Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Juderobe
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	29 September 2021
Centre ID:	OSV-0005778
Fieldwork ID:	MON-0026654

About the designated centre

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

Juderobe provides a residential service to four female adults with a mild to moderate intellectual disability. The centre consists of one dwelling on the outskirts of a large town. The dwelling consists of four bedrooms, a shared shower-room, a bathroom, kitchen, lounge, garage and conservatory. The centre is staffed with a skill-mix of nursing and care staff and provides support 24/7 to residents. There is an on-call nursing service available for the centre also to provide further support, if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 September 2021	11:15 am to 5:20 pm	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, wellbeing and social care needs of residents who lived at Juderobe was promoted, and that care was provided in a person-centred manner. Residents who the inspector met with throughout the day appeared happy and relaxed in their environment, with staff and with each other.

The inspector visited the house at the start of the inspection, where they met with one resident and staff supporting them. Two residents were reported to be having a 'lie-in' in bed, and one resident was gone on an outing on the centre's transport with a staff member. The inspector met briefly with the resident and staff who were in the house. This resident said that they were going to visit a family member later that day. They spoke briefly about how they were getting on at this time and mentioned about how they like to do online shopping. They were later observed asking a staff member if their technological device was charging, and then having a beverage and snack. They appeared relaxed and content, and were observed to be moving freely around their home.

The inspector reviewed documentation and met with the person in charge in an office that was external to the centre, so as to minimise the impact on residents who were all currently at home from their day service since the COVID-19 pandemic. The inspector concluded the inspection back at the centre, where they got the opportunity to meet with the other three residents and staff supporting them.

Residents communicated with the inspector on their own terms. One resident was relaxing in the conservatory, listening to music and looking out at the garden. The inspector was informed that this was what the resident liked to do while staying in Juderobe. The resident appeared relaxed in their environment and in the company of staff. Other residents were observed to be watching television in the main sitting room. One resident showed the inspector their bedroom, which was noted to be clean, colourful and personalised with photos and other items. The resident showed the inspector a framed photo of a family member who was deceased, and spoke briefly about them. This resident was reported to have gone out to light a candle in the church that morning, and also had a beverage while out. The resident was noted to be looking forward to going out again on the centre's transport with staff. Residents were observed to be moving freely around their home, getting beverages and snacks and interacting with staff supporting them. Staff were observed to be respectful and caring in their interactions with residents.

Staff spoken with appeared knowledgeable about the support needs of residents. All residents were now receiving day supports from their home, and the inspector was informed that there were no definite plans for residents to resume going to a day service. Staff described activities that residents have been enjoying during COVID-19 and since community activities had reopened again. One resident was reported to have recommenced going for weekly seaweed baths in a nearby amenity, and staff described how it took a few weeks for the resident to get used to going back to

this activity since the closure of it during the COVID-19 pandemic. Staff described the supports given to the resident to ease them back to this activity. Other community activities that residents had resumed included, reflexology and a community based exercise class. Photographs observed in residents' personal plans showed residents involved in redecorating their bedroom, gardening, baking and doing yoga during the pandemic.

The house appeared homely and had a nice atmosphere, with relaxing music playing in the conservatory. The communal areas were decorated with art-work and photographs of residents, which added to the homely atmosphere. The furniture appeared comfortable and residents appeared to have their own preferred chairs in the sitting room. The garden area was noted to be decorated with garden ornaments, wind chimes, flowers and hand painted stones, all of which created a nice relaxing space for residents to sit in and also to view from the kitchen and conservatory area. The back garden also had a paved area which contained outdoor seating which provided a relaxing space for residents to sit outside and enjoy the garden, if they wished.

The inspector also reviewed documentation such as residents' support plans, daily records, the annual review of the service and management audits in order to get a more detailed view of the lived experiences of residents. Residents' meetings were held weekly, where various topics were discussed such as safeguarding, complaints, human rights, fire drills and COVID-19 public health advice. Residents also got opportunities to discuss meals and activities for the week. One resident was reported to enjoy helping out with the shopping and pictorial rota, which was on display in the hallway. A range of easy-to-read documents were available and accessible to residents, and information about advocacy and the confidential recipient were on display on the notice-board in the kitchen. Questionnaires that had been completed by residents and their advocates indicated that residents were satisfied with their home and with the supports received.

Overall, residents appeared happy and content in their home and with the supports provided. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There was a good governance and management structure in place in the centre which ensured that the care delivered to residents met their needs and was of a good quality. Some improvements were required in the areas of staffing, fire safety and the documentation of some care plans relating to PRN medicines (a medicine only taken as required). Improvements in these areas would enhance the overall quality of care provided.

A full application to renew the registration of the centre had recently been submitted

by the provider.

The person in charge worked full-time and had responsibility for one other designated centre. They had the experience and qualifications to manage the centre. They were supported in their role by a person participating in management and a team of front-line staff that consisted of nursing and care staff.

Two staff provided support to residents during day-time hours, and a waking night cover was provided to support residents with their needs at night-time. A management on-call system was in place, should support be required out of hours. There was a planned and actual rota in place which was reviewed by the inspector, and demonstrated that in general there was a core staff team in place. However, improvements were required to ensure that consistent staff were available to support residents during the day-time and for relief night time cover. The inspector was informed that agency staff were often used for this purpose, and that they had to be used for night cover that week also. A more consistent staff team was required to ensure continuity of care to residents, particularly as it was noted in some residents' care plans that they required consistent and familiar staffing. In addition, the rota required review to ensure that the full name of agency staff that were working was clear on the actual roster.

A review of the training records demonstrated that staff received training in areas such as; fire safety, behaviour management, safeguarding, manual handing, use of emergency medication, infection prevention and control including the use of personal protective equipment (PPE) and hand hygiene. Some refresher training was due for manual handling and cardiopulmonary resuscitation (CPR), and dates had been scheduled for October 2021. The person in charge had completed a risk assessment in this regard, with control measures identified to minimise any risks. Staff were provided with support and supervision meetings in line with the organisation's policy.

There were systems in place for auditing the care and support provided. The person in charge maintained a schedule for internal audits to be completed in areas such as; finances, health and safety, medication management, care plans and safeguarding. In addition, they ensured that regular reviews of incidents occurred where trends were analysed. A review of incidents indicated that the person in charge ensured that notifications required to be submitted to the Chief Inspector of Social Services were completed. Regular team meetings occurred where incidents, safeguarding, training needs and health and safety were discussed. Staff were facilitated to raise any concerns on the quality and safety of care delivered through regular team meetings. The provider ensured that six-monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. However, the annual review of the service did not include the consultation that had occurred with residents and families.

In summary, the management team demonstrated that they had the capacity and capability to effectively run the service and ensured that the quality of safety and care was monitored on an ongoing basis to comply with the regulations.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of the centre was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the designated centre. They appeared knowledgeable about residents and their needs, and it was evident through observations on the day that residents were familiar with them.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual rota was in place which demonstrated that in general the centre was staffed with a regular team of nurses and care staff. However, some agency staff were used to fill staffing gaps during the day when residents were out of day services. This impacted on the continuity of care of residents who were noted in various support plans to require consistent staffing. In addition, the full name and details of agency staff used were not clear on the actual roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training programmes as part of their continuous professional development. The person in charge carried out supervision meetings with each staff member, in line with the organisation's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure, which ensured good oversight and monitoring of the centre. Provider and local audits were carried out and kept under regular review. The annual review of the quality and safety of care and support was completed as required by the regulations; however consultation with residents and their representatives had not been included as part of this review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications as required under the regulations were submitted to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where rights and individual choices were respected. Residents who the inspector met with appeared comfortable in their environment and with staff supporting them. Staff appeared to be knowledgeable about residents' individual support needs and were observed to be supporting them in line with their support needs. Some improvements were required in fire safety and in the documentation of some care plans to ensure that they were clear in guiding staff in the administration of PRN medicines,

Residents had personal profiles in place which included information regarding their personality, likes, dislikes and daily routines. The inspector reviewed a sample of residents' files and found that assessments of needs were completed and had been recently reviewed. Residents were supported to identify personal goals through annual planning meetings and these goals were found to be kept under regular review for achievement. Residents' annual meetings ensured maximum participation with residents and their families/advocates. Personal support plans were in place where required, to guide staff in the supports required. However, one protocol and care plan to guide staff in the use of emergency medication that had been prescribed for a medical condition had inconsistent information documented which could cause confusion in the event that this was required to be administered. The person in charge undertook to follow up on this after the inspection.

Residents were supported to achieve the best possible health outcomes by being facilitated to attend a range of allied healthcare services, such as general

practitioners (GP), dentists, dietitians, opticians and chiropodists, where this need had been identified. In addition, residents had access to multidisciplinary supports such as psychiatry, speech and language, occupational therapy, physiotherapy and psychology services, as required. Residents were also supported to understand the public health advice around COVID-19 through regular discussion at residents' meetings and the use of easy-to-read documents. Residents received information about vaccines and were supported to avail of this service in line with their choices.

Safeguarding of residents was promoted through staff training, ongoing review of incidents and regular discussion at staff and residents' meetings. In addition, residents had comprehensive intimate and personal care plans which clearly documented the supports required in this area. There were no active safeguarding concerns in the centre at the time of inspection. The inspector found that residents' rights were promoted through regular consultation at residents' meetings and making available a a range of easy-to read documentation in areas such as COVID-19, complaints, human rights and safeguarding.

Residents who required supports with behaviours of concern and stress management had support plans in place which detailed proactive and reactive supports to be provided. These plans had recently been reviewed with the relevant members of the multidisciplinary team. There was evidence that restrictive practices were reviewed regularly, and that the reviews included consultation with residents' advocates. However, one protocol regarding the use of a PRN medicine to support with anxiety-related behaviours required review, as the protocol was not clear about what exact dose was to be given to achieve the desired effect and in ensuring that the least restrictive option was used.

The provider ensured that there were good systems in place for the prevention and control of infection including systems for the prevention and management of risks associated with COVID-19. This included hand hygiene equipment, posters, personal protective equipment (PPE), staff training, discussion with residents about COVID-19 and an up-to-date outbreak management plan. Some information contained on the outbreak plan was inaccurate, and the person in charge addressed this when it was brought to their attention.

There was a procedure in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks, where risks had been identified. This included risks associated with COVID-19, staff training and fire safety. Some ratings on risk assessments were not reflective of the actual likelihood of risks occurring, and the person in charge addressed this by the end of the inspection.

Regular fire drills were occurring, which demonstrated that residents could be safely evacuated under different scenarios. Staff spoken with were aware of what to do in the event of a fire and if working alone at night and their knowledge reflected what was contained on the centre emergency evacuation plan and residents' individual personal plans. There were systems in place for auditing fire safety; however the inspector found that the fire alarm panel and zone information required review as it was not clear what zone the garage, in which the laundry equipment was stored,

was in. Assurances were given post inspection that this was reviewed and updated. In addition, some work that had been identified by the person in charge as being required on the centre's fire doors was outstanding, however, the inspector was informed that this was to be completed within the few days following the inspection.

Overall, the inspector found that Juderobe provided a homely, safe and person-centred service to residents. Where improvements were noted to be required to ensure full compliance with the regulations, the person in charge undertook to address these in a timely manner to ensure that the service was safe and to a high quality.

Regulation 26: Risk management procedures

There was a risk management procedure in place, and risk assessments were completed for risks that had been identified at centre and individual resident level.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for infection prevention and control; including measures to protect against COVID-19. The Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning in the event of COVID-19 had been completed, and there was a site-specific outbreak plan in place in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the detection and containment of fire. Fire drills were carried out regularly which ensured that residents could be safely evacuated. However, fire zone information required review to ensure that all areas of the house were identified. In addition, works identified to improve fire safety required completion. The inspector was assured post-inspection that the zones were now clearly identified, and that the works identified by the person in charge to be completed would be done within a few days.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and kept under regular review. There was evidence that residents and their advocates participated at annual meetings. Residents were support to identify personal goals for the future and these were kept under regular review, with progress noted. Care plans were developed where required.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing outcomes. Where the need was identified, residents were facilitated to attend healthcare appointments and had access to multidisciplinary supports as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which were developed with the relevant members of the multidisciplinary team. Restrictive practices were kept under regular review. However, one protocol for the use of a PRN medicine to support with anxiety related behaviours required review to ensure that it was clear on what dose was to be administered to achieve the desired outcome.

Judgment: Substantially compliant

Regulation 8: Protection

The provider ensured residents' safety through staff training and the regular review of incidents that occurred. Residents had access to easy-to-read information about safeguarding, and safeguarding was discussed regularly at residents' and staff meetings. Residents had comprehensive personal care plans in place which detailed supports that was required in personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in their day-to-day lives in line with their communication preferences. A range of easy-to-read documents were available to support residents in making choices in their lives, and residents were consulted about the running of the centre through regular residents' meetings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that one care plan and the associated protocol that had been developed to guide staff about the use of emergency medication that had been prescribed had inconsistent information about when to administer the medication.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

Compliance Plan for Juderobe OSV-0005778

Inspection ID: MON-0026654

Date of inspection: 29/09/2021

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: To ensure compliance with Regulation 15 ,Staffing ,the following actions have been undertaken -The PIC has reviewed the actual and planned roster. The full name and details of agency staff is clearly documented on the roster for the centre . -There is now a Risk assessment is in place to ensure there is a consistent core staff team in place as outlined in the residents support plans -A staffing review has been undertaken and an additional staff requirement has been identified for Jude robe. The necessary documentation has been completed and submitted to senior management. -This will ensure the use of agency staff will be minimal and a consistent core team will support residents in their daily activities and ensure continuity of care as outlined in residents support plans.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with regulation 23 Governance and Management the following action has been undertaken ,	

The annual review has been updated to include feedback from consultation with residents and their representatives .

Going forward all feedback from consultation with the residents and their representatives will be documented in future annual reviews .

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance with Regulation 28 ,Fire Precautions the following actions have been undertaken

The Fire Zones identified on the Fire Panel are now clearly identified to reflect all areas within the center including the Garage area .

The Centre's Emergency Evacuation Plan and the Personal Emergency Evacuation Plans have also been updated to reflect these zones where applicable.

The Fire safety works identified which are the intumescent seals and brushes have been completed on all fire doors within the center .

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
To ensure compliance with Regulation 7 ,the following actions have been undertaken

The Pic has completed a review on all PRN medication with the General Practitioner and the Mental health team .The medications kardex has been updated to ensure the dose prescribed is now clear and specific to the resident.

All staff have been informed of this updated information.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure compliance with Regulation 29 the following actions have been undertaken

The PIC has completed a review with the General Practitioner of the prescribed emergency medication.

Following this review, the information for the administration of the emergency medication is now clearly documented to reflect the time and dosage .This is now consistent between the kardex and the prescription form.

All staff have been made aware of this updated information

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/11/2021
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	30/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2021

Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	29/10/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	11/10/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	11/10/2021