



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:	Unannounced
Date of inspection:	21 November 2022
Centre ID:	OSV-0001825
Fieldwork ID:	MON-0031641

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:

5

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 21 November 2022	09:10hrs to 16:30hrs	Laura O'Sullivan	Lead
Monday 21 November 2022	09:10hrs to 16:30hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

This was an unannounced inspection of Newtownshandrum centre with the intention of monitoring compliance with the regulations and Health Act 2007. The inspectors were greeted at the door by a resident and a staff member who was on duty at the centre. The inspectors were welcomed into the main living room where introductions were made. Two residents were relaxing in the living room watching morning TV while waiting for their day activities to commence.

The inspectors had the opportunity to meet and chat with these residents about their life in the centre. Both residents were very complimentary about the staff and management of the centre. They spoke of their friendships with all the residents and how well everyone got on. As one resident stated everyone was very happy. Residents told the inspectors if they were not happy with anything they would talk to a staff member or the manager.

Residents spoke of their activities and what they enjoyed to do in their spare time. They enjoyed having some activities in the house rather than having to go out and about. They enjoyed not having pressure to be at places at certain times. The residents told the inspectors that it was more relaxed and they enjoyed this. Residents in the centre had a weekly timetable of what group and individual activities were to be completed. These included some household duties such as laundry and cleaning of their bedroom.

On the day of the inspection one resident was cleaning their bedroom with the support of staff. Staff supported the resident to complete this task independently with only minimum verbal support. The resident told the inspector it was great to get it all done and that having a set day was great as everyone got the time to sort out their laundry without interrupting anyone else.

Residents proudly showed the inspectors around the centre. They showed their bedrooms and some of the communal spaces they enjoyed to spend time in. Residents showed the inspectors their favourite personal possessions and some of their favourite items. These included teddies, family photos and memorabilia. The inspectors spent time in one of the communal rooms to complete a review of documentation. At differing points during the course of the inspection the inspector had the opportunity to chat with residents as they went about their day. This included watching the world cup matches on their TV in their room, attending community courses and competing house tasks.

The inspector observed interactions between residents and staff and found these interactions to be positive and supportive in nature. Staff spoken with had a clear understanding to the individual support needs and rights of the residents currently residing in the centre. The next two sections of the report will review evidence present in the areas of capacity and capability of the provider and the quality and

safety of the service provided and how this impacts the life of the residents.

Capacity and capability

Newtownshandrum presented as a centre with a good level of compliance with the regulations. There was clear evidence of effective governance and oversight of the centre by members of the governance team which ensured all residents received a good quality service that was in line with their assessed needs. Some minor improvements were required to ensure compliance with all regulations.

The inspection was facilitated by the person in charge, residents of the centre and the staff team. All members of the governance team met with on the day of inspection were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs while promoting the residents rights and independence. The person in charge had very good oversight of the service with effective measures in place to find areas of concern were addressed in a timely manner. They had the required qualifications and relevant experience as outlined in the regulations to fulfil their role effectively. The person in charge reported directly to the appointed person participating in management. This included regular face to face communication and formal supervisory meetings.

There were clearly defined management structures in this centre. Residents and staff were aware of the procedures of who to contact in an emergency or if assistance was required. A review of incidents was evidenced as required with all incidents notified to the chief inspector in accordance with Regulation 31.

The provider had implemented measures to maintain oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre, this was completed in April 2022. This report identified good practice in the centre and areas for improvement. The person in charge completed regular review of the action plans in place to ensure all actions were completed. In addition, unannounced audits were completed six-monthly in line with the regulations. The last of which was completed in June 2022. In addition, the person in charge and the staff team completed a range of audits in the centre. These included for example, a review of incidents, medication audits and an infection prevention and control. The person in charge had a clear oversight of actions required to maintain a high level of compliance within the centre. Any actions identified by residents or staff were escalated to the person in charge and addressed in a timely manner.

Staff in the centre received supervision from the person in charge through annual personal development review and six weekly supervisory meetings. Formal supervisions were completed in accordance with the organisational policy and were completed in conjunction with regular team meetings. These measures were

implemented to ensure all staff had the opportunity to raise concerns or for issues to be addressed. The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. This rota reflected the whole time equivalent of staff as set out in the statement of purpose. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. However, some improvements were required to ensure all staff were trained in areas in accordance with the assessed needs of residents. For example in the use of emergency medication.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings. Residents spoken with were clearly aware of the complaints procedure and were assured that any complaint highlighted was actively addressed. All residents informed the inspector they would be happy to make a complaint if needed.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.

Staff had access to a range of training. This training was supported and facilitated

by the provider to meet the assessed needs of residents. While staff were supported to attend the required training some gaps were present in the area of emergency medication.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Quality and safety

Newtownshandrum presented as a centre which promoted the right of the each individual through open communication and promotion of independence. Communications with residents evidenced their individual awareness of their rights and how they were happy the service in the centre was safe and effective. Residents were consulted in the day to day operations of the centre including choice in their daily life. Weekly house meetings occurred to discuss operations of the centre such as meal planning and any changes in operations such as change planned activities.

The centre presented a large detached bungalow building located on the outskirts of a country village. The centre was warm and homely with residents proudly showing their personal areas such as their bedrooms and music rooms. Residents in the centre were supported to care and maintain their own rooms with one resident telling inspectors how they like to clean and tidy their room every week. Residents were observed to be very comfortable in the centre with this e met with telling inspectors they had their favourite seat in the living room and dining area.

Residents had active lives in the local and wider community availing of services such as the local bars and restaurants, shops and churches. They were supported to maintain their skills and independence in their daily life with individualised support plans in place where required to promote a consistent approach to supports from the staff team. All individuals were supported in these meaningful activities. Residents' personal goals included increasing their time in the centre, supporting their spiritual needs and continuing family visits.

Each resident had supported to develop a comprehensive personal plan following an annual person centred planning meeting. These plans incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. Personal plans were regularly reviewed to ensure they reflected the current needs and wishes of the individual been supported. These plans also included the health care support of residents. The plans reviewed by the inspectors were noted to be clear and there was a consistent approach from staff to ensure the

best possible outcomes for residents.

Residents' safety was promoted in this centre. All staff had received training in safeguarding vulnerable adults from abuse. Staff were well-informed on the steps that should be taken if a safeguarding concern arise in the centre or in the residents' life. The contact details of the designated officer and complaints officer were clearly on display in the centre with one resident telling an inspector who the individuals were. Safeguarding was included as an agenda item at house meetings and team meetings to ensure a consistent approach in all areas of support. Residents also had an awareness of their right to be safe and how to keep themselves safe in the centre and in the local community.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre with sufficient PPE stock in place. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines and procedures. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental and infection control audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, slips, trips and falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain the safety of residents, staff and visitors. It was evidenced that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage the identified risks.

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 personal evacuation plans were reviewed regularly to ensure their specific support needs were met. Residents spoken with on the day of the inspection discussed the fire evacuation procedure with the inspector and had a keen awareness of how to evacuate the building and keep safe. They showed the inspector where they would go to outside of the building and how they would call for help. Evacuation procedures within the centre did require some review to ensure adequate measures were in place should the residents be unable to rerun to the centre post evacuation. Currently should the residents and staff be unable to return to the building overnight following an emergency evacuation an appropriate alternative form of accommodation had not been identified.

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were

supported to maintain links with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations.

Evacuation procedures required review so ensure adequate measures were in place

should residents be unable to return to the centre. Currently should the residents and staff be unable to return to the building overnight following an emergency evacuation an appropriate alternative form of accommodation had not been identified.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had effective measures in place for the safe storage, ordering receipt, storage, administration and disposal of medicinal products within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated in a multi-disciplinary manner.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker 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
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Newtownshandrum House OSV-0001825

Inspection ID: MON-0031641

Date of inspection: 21/11/2022

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: Outstanding training was completed on the 19th December 2022 in the use of emergency medication and the outstanding Fire Safety training for x1 staff member was completed on 25-01-2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Chief Executive Officer met with the Charleville Park Hotel in Charleville, Co Cork on 21st December 2022 and an agreement is now in place since this meeting that residents can avail of this hotel to stay there should residents be unable to rerun to the centre post evacuation following a potential fire.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	25/01/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	21/12/2022