



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:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0002604
Fieldwork ID:	MON-0032153

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:	6
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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
Thursday 29 April 2021	10:30hrs to 15:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with residents, observation in the centre and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community. It was also clear that staff prioritised residents' choices and preferences.

The time the inspector spent with residents was limited in line with COVID-19 safety protocols. The inspector met with four residents, some of whom were happy to discuss their views on living in the centre.

These residents told the inspector that they were very happy living in the centre and had no concerns about their lives there. They said that they had good involvement in the community and described some of the social and leisure activities that they took part in and enjoyed. These included the residents' preferred activities, which were going out in the community for meals, coffee, outings and walks. A resident explained that while restaurants and coffee shops were closed that they enjoyed restaurant meals in the centre as 'take-aways' and that they had take-way coffees when they were out and about.

During the inspection residents were individually doing things that they enjoyed in the house. For example one resident was relaxing and knitting, another was using a tablet, while another was sitting in the kitchen chatting with staff. One resident had had a lie in in bed until 11am and was having a late breakfast. She commented that she 'enjoyed a lie in' when she 'felt like it'. Residents were also out and about going for drives and walks throughout the day. Residents said that they were looking forward to clothes shopping and visiting the hairdressers, and that staff would be bringing them to these places soon. They also said that they had been kept busy during lockdown and they had made a souvenir record of lockdown in the centre. This scrapbook was colourful and contained memories and pictures of activities including baking, knitting, beauty treatments and hairstyling followed by a drink, praying for lockdown to end, lighting up the centre for frontline workers, enjoying nature walks, celebrating birthdays, art, dancing and COVID-19 testing. Other activities that residents enjoyed during lockdown included involvement in a cycling project, and an online gardening course and development of a mini greenhouse and planting area outside the centre.

The person in charge and prioritised the wishes of residents and worked around ensuring that these were met. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were observed interacting warmly and having fun with residents and were very supportive of residents' wishes. All residents were observed to be in good spirits and comfortable in the company of staff and each other.

Residents told the inspector that they got on well with staff and with each other. They said that they trusted staff, and knew that they could tell staff or the person in charge if they were not happy about something. Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. Residents said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences.

Management arrangements and staff involvement ensured that residents' rights were being upheld. It was evident that residents were involved in how they lived their lives. The provider had ensured that there were sufficient staff on duty to ensure that residents' personal choices could be supported at all times. As there was a good level of staffing allocated to residents, this ensured that each resident could enjoy the activities that they preferred on an individualised basis. Residents had the option of attending house meetings when they discussed topics of interest to them. Weekly meal choices and the grocery shopping list were also planned at these meetings. Residents' views on the centre and their lives were also gathered through ongoing daily discussions and judgements on choice and preferences. Advocacy support was available to residents and this information was made available to them in an easy-to-read format that they could understand.

Residents also had rights to stay in touch with their loved ones and arrangements had been introduced to ensure that they could keep in contact with families and friends while adhering to COVID-19 safety requirements. A resident showed the inspector a tablet that was used to keep in touch with family members. Residents were aware of COVID-19 and the precautions that were required to reduce the spread of infection. In addition to staff reminding residents about the requirements, there was a range of user-friendly information available to help residents to understand the restrictions and arrangements. All residents in the centre were registered to vote and were supported to do so if they wished. Residents were also supported to practice their religion as they wished, although this had been modified in line with COVID-19 restrictions. While some residents had traditionally enjoyed going to mass and visiting the church, Mass was now being live streamed to the centre for residents to watch.

Due to COVID-19 safety protocols, the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were clean, bright, warm, comfortably furnished and tastefully decorated with pictures and artwork. Each resident had their own bedroom. Some of these rooms were spacious and were furnished as bed sitting rooms for residents who preferred to have their own additional private space. There was a spacious kitchen, and comfortably furnished sitting rooms to provide plenty of communal and private space for residents. Residents told the inspector that they enjoyed living in the centre and found it a very comfortable place to live.

Capacity and capability

There were management arrangements in place which ensured that a good quality and safe service was provided for people who lived in the centre.

There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. fortnightly management meetings took place, which were attended by persons in charge and the management team. A range of information was shared and discussed at these meetings such as safeguarding and behaviour support. The person in charge also held monthly team meetings with the staff in the centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. An audit schedule for 2021 had been developed and a wide range of audits were identified to be carried within agreed time frames such as audits of accidents and incidents, finances, health and safety, medication, infection control and COVID-19 compliance, and personal planning. Unannounced audits were being carried twice each year on behalf of the provider. All audit records showed a high levels of compliance and any issues identified during audits were taken seriously and addressed. Furthermore, annual reviews of the quality and safety of care and support of residents were being carried out. However, the annual review of the quality and safety of care and support of residents did not include consultation with residents' and or their representatives as required by the regulations, although some information on residents' and relatives' views were included in the provider's six-monthly unannounced audit.

The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, falls assessment and prevention, cardiopulmonary resuscitation, and disability equality training, in addition to mandatory training. Training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, healthcare plans, risk management assessments and a sample of operational policies. The documents viewed were comprehensive, informative and up to date. Other documents such as records of notifications, inspection reports and the regulations were also retained as required.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing
Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.
Judgment: Compliant
Regulation 16: Training and staff development
All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.
Judgment: Compliant
Regulation 21: Records
The provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion.
Judgment: Compliant
Regulation 23: Governance and management
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, while an annual review and report had been prepared, this report did not reflect consultation with residents and their representatives as required by the regulations.
Judgment: Substantially compliant
Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This 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.

Review meetings took place annually, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre.

The centre was located in a residential area which was close to a city. The centre was warm, clean, comfortably furnished and decorated, and well maintained. There was a well equipped kitchen, adequate communal and private space and accessible outdoor space.

Residents had access to a variety of amenities and facilities in the city and surrounding area and transport and staff support was available to ensure that these could be used. Residents normally attended day services, at which a range of activities were taking place, but at the time of inspection these had been suspended due to COVID-19 restrictions. Residents took part in activities that they enjoyed in the centre, such as gardening, going for walks, involvement in household tasks, music, television, cycling, arts and crafts, and baking.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed and required care was delivered by staff. Overall residents in this service enjoyed good health and minimal healthcare interventions were required. However, to maintain good health, staff arranged healthcare visits for residents which included annual medical checks by the general practitioner (GP), and annual influenza vaccinations. Staff encouraged and supported residents to keep fit and follow exercise plans that they enjoyed. Staff ensured that residents received nutritious food suited to their preferences and assessed needs. Residents also had the opportunity to attend national health screening programmes and were supported by staff to do this.

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. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified

and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer if required.

Residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing discussion with residents. Assessments had been carried out to establish residents' capacity to safely manage their own medication and the required supports were based on the outcomes of these assessments. Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, corona virus information and personal plans were made available to residents. In addition all residents in the centre were registered to vote and were supported to do so as they wished. Residents were also supported to practice their religion as they wished and this had been adapted during COVID-19 restrictions. For example, Mass was being live streamed to the centre so that residents who previously enjoyed attending Mass could continue to do so.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, including robust practices in relation to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

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 had ensured that the resident's rights were supported and that they had freedom to exercise choice and control in their daily 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Jeddiah OSV-0002604

Inspection ID: MON-0032153

Date of inspection: 29/04/2021

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 provider in consultation with the person in charge has reviewed the process of carrying out the annual audit and will ensure that residents and representatives are engaged with during the unannounced visit.</p> <p>The next Annual Review within the centre will reflect the above process.</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)(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	31/05/2021