reviewed a sample of the rosters, from the 6 Jan 2025 to 26 January 2025 and 3 March 2025 to 30 March 2025. Staff swapped shifts to cover any gaps that arose in the roster and staff told the inspector there was great good will amongst staff to help each other. This led to continuity of care, security for residents thereby allaying their anxiety. Staff spoken to were complimentary of their colleagues and management. The staff team comprised a person in charge who was responsible for this centre and a sister centre some 6 minutes' drive away, a nurse and three care assistants were on duty during the day. Two waking care assistant staff were on night duty. There was an on-call system in place at evenings and weekends to ensure that a manager was available to the staff team when the person in charge was not on duty. The person in charge reported that this worked well.

There were mechanisms in place to ensure good communication between the staff team. This included a communication book and regular team meetings. Staff who

<p>spoke with the inspector were clear of their their roles, responsibilities and the lines of accountability. All schedule 5 policies had been reviewed in the previous there years and staff were aware of these policies. A signature sheet was attached to each policy for staff to sign that they had read the policy. The induction procedure included familiarisation with the policies.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>The person in charge stated that they scheduled staff for training on days they were working rather than on leave days as she found this contributed to better attendance and therefore compliance. The Inspector reviewed the training records for all staff from the 1 January 2024 to 7 April 2025. These showed that the provider and person in charge had ensured all staff had up to date mandatory training in safeguarding, fire safety and managing of behaviours of concern. Staff had also completed training in human rights-based care. This meant that staff had the competencies to meet the needs of residents living in this centre which contributed to the well being of residents. Staff were supervised by the person in charge and in their absence the nurse on duty. An on-call out-of-hours roster was in place to provide support and advice to staff.</p>
<p>Judgment: Compliant</p>
<p>Regulation 19: Directory of residents</p>
<p>The inspector reviewed the directory of residents for Jeddiah. This was found to include all of the required information as set out under Schedule 3 of regulation 19.</p>
<p>Judgment: Compliant</p>
<p>Regulation 22: Insurance</p>
<p>The inspector reviewed the current insurance for this centre as part of the application for renewal of registration to renew the registration of this centre and found that it was current and in compliance with the regulations.</p>
<p>Judgment: Compliant</p>

Regulation 23: Governance and management

This inspection found that the leadership and governance in the centre contributed to good quality, safe care being provided to residents. The inspector reviewed the previous two unannounced visits of the centre by a person nominated by the registered provider. These visits were carried out by a person who was independent of the centre on the 6 November 2024 and the 16 May 2025. The inspector found that an action plan was developed to address areas identified for improvement; for example, developing easy to read guides to policies and maintenance issues. This included repairing the garden shed which was damaged in the recent storm, and removing the step at the back door as the erection of a new door meant that the step posed a risk to residents exiting. An annual review of the centre had been completed by the person in charge on the 3 April 2024 and actions from this review were included in the overarching quality improvement plan. An auditing calendar was in place which included audits of accidents and incidents, medication management and infection prevention and control. These processes assisted staff to identify trends and learn from adverse events. This meant that residents were protected from harm and there was less likelihood of re-occurrence. This enhanced resident's protection and safety.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three residents' contracts of care and found they were up to date, included fees to be paid, and services to be delivered and were signed. This meant that there was a clear and transparent process in place and residents knew what fees they were responsible for and details of the service to be provided to them.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the most up to date statement of purpose which was submitted on behalf of the provider and found that it accurately reflected the day-to-day operation of the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the easy to read complaints guide and found that it clearly outlined how to make a complaint and how complaints were managed in the centre. Residents also had access to advocacy services. This ensured that, if a resident wished to make a complaint, the process and support from advocacy services would assist them. Residents who met with the inspector stated that they were very happy in their home and that they got on well together. Residents stated that they could complain to any member of staff if they were unhappy, and were confident that staff would address their concerns.

Judgment: Compliant

Quality and safety

Overall residents received a good quality service. Care and support plans were available for all residents to meet their assessed needs. These provided good direction to staff as to how residents wished to have their care delivered. Hospital passports were in place to assist residents with communicating and making their needs known if attending acute medical services. There was good access to health and social care professionals to meet the needs of residents. All residents could verbally express their needs and views. Residents were supported to engage in activities in the centre and in the wider community that were in line with their interests.

Regulation 17: Premises

The centre consisted of a split level bungalow, located on the outskirts of a busy town. While the centre met the current needs of residents as they were all independently mobile, it was not future proofed to accommodate residents who would require assistance with mobility as most of the bedrooms were accessible by a flight of stairs. The step on exiting the back door was steep, this could pose a risk to residents on exiting. The person in charge explained that all residents were supervised if exiting the back door and it was not frequently used. There was access to the back patio via the front door also. The person in charge had reported this to the maintenance team. The centre was of sound construction and in a good state of repair. There were adequate bath and shower facilities and each resident had their own bedroom. A varied selection of communal space was also available.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector reviewed the records relating to nutritional care for two residents and found that where residents required specific supports in relation to their nutritional care needs this was clearly outlined. This meant that residents well being was protected and staff were aware of the specific nutritional care needs of residents. Where required residents were supported to access relevant health care professionals. Recommendations from these professionals were recorded and three staff spoken with were knowledgeable on how to support residents with their nutritional needs.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which was submitted by the provider as part of the application to renew the registration of Jeddiah. This included the care and support residents would receive, the process for making a complaint, and how to access inspection reports about the centre. It was available in an easy to read version to assist residents to understand this document.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire safety procedures in the centre and found there were safe procedures in place to protect residents. The provider had fire safety management systems in place to detect, contain and extinguish fires and to evacuate residents. Exits were clearly identified and fire extinguishers were serviced annually. The inspector reviewed the personal emergency evacuation plans (PEEPS) for all four residents and found these clearly set out the specific guidance for each resident to be safely evacuated. All staff had training in fire safety. The inspector spoke with three staff regarding the fire drills that were occurring regularly. Staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required. Records of fire drills, including simulated night time drills, were reviewed by the inspector. The effectiveness of the PEEP for each resident was reviewed after each fire drill. The inspector found that having these systems in place meant that residents needs were assessed to enable them to be safely evacuated in the event of a fire in the centre which protected their safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place. The inspector reviewed medication documentation and the recording of administration of medication was in line with best practice. Prescriptions for medication were kept on file and clear records of medication administration were being maintained. All medication was appropriately stored in a locked cabinet. All care assistant staff had completed safe administration and management of medication. Each residents had a risk assessment complete regarding safe self-administration of medication but none had been deemed fit to safely self-medicate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three resident care files and found that support plans were in place which detailed person centred goals. There was good evidence of the voice of the residents in choosing goals for example, 'would like to visit the zoo', 'would like to go bowling'. Individual assessments and personal plans were developed . The inspector saw that personal plans were reviewed annually. Where goals were identified these were progressed and there was good evidence that these were achieved. This meant that residents got to identify their own goals and were supported by staff to do things that they had an interest in and enjoyed.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the medical records relating to three residents and found that the health needs of residents were well managed. There was good access to a range of health and social care specialist advice. Records of attendance at the general practitioner was recorded and the rationale for same was well documented. Regular blood analysis was completed according to the specific needs of residents and each resident had a comprehensive annual medical completed by their general practitioner. Residents were facilitated and supported to avail of health screening programmes appropriate to their age, for example breast screening. This ensured that residents health care was monitored and, where any issues were identified, they were actioned by staff and appropriate health care personnel.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were four residents who had behaviour support plans in place at the time of this inspection and the inspector reviewed these four plans. The inspector found that these plans provided clear and comprehensive guidance to staff on the behaviours that residents may engage in, what may cause the resident to engage in these behaviours and how best to manage this. This meant that staff were aware of the antecedents to each resident's responsive behaviour and how to manage the behaviours of concern in a consistent way. This had been discussed with residents and approved by specialist personnel including the behavior support specialist team and psychological services. This meant that staff could respond to the triggers to the behaviors of concern and support residents to manage these in a positive person-centred way. Thereby allaying residents' anxiety, enhancing their well-being, and decreasing the likelihood of an incident occurring. No restrictive practices were in place at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place at the time of this inspection in Jeddiah. The inspector discussed the safeguarding measures the centre would enact should a safeguarding incident arise with the person in charge and the registered nurse on duty. A safeguarding policy was in place and templates were in place to guide staff with a clear process map. Staff spoken with outlined how they would manage safeguarding incidents. The inspector was assured that adapting these procedures would protect residents. The inspector reviewed the minutes of staff meetings of the 12 March 2025 and 2 April 2025 and found that all incidents that occurred in the centre were discussed at these meetings and incident audits were also completed by the person in charge. Any learning from these incidents and trends were discussed with staff. Other aspects of safeguarding in the centre included good fire safety procedures and provision of adequate staff to meet the needs of residents. Overall, the inspector found that safeguarding was well managed in the centre, residents were happy and the inspector observed good relationships between staff and residents. This meant that staff had the required skills to manage safeguarding incidents and there was good governance and management of safeguarding in this centre which meant that residents rights were protected and they were protected from harm.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the rights of residents were promoted in this centre. The inspector reviewed the minutes of the residents' meetings held in February and March 2025. Meetings were held weekly. There was evidence that residents had input into the running of the centre through these meetings. The minutes recorded the residents views on menu choices, shopping lists , what snacks and lunches they preferred, advocacy services available, complaints, fire drills and personal plans. From reviewing records of residents and talking to residents it was clear the voice of the resident was considered in relation to their care and support. Residents who met with the inspector stated that they were very happy in their home and that they got on well together. There were many easy-to-read guides in place including, the residents guide and the complaints policy. Residents had access to advocacy services. Overall, due to the resources available combined with good governance and management systems, the inspector found that residents could engage in individual activities which residents told the inspector they enjoyed ensuring residents had a good quality of life.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	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-0038168

Date of inspection: 16/04/2025

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 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 will ensure residents who reside in Jedidiah will be referred to the Adult Referral Committee and then onward to Disability Support Application Management Tool (DSMAT) for future planning around accommodation to meet their future needs and with their consent. Residents currently have no issues/incidents with accessing these steps. Completion Date: 12/06/2025• The Person in Charge has an updated risk assessment in place to address safe access when using these stairs to access their bedrooms. Completed 20/05/2025.• The Person in charge has approval for the replacement of the step at the back door to be converted into a ramp to ensure safe access by the residents to their back garden. Completion Date 30/09/2025.• The Person in Charge has an updated risk assessment in place for the safe access when using the back step on exiting the building. Residents are supervised when using this exit at all times. Completed 20/05/2025.	

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	30/09/2025