



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

## Issued by the Chief Inspector

Name of designated centre:	Buttevant House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	21 February 2023
Centre ID:	OSV-0003839
Fieldwork ID:	MON-0030006

## About the designated centre

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

The centre provided supports to two men over the age of eighteen years who present with an intellectual disability, autistic spectrum disorder and behaviours that challenge. The centre was a detached bungalow with an enclosed rear garden. There were three bedrooms, a communal sitting room, an activity room used by both residents and a kitchen with a dining area. The residents had the shared use of a shower room. There was also a sleep-over room for staff with en-suite facilities. The centre was located in a rural town and the residents had access to services in the community as transport was provided. Staff in the centre provided support with all aspects of social, psychological and physical care. The provider aimed to provide a safe and homelike environment and to enhance the residents potential for individual independence and productivity and a happier life with the assistance of family, staff and community through person centred plans and individualised intensive behaviour plans.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Tuesday 21 February 2023	09:25hrs to 04:30hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. From what the inspector observed, residents enjoyed a good quality of life and were well cared for in this designated centre. There were two residents living in this centre at the time of this inspection. The inspector had the opportunity to meet with both residents during the inspection. There were management systems in place that ensured a safe and effective service was provided. Overall, inspectors found that there was good compliance evident with the regulations in this centre. Some issues in relation to premises and training and staff development will be discussed in the following two sections of this report.

On arrival, the inspector was greeted by the person in charge. The residents had left to attend their day service in a nearby town and would return later in the day. The person in charge showed the inspector around the designated centre, and a walk through of the premises was completed. The centre was observed to be decorated in a homely manner. There was a sitting room, kitchen/dining and utility area, with sufficient storage available. The premises was also well furnished. However, during the walk around with the person in charge the inspector did observe some areas that required maintenance. For example, there were marks on skirting board and door frames, rust was present on radiators, kitchen counter was chipped and peeling underneath. The bathroom had a noticeable staining on the tiles in the shower area and around the tiles of the toilet. There was also damage to the plaster in the entrance hallway.

It was seen that the residents had an activity room in the centre. The person in charge informed the inspector that one resident enjoyed using this area which had a number of items of interest, such as, a DVD player, television, gaming chair and books. The residents had a large enclosed garden to the rear of the centre. The person in charge spoke about how the residents like to use this area, which included a swing and trampoline. A person-centred planning process was in place to support each resident in meaningful day programmes and activities. Inspectors observed this through the inspection as each resident attended a day service that facilitated their preferred interests.

The inspector met the residents on return from their day service. Both residents greeted the inspector on their return and appeared happy and comfortable. The inspector asked them about their day and the activities they had completed, the residents spoke about how they had gone for walks in the community, to the shops and completed some gardening. Both residents asked to speak to the inspector individually and wished to show their bedrooms to the inspector. Residents' rooms were decorated in line with their personal preferences and had items such as photographs, medals and a range of other personal possessions on display. From meeting with the residents and viewing their bedrooms in the centre, there was evidence that residents were supported to have control over their personal

processions, and had adequate space to store their personal belongings. A resident used assistive technology method which was used to communicate to the inspector which was reflective of the resident's communication support plan. The inspector asked both residents if they were happy in the centre, about what they like to do and their goals. Both residents said they were very happy, they liked the staff and would talk to staff if they had a problem. Both residents spoke individually about their goals of attending GAA matches and going on a holiday later in the year. One resident spoke about their love of animals and they attend social farming.

Prior to leaving the centre the inspector joined both residents in the kitchen where staff were seen to be interacting with residents in a kind and caring manner. Staff spoke about plans for the evening, which included watching a movie as requested by one resident, and were going to be preparing supper with the residents.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Both residents and their families completed the questionnaires and stated that they were happy in their home and gave examples of activities they enjoy, such as, bowling, crazy golf, playing on electronic devices, cooking and swimming. Residents commented that they liked the staff that supported them with one resident saying they have choices and likes to be supported to use them to the best of their abilities.

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

## Capacity and capability

Overall, the findings of this inspection were that the residents were in receipt of a good quality and safe service. The management systems were ensuring that there was oversight of the care and support for residents living in the centre. On the day of the inspection there was suitable staffing levels in place to meet the needs of the residents. However, improvements were required in the oversight arrangements and timeliness of supervisions and team meetings.

The centre was managed by a full-time person in charge, who was suitably qualified and experienced. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as medication audit, cleaning audit, personal plan and safeguarding audits. At the time of the inspection the person in charge remit was over two designated centres. The person in charge told the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared and this document provided all the information set out in schedule 1. However, some minor

aspects of this required review in relation to the room size narrative and description. This was reviewed and amended by the registered provider and submitted to the inspector the following day after the inspection.

There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored by the registered provider. These audits included an annual review for 2022 and the provider unannounced six-monthly visits required by the regulations. The quality assurance audits identified areas for improvements and actions plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was a staff team in place. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices about what they wanted to do. Residents were very complimentary towards the staff team.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspectors to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. The inspector reviewed all schedule 5 policies in the designated centre. It was seen that two of these policies were overdue for review, including, medication management and recruitment, selection and Garda vetting of staff. This was identified to the person in charge and the person participating in management. Later in the inspection the person participating in management ensured these would be reviewed in a timely manner.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The

person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was a staff team in place as per the statement of purpose which ensured continuity of care. At the time of the inspection, unplanned and planned leave was being managed through regular relief staff and members of the staff team. The inspector was informed that the provider is actively recruiting and this role will be successfully filled. Both residents were supported by two staff members during the day, including at night. During the inspection staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control and fire.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision records and found that some improvement was required to ensure all staff received supervision regularly in line with the provider's policy. From the sample of supervision records reviewed the inspector found one staff had only received one supervision in 2022, while another had received two supervisions in 2022.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.



Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

### Regulation 22: Insurance

There was written confirmation that valid insurance was in place for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of quality assurance audits taking place to ensure the services being provided were appropriate to the resident's needs. The quality assurance audits included the annual review for 2022 and six monthly provider audits. In addition, monthly, bi-monthly and quarterly audits were taking place of the designated centre and the person in charge had a schedule of these audits in place for 2023.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the room size narrative and description. This was completed the day following the inspection and submitted to the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the residents were aware of the complaints process and it was available in an easy-to-read format. This was discussed weekly at the centres residents meetings. There was a complaints policy and a system in place to ensure complaints would be responded to and that a records were maintained. No complaints had been recorded as received for this centre since 2020.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. Two of these policies had exceeded the three year review period by the provider. These included medication management and recruitment, selection and Garda vetting of staff.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the residents were in receipt of a good standard of care and support in the centre. They lived in a warm, safe, comfortable home. They were being supported to be active participants in their home and their local community. Care and supports were delivered through a person-centred approach. Residents were very much involved in the day-to-day running of their home. Each resident was supported with a weekly activity schedule which included activities of interest. Residents' meetings were occurring regularly and agenda items included

areas such as, safeguarding, fire, complaints, menu planning and activity planning.

There were suitable arrangements to detect contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment to ensure all was in correct working order. Residents had a personal emergency evacuation plan which were reviewed regularly to ensure each resident their specific support needs were met. Residents spoken with on the day of the inspection had an awareness of how to evacuate the centre, how to keep safe and where the assembly point was located.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Residents' safety was promoted in the centre. All staff had received training in safeguarding vulnerable adults from abuse. Staff were informed on the steps to be taken if a safeguarding concern should arise in the centre or in the residents' life. The contact details were on display in the centre for the complaints and safeguarding officer with both residents identifying to the inspector who they would talk to about a complaint. Safeguarding was included as an agenda item at the residents' house meetings and team meetings. Safeguarding plans in place were regularly reviewed. Each resident had access to a behavioural therapist, and a behaviour support plan. These were reviewed by the inspector and seen to be reviewed regularly with input from the person in charge and staff team. Staff were aware of resident's behaviour support plans in place. One plan which had been recently reviewed contained an accessible easy-to-read for the resident.

Each resident had a comprehensive personal plan in place and was supported with monthly keyworker meeting and annual person centre planning meetings. Each resident also had regular meetings in place with their day service which developed goals and activities in line with the residents personal choice. As mentioned in this report, these goals included organising a holiday, attending GAA matches with teams of interest to the residents. One resident recently completed goal of being supported to buy a new smart watch, from the records the inspector viewed it was clear the resident was supported by staff and had choice to choose the one they wished for. The residents personal plans incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the individuals being supported. These plans also included the healthcare support of residents. Each resident had clear individualised healthcare support plans in place. These were regularly reviewed and had clear guidance for staff to provide a consistent approach with the best possible outcome for residents. Each resident had access to a GP of their choice.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge and staff team were making efforts to ensure they were happy and engaging in activities they enjoyed. Staff supported residents with this by completing monthly keyworker meeting discussing their current goals in place.

### Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. Each resident attended a day service that facilitated their preferred interests. One resident enjoyed gardening and horticulture as part of their day service, while another resident enjoyed working in a local shop for a few hours each week. They engaged in a variety of activities in line with their interests. These included activities in the centre and the wider community. Residents were supported to access the local community and enjoyed GAA. Residents accessed the local swimming pool and bowling. Residents were supported to maintain contact with family as they wished.

Judgment: Compliant

### Regulation 17: Premises

The premises were homely and comfortable, but some areas required further attention, for example, the bathroom required deep cleaning of the tiles in the shower and on floor due to discolouration. The kitchen and utility presses and countertop surface required painting and maintenance. There was rust present on radiators in the centre and damage to plaster in the entrance hallway which required attention.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated

to reflect their individual tastes.
Judgment: Substantially compliant
<b>Regulation 20: Information for residents</b>
A resident's guide was in place that contained all of the required information.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The registered provider had a risk register in place for the designated centre and individualised risk assessments in place for residents. There were control measures to reduce the risk and all risks were continuously reviewed.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
There were systems in place for fire safety management. All staff have received suitable training in fire safety. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre monthly. Each resident had a personal emergency evacuation plan in place.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
The registered provider had effective measures in place for the safe storage, ordering and receipt, administration and disposal of medicinal items within the centre.
Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive plan in place which identified the resident's health, social and personal needs. The plan informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, staff were observed communicating with one resident as to what time they would like to eat dinner. Personal plans were regularly reviewed and updated in a multi-disciplinary manner. Residents have goals in place which included, organising a holiday, attending GAA matches with teams of interest to the residents. One resident recently completed goal of being supported to buy a new smart watch.

Judgment: Compliant

## Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly. Residents had healthcare support plans in place and were reviewed regularly. Each resident had access to a general practitioner of their choice and as required. Residents had access to various allied health professionals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. The registered provider maintained a log of all restrictive practices for the designated centre. These were regularly reviewed each quarter by a restrictive practice committee. The registered provider ensured that all restrictive practices were applied in the least restrictive manner. The restrictive practices had reduced in the centre since the last inspection.

Judgment: Compliant

## Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. The person in charge and staff were found to have up-to-date knowledge on how to protect residents. All staff in place had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and regularly reviewed by the person in charge and designated officer. Each resident had an intimate care plan in place.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and keyworker meetings were taking place and residents were consulted in the running of the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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 Buttevant House OSV-0003839

Inspection ID: MON-0030006

Date of inspection: 21/02/2023

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To regain compliance the Person in Charge will ensure that there is a more structured supervision schedule in Buttevant House and that supervisions are carried out in line with best practices. Compliance will be maintained by the Person in Charge through monthly monitoring and also through discussion at team meetings.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: To come into compliance the identified policies have been reviewed and updated.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To regain compliance with Regulation 17 the Person in Charge has outlined outstanding remedial works that needs to be completed in the premises to the Maintenance Manager and works have been scheduled to be completed.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/03/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/05/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	03/03/2023

