



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

Issued by the Chief Inspector

Name of designated centre:	Jasmine Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	24 June 2024
Centre ID:	OSV-0004468
Fieldwork ID:	MON-0035383

About the designated centre

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

Jasmine services provide full-time residential care and support to adults with a disability. Jasmine services comprises of three houses and is located in a residential area of a rural town in County Roscommon. All bedrooms have en suite bathroom facilities with mobility aids such as hoists provided where required. Residents are supported by a team of 'community connectors' and outreach workers when at the centre. At night-time, residents are supported by an overnight staff member who is available to provide assistance to residents if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 24 June 2024	10:30hrs to 18:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was completed to monitor compliance and to inform a registration renewal application. Overall, the inspector found that the service was meeting the needs of residents who lived there as well as supporting them to live very active lives.

Through observations, interaction with residents, review of documentation, including residents' information the inspector found that residents received very good care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector was met by the person in charge, person participating in management in their offices as agreed prior to the inspection. The opening meeting was completed and the inspector was provided with documentation requested prior to the inspection. The person in charge was aware that residents were attending their day programmes but would advise the inspector when they had returned to enable meeting them and reviewing each house.

The inspector was advised later in the day of the return of residents and first met a resident in an individualised programme. The inspector saw that the resident and staff interacted in a very comfortable manner and the staff was observed to act professionally, supportive and respectfully at all times. They showed the inspector the residents' communication equipment, and the inspector found that this resident was supported to promote their independence and enable their voice in this centre. The inspector then attended the remaining two houses that were side by side. Residents were returning from their day programmes and were interacting and engaging with staff. The inspector was introduced to eight residents in this house and found that they all interacted in different ways but that staff were aware and familiar with each residents communication styles, preferences and choice at all times.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space for privacy or to complete activities they preferred or to facilitate visitors when required. Each resident had their own room that was designed to their preferred tastes and colour. The inspector observed residents assisting with setting the table for their evening meal and interacting appropriately throughout.

It was very clear that resident's rights to a good quality and meaningful life were being prioritised. The residents' views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences. Staff and residents also had weekly meetings to plan menus, discuss shopping needs and plan activities or outings.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this centre was well monitored and the enhanced management team had effective oversight of this centre, which ensured that the residents received support and care in line with their assessed needs and received a good quality service.

The governance and management arrangements in this centre had been reviewed due to the organisational restructuring. The person participating in management was now removed from the person in charge role and they had successfully recruited a person in charge who was supernumerary and facilitated to complete administrative duties required for the role. This included; audits, staff supervision and support, attending staff, house and person in charge meetings as well as additional organisational meetings as scheduled. The inspector found that the person in charge was very familiar with all of the residents' care and support needs but was also actively monitoring all residents' aging or any change in needs. The inspector also noted that staff were very familiar with the management structures and staff were clear about their roles and responsibilities in the centre. Cover arrangements were also in place for the person in charge should any planned or unexpected leave occur and the provider was also aware of their requirement to submit a relevant notification to the Health Information and Quality Authority (HIQA) should the person in charge be absent for specified periods of time.

The staffing arrangements in place were reviewed as part of the inspection, a planned and actual roster was in place and available for review. It showed an accurate account of staff present at the time of the inspection. The provider ensured that the number and skill-mix of staff met the assessed needs of residents and good consistency of care and support was provided.

The annual review of the quality and safety of the service was completed and up to date, but also showed actions for review and dates for completion, which was linked to the provider's overarching audit system for the organisation. In addition, the six-monthly unannounced provider-led audit was completed in the time-line required. Staffing in place was provided by a core team which provided consistency of care and supports provided. A review of incidents occurring in the centre found that they were clearly documented. The provider had ensured that a system was in place to ensure a manager had access to all relevant information to ensure all incidents were reported to the Chief Inspector of Social Services in line with the requirements of

regulations 31.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes preferences and support needs were gathered through the personal planning process, by observation and from information supplied by residents' families and representatives and this information was used for personalised activity planning for each resident. There were sufficient staff in the centre to ensure that residents support need were met and that staff were competent to carry out their roles.

The inspector met with eight residents who lived in the centre. Although some residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in very good spirits, relaxed and interacting easily with all staff and fellow residents present. The inspector also saw residents sitting in their preferred areas in their houses. Activities included outings on house transport to scenic areas of interest, engaging in community activities such as local music festivals, and enjoying meals and refreshments out in local restaurants and coffee shops. Some residents had access to individualised day programmes and some residents had access to group day service programmes in a number of programmes regionally.

On review of training records, staff had access to training relevant to their role. This included behaviour support management, first aid, medication management, fire safety and infection control. Staff had completed all mandatory training completed and a schedule of refreshers were in place.

Records viewed during the inspection such as staff training records, personal plans, risk management documents, health and safety records and audit records were informative and up to date. There was also an informative statement of purpose which was available in an accessible format and this document gave a clear description of the service provided in Jasmine Services and met the requirements of the regulations.

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

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and had clear oversight of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured that the directory of residents included all the required information as outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

The management team and provider had ensured that all records as required in the regulations were maintained and available for review on the day of the inspection. The inspector noted that the person in charge reviewed and monitored this documentation and addressed any gaps or areas for improvement as identified. This included documentation such as; statement of purpose, residents guide, directory of residents and residents personal plan information.

Judgment: Compliant

Regulation 22: Insurance

The provider also ensured that up to date insurance was in place and maintained for this centre which included an outline of costs covered for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had completed actions from the previous inspection which resulted in an enhanced and robust management structure in place in the centre. This included the addition of a new person in charge with the sole responsibility for the management of this centre and that the area management could return to their role as person participating in management. This ensured that there was a clear management structure in place which identified the lines of accountability and authority were effective, with improved monitoring systems in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service and was also provided in an accessible format in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The provider had policies and procedures in place in relation to employment of volunteers, however volunteers were not employed at the time of the inspection in this centre due to the assessed needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes. The management team also ensured that cover arrangements were in place to ensure that all notifications were identified and reported within the specified timeframe.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify HIQA of periods of absence of

the person in charge. No absences were anticipated at the time of the inspection.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider and management team were aware of the requirement to give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated centre during an absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Jasmine Services was person-centred and residents were supported to live rewarding lives as active participants in their local community.

The centre was located on the outskirts of a large rural town. The houses in the centre were spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The centre comprised of three houses. In each house there was a well-equipped kitchen, adequate communal and private space and gardens to the front and rear of the houses.

The staff team ensured that the residents' health, personal and social care needs were assessed, Care and support plans were developed, as required and updated when changes in needs occurred, such as aging issues or medical needs. Meetings occurred with families and their representatives where priorities and goals for the year ahead were reviewed and agreed. Staff spoken with talked about the activities the residents enjoyed, which included attending day services, trips on the transport provided and additional hours to support residents having individual time out of the centre or for planned activities.

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

The inspector saw that residents had access to a wide variety of meals and snacks in the centre. Residents' personal plans showed residents assessed dietary requirements, and some residents who required modified dietary supports had access to relevant multidisciplinary supports. This ensured that all residents were

appropriately assessed, supported and all information was clearly recorded to guide staff on residents support needs.

At this centre, the inspector found good systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Policies on risk management were available for review and safety statements were up to date. Risk assessments for service level risks were in place and each resident had a personal risk management plan.

There was suitable arrangements in place to ensure that residents were safe from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated officer when required.

The provider also had systems in place to support residents with behaviours of concern, these included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour plans. The provider also ensured that staff had access to training in positive behaviour support and access to refreshers as required. Staff spoken with were very familiar with residents assessed needs, and were observed and heard utilising recommendations from behaviour support plans in place.

Overall, residents at this centre were provided with a good quality service where their independence and autonomy was promoted.

Regulation 10: Communication

The inspector found that the residents had access to a variety of communication supports in this centre. This included a comprehensive communication assessment, access to a speech and language therapist, and access to a variety of communication tools. This included a computerised device to aid non verbal residents to vocalise their wishes through an eye-gaze reader.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated in the centre and residents family and representatives could visit with no limitations at present. In addition, in all houses there was ample space to facilitate visitors which also ensured that residents were supported to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

A record was kept and maintained of residents' personal possessions and valuables in the centre, and these were rechecked by the staff team as required. The provider and management team were working on ensuring that all residents were supported to establish a bank account and that they had access and control of their financial affairs where possible following an assessment.

Judgment: Compliant

Regulation 13: General welfare and development

The residents in this centre had access to a variety of activities based on their assessed needs. This included individualised homebased programmes, day programmes and accessing the local community to engage in community events, festivals and music events.

Judgment: Compliant

Regulation 18: Food and nutrition

The management team ensured that the residents were supported to have access to appropriate snacks and food relevant to their assessed needs in the centre. Where required all residents were assessed should modified or specialised dietary needs be required.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available in the centre and showed the information as required by the regulations, and was also provided in an accessible format.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge was aware of the requirement to ensure that all relevant information be available or provided should a resident transfer or relocate to another facility. This ensured that residents care and support needs was supported appropriately at all times.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied health professionals and were supported to access these services as scheduled. This included dietitian, speech and language, podiatry, psychiatry and psychology services. Comprehensive care plans were provided and maintained by the staff team which ensured that all staff were clearly guided on how to support the residents appropriately at all times.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and management team had ensured that appropriate systems were in place to respond to behaviours of concern. All staff were trained in the management of behaviours of concern, and also had access to refreshers as required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse. This included access to online and face to face training, all residents had an intimate care plan completed in their personal plans. At the time of the inspection there were bi active safeguarding plans in place.

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	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant