



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

Issued by the Chief Inspector

Name of designated centre:	Newtownshandrum House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2021
Centre ID:	OSV-0001825
Fieldwork ID:	MON-0032747

About the designated centre

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

Residential services are provided to a maximum of five residents in a purpose built single story premises; the centre is located in a small housing development in a rural village. The village offers services such as a church and shop. It is also located in close proximity to a larger town where residents attended day services. The provider endeavours to provide each resident with a happy home where residents can relax, feel safe and express their wishes and opinions and where the independence of each resident is supported. Residents are offered opportunities for new experiences, to use local facilities and amenities and to maintain and develop relationships between peers and their families. The model of care is social and the service is suited to residents with lower support needs. Ordinarily there is one staff on duty at all times and the staff team is comprised of care staff and social care staff supported and guided by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
Friday 18 June 2021	09:30hrs to 14:30hrs	Lucia Power	Lead

What residents told us and what inspectors observed

From what the residents said and the inspector observed, it was clear that residents enjoyed a good quality of life where they were supported to be active participants in the running of their home and involved in their community. It was evident on the day of inspection that support provided to the residents was person centred and promoted a culture of inclusiveness and independence.

The inspector had the opportunity to spend time with four residents. The centre is currently registered for five and has one vacancy. The residents asked the inspector to have tea with them and this was facilitated by the staff on duty who supported the residents prepare for this, the staff maintained a discrete presence in the background so the residents had this time with the inspector.

The residents were very welcoming and gave an overview of life for the last year during the COVID- 19 pandemic. They spoke about adhering to infection control and the importance of hand washing. They spoke about missing their friends and family and how important these people are in their lives and the delight in been able to see them again. There was mixed views from the residents in relation to returning to day services and going forward they would like a mix of day services and activities from home, telling the inspector they were not under pressure in the mornings to go to the day service. They spoke about their morning mindfulness and how since COVID 19 this has become an important start to their day as they feel very relaxed after this session. One of the residents told the inspector about been at the beach the day previous and listening to the sound of the ocean and how they wanted to incorporate this sound into their meditation. When discussing their daily activities the residents expressed the importance of choice and rights. They spoke about their right to have a say, their right to be treated the same as everyone else and they told the inspector about the residents meetings they have every friday after the dinner. Here they discussed what's happening in their home and things they want to do. The also spoke about staff and the importance of staff knowing them. This was important to the residents and they were very happy with the staff supports and said that all staff knew them. The residents told the inspector what they would do if they had an issue and without any prompting they told the inspector about how they can make a complaint and who the complaints officer was, what they would do if they were not been treated fairly and how they could talk to the person in charge and staff. The residents told the inspector that members of the management team visit them regularly and that they can talk to them about any issues or concerns.

The inspector also met with the residents individually and one of the residents did a walk around the centre with the inspector. The resident was asked to show the inspector the fire signs and how the fire doors worked. The resident was delighted to be part of and contribute to the inspection and was able to show the inspector some of the fire precautions.

Two of the residents went through their personal plans with the inspector and were

able to tell the inspector about their goals and their involvement in this process. What the residents told the inspector was reflected in the plans, and in one example a resident described how they liked support with personal care. This was evident in the residents plan. There was also evidence of goals achieved that the residents told the inspector about and this was also reflected in the personal plan. The residents spoke about the very good support from the person in charge, the staff and they also spoke about support from management. The inspector observed interactions between residents and staff on the day of inspection and it was seen to be respectful, supportive and jovial.

The resident's home was homely and resident's bedrooms reflected their personal choice, the environment was spacious, clean and well maintained. Residents were very proud to show the inspector some personal items such as photographs, medals, certification and art. It was observed when a resident requested for the patio door to be opened by staff, staff redirected in a dignified manner for the resident to do this task. It was also observed by the inspector how staff encouraged residents to be independent in their home and each interaction was observed to be individualised and supportive.

Overall, this inspection had a good level of compliance with the regulations and residents were in a receipt of a service that was person centred and respected the rights and inclusion of residents in their home and the community. The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the services provided.

Capacity and capability

There was good local management systems in place to ensure that the service provided was safe, consistent and appropriate to resident's needs. The management system was clear and this inspection found that the service been provided to residents was person centred that promoted a culture of inclusiveness and independence. Overall the findings were very positive with some improvements required in relation to regulation 24 which is admissions and contract for the provision of services.

The person in charge reported to the area manager who is also a person registered as the person participating in management. The person in charge took up the post for this centre in March 2021 and is also a person in charge in another of the provider's centres. The person in charge told the inspector that they were able to maintain good oversight in the two centres and this was evident on the day of inspection, the person in charge had a good knowledge of residents needs and the supports required. It was evident there was a continuity of staff to support residents. The person in charge told the inspector that if additional staff are required

for resident activities there is no issue in getting these resources. The person in charge had in place a schedule of proposed supervisions to carry out with staff and had been in receipt of supervision from their line manager. From a review of records it was also evident that the person in charge and the provider were carrying out internal audits. Where actions were identified in the provider audits, the inspector noted these were followed up and reviewed with defined dates and named persons responsible. The provider had carried out in line with regulation 23 an annual review of the quality and safety and care and support in the designated centre. The provider had also carried out unannounced visits to the centre and prepared a written report in relation to the quality of care and support in the centre. The provider is required to consult with residents and their representatives and this was included in the providers report. Feedback from residents and their representatives was positive and complementary, for example 'very happy in the service', 'staff treat me well' 'I am happy with everything'. Overall it was evident that this centre was effectively resourced to meet the needs of residents.

The provider had a training matrix in place and this was updated as staff completed their training. From a review of this record and from speaking with staff it was evident that staff were been supported to have access to training in line with the assessed needs of residents. The actual and planned rotas were reviewed and this demonstrated a continuity of care. Where additional staff were required the provider was able to provide these resource so there was no impact on support or activities for residents.

Improvements were required in relation to regulation 24 admissions and contract for the provision of services. These contracts required to be updated in relation to change of personnel and also the contracts noted that complaints can be made to HIQA, this information was incorrect as HIQA do not investigate complaints, however HIQA does accept any concerns in relation to the quality of service provided. The provider committed to addressing the anomalies noted in the contracts.

The next section of the report will demonstrate the quality and safety of the service been provided in the centre

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. Where additional resources were required for resident activities the provider confirmed these resources were available. The provider had an actual and planned rota in place which demonstrated continuity of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems in place ensured the services provided were safe and appropriate to residents needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place a contract for the provision of service for each resident, however gaps were noted in information and the contracts required updating.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given in writing to the chief inspector details of any adverse incidents in the designated centre, within the allocated time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents. There was no open complaints on the day of inspection.

Judgment: Compliant

Quality and safety

The quality of life for residents in this centred was of a good standard. The lived experience for residents was very positive and this was evident from what the residents told the inspector, discussions with staff and records reviewed on the day of inspection. The inspector also observed the residents throughout the inspection and they appeared to be very happy and content in their home.

From a review of the resident's files and discussions with residents, it was noted that there was a comprehensive assessment of need in place which was documented in a respectful manner. The residents care passport had a traffic light system in place which flagged; things you must know to keep me safe, things that are important to me and my likes and dislikes. There was also documentation pertaining to short term and long term goals with evidence of ongoing reviews and

discussions with the identified key worker. As noted in a previous section of the report, the residents were able to update the inspector in relation to their goals and verified if these goals had been realised or not. For example one resident wanted an electronic devise and this was recently purchased and updates added to support the resident's specific needs. Another resident wants to access art therapy and the provider was due to follow up with this after the pandemic, however in the interim the resident was partaking in some art.

Health care plans were noted to be clear and concise, providing good descriptors about the identified health conditions and guidance for staff. For example one resident had a specific form of arthritis and there was good guidance and information in relation to this condition and access to the appropriate health care professionals. Residents has access to the national health screening service. There was evidence on file of consent in relation to the COVID-19 vaccine and details of how this was communicated to the resident.

There were good risk processes in place with identified dates of review and future review. These were updated in accordance with the resident's needs and were comprehensive taking into account the identified individual needs of each resident. The provider also had an overall centre specific risk register.

Contingency planning in relation to COVID-19 was ongoing and there was a regular review of risk assessments in place to take into account the changing circumstances. Staff and residents were observed to be adhering to infection control guidance and residents had a good understanding of maintaining good infection control practices.

From the previous inspection in April 2019 there was a not complaint in regulation 29 medicines and pharmaceutical services. From a review on the day of this inspection the inspector noted the provider had addressed the previous issues and the most up to date medication audit was 14 June 2021. The provider had ensured processes were in place for the administration, storage and disposal of medication.

Regulation 10: Communication

The registered provider ensured that each resident is assisted and supported to communicate in accordance with their wishes. Each resident had access to telephone and appropriate media such as television, newspapers and Internet.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors and adapted this in line with the public health guidance.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that as far as reasonably practical that each resident had access and retained control of personal property and possessions. Each resident retained control over their clothes and had adequate space to maintain their personal property and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided each resident with appropriate care and support having regard to their assessed needs. Residents had good access to their local community and inclusion was promoted in the centre. During COVID-19 the provider had ensured that residents had access to a number of online activities such as music, exercise, literacy and art. The residents were also supported to go for walks in the local community and were supported to access same in line with the national public health guidance.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place and that systems were reviewed and present for the assessment, management and

ongoing review of risk, including a system for responding to emergencies.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had effective fire management systems in place. The inspector noted ongoing fire drills were been conducted in the centre both during the day and night. It was also noted that personal evacuation plans were in place to support the needs of residents. Residents demonstrated a good knowledge in relation to the procedure in the event of a fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge ensured that the designated centre had appropriate and suitable practices in place in relation to the ordering, receipt, prescribing and disposal of medication. Records reviewed demonstrated that medicine prescribed is administered to the resident for whom it is prescribed and not to another resident. An audit of medication management was undertaken in June 2021 which was organised by the provider.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that there was a comprehensive assessment of need in place for each resident. The residents personal plans were subject to ongoing

review and incorporated the participation and wishes of residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured there was appropriate health care provided to each resident. Where there were identified health care conditions the provider had information and guidance for staff to ensure the health care needs of each resident were been met.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that if required appropriate supports were in place to support and respond to behaviour that is challenging. There were no restrictive practices in place on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge and self awareness required for keeping safe. Residents had a good understanding of what it meant to keep safe and were able to tell the inspector what they would do if they did not feel safe.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the rights of each resident was respected and supported. The residents had the freedom to exercise choice and control in their daily lives and contributing to the running of the centre. The residents spoke about rights on the day of inspection and what rights meant to them. They also told the inspector that the provider respected their rights and the importance of rights in

their 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 Newtownshandrum House OSV-0001825

Inspection ID: MON-0032747

Date of inspection: 18/06/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To come into compliance with Regulation 24 the Registered Provider will review and amend the anomalies noted in resident's terms and conditions of residency (contracts). New contracts for all residents will be in place by 30/08/2021.	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/08/2021