

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

Issued by the Chief Inspector

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| Name of designated centre: | Newtownshandrum House |
| Name of provider: | St Joseph's Foundation |
| Address of centre: | Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 March 2025 |
| Centre ID: | OSV-0001825 |
| Fieldwork ID: | MON-0046054 |

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.

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| Number of residents on the date of inspection: | 5 |
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How we inspect

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 March 2025 | 09:15hrs to 14:40hrs | Robert Hennessy | Lead |
| Monday 24 March 2025 | 09:15hrs to 14:40hrs | Lucia Power | Support |

What residents told us and what inspectors observed

This was an unannounced inspection by two inspectors which was part of an overall focused programme of inspections for the registered provider. The last inspection of this designated centre took place in November 2022. High levels of compliance were found on that inspection. From what the inspectors observed and from speaking with the residents it was clear the residents were receiving good care and support in this centre and had a good quality of life.

Newtownshandrum House is registered for five residents and the centre was at full capacity on the day of inspection. The centre is located just on the outskirts of a village in a small housing development. All residents spoke with the inspectors during the inspection. One resident had recently moved into the centre and informed the inspectors that they were very happy there. Residents that spoke with the inspectors were very complimentary of the support they received from staff.

One resident met the inspectors at the door of the centre with a staff member, this resident went to on an activity soon after with staff. Three of the other residents spent time chatting with the inspectors in the kitchen while having tea. The residents spoke about how they now based themselves in the centre instead of going to day services and were very happy planning their activities there. The residents spoke about the local area and where they like to visit. The residents spoke about what they had undertaken the previous weekend. Advocacy and residents' meetings were discussed by residents how they were involved in how the centre was run.

Two of the residents showed one of the inspectors around the centre. The residents appeared to be proud of their bedrooms and were also seen to be cleaning them with assistance of staff on the day.

The residents bedrooms were well decorated and the residents that showed the inspectors their bedrooms spoke about choosing their furniture and how they chose the paint colour used to decorate the bedrooms. Residents were seen to have comfortable furniture in their rooms and televisions if they wanted to watch their own television programmes. There were pictures of the residents throughout the centre and the residents had pictures of family members and personalised pictures in their rooms. It was evident that the residents took pride in their bedrooms.

The outdoor area of the centre was well maintained and the residents spoke about maintaining the outdoor area with staff. The residents spoke about visiting garden centres in the area in order to keep the garden with appropriate plants for the time of the year.

One of the residents sat with one of the inspectors and spoke about their personal plan. The residents discussed how their goals were being completed and how effective the plan was. It was seen from residents' personal plans and in discussions

with the residents they were undertaking many activities throughout the week and had a good connection with the local community.

The inspectors observed how staff and residents interacted and how positive and supportive these interactions were. Staff that were met on the day of the inspection had a good understanding of the individualised support needs of the residents in the centre.

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

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will have a focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

Management systems in place in this centre were ensuring that overall the services being provided were safe and appropriate to residents' needs. This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs.

Staff spoken with spoke positively about the supports offered to them by the management team in place and were familiar with them. Staff told the inspectors that the management team visited the centre regularly, including the person in charge and the regional manager (PPIM). Staff also confirmed that they took part in regular performance reviews.

Complaints were well managed in the centre and it was evident that both staff and residents were encouraged to register complaints when necessary. The management team in the centre ensured that staff received appropriate training to their roles and received updates on this training as required by the registered provider's policy. Notifications were submitted as required by the regulations and the registered provider monitored incidents in the centre to ensure the relevant

notifications were submitted.

There was a delay in the annual review being completed in the centre this is discussed under Regulation 23: Governance and Management.

Regulation 16: Training and staff development

The staff training matrix for the centre was reviewed. The training matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Dates for further updates in training were provided. The training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs.

The plan and schedule for staff supervision sessions was in place for the year and evidence of this schedule was provided to the inspectors.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a suitable governance structure in place. It was evident during the inspection that the members of the management team were familiar with residents' needs and wishes.

The centre had six monthly unannounced audits completed on time. The voice of the residents was evident in these audits and it was evident how prevalent the residents were in the running of the centre.

Monthly and quarterly audits were undertaken in the centre. There was a schedule in place and the audits were taking in place in line with this planned schedule. Actions were identified in these audits to improve quality in the centre.

The annual review presented to the inspectors was over 12 months old. The regulation requires that the annual is completed every 12 months.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted as required by the regulation. Action had been taken in

relation to previous late notifications and systems were in place to ensure that notifications were submitted to the Chief Inspector in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were being dealt with, within the centre. Complaints were managed and discussed with the residents and it was recorded that the residents were satisfied with the outcome of the complaints.

It was evident also that staff were encouraged to make complaints and bring forward information to the management team. An issue around the safeguarding of a resident was identified by staff and the management team took measures to address this complaint and the safeguarding of the residents.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was overall being maintained by a good standard of evidence-based care and support. The centre promoted the rights of the residents and their independence. Residents were consulted on how the centre was run and spoke about the weekly meetings that were held there.

The personal plans in the centre were well maintained, reviewed and contained good information on the residents needs and how to work with them. Residents' personal plans contained information on how to communicate with them and how their needs were to be met in this area.

Residents' safety was promoted in the centre. Staff had training and were aware of the steps to be taken if a safeguarding concern arose in the centre. Residents were also aware of how to make complaints and had access to a resident advocacy group.

Residents' right were upheld in the centre with them being hugely involved in the running of the centre and what activities they undertook. The residents engaged in activities that they had interest in and staff were seen to support these activities.

Regulation 10: Communication

A communication profile document had been developed for all residents and was available in their personal plans. These profiles contained information on how residents should be communicated with and how they wished to communicate with others. These profiles contained information on how the person shares information, how the person takes information, how to best support the person's communication, decision making and supports and things that may interfere with the person's communication.

The centre had wireless Internet available to all residents. It was evident from the residents' personal plans that the residents were assisted to communicate in accordance with their needs and wishes. One resident spoke about having a specially adapted mobile phone that they could use to enable them to keep in contact with loved ones.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed three of residents' personal plans. Residents' personal plans included information about their likes and dislikes and things they are proud that they have achieved. One resident sat with the inspector and went through their goals and how they were going to achieve them. There was pictorial evidence in the personal plans to show that goals were being achieved. A system was in place for these goals to be tracked such as copies of receipts for hotel bookings. The personal goals for residents were made available to residents in an easy to read format.

There were appropriate assessments completed with actions identified for these assessments for residents. These assessment had been reviewed in the last 12 months. The multidisciplinary team had been involved in the personal plan review for each of the residents that were viewed by the inspectors.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required positive behaviour support plans had them in place and had guidance on how to assist residents with their mental health needs and when they became anxious. Staff spoken with were aware of how support the residents in this area and had received suitable training.

A restrictions log was in place in the centre. There was minimal restrictions in place in the centre. The only restriction recorded on the restrictive practice log is

discussed under Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 8: Protection

The inspectors reviewed the safeguarding documentation in place for the centre in detail, including the documentation in place in respect of any safeguarding incidents reported to the Chief Inspector since the previous inspection. The documentation showed that any reported incident, allegation or suspicion of abuse since the previous inspection were being responded to by the person in charge, including investigations and actions taken. Where appropriate safeguarding plans and risks assessments were seen to be in place and these included measures required to ensure that residents in this centre were safe.

Training records reviewed showed that the person in charge had ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff working on the day of the inspection were seen to know the residents well and were respectful when supporting them.

Easy to read documentation was available in relation to safeguarding and how to make complaints. Residents had an awareness of who the complaints officer and who the designated officer was for centre, and who would deal with safeguarding issues.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had choice and control over the activities they undertook on a daily basis. Residents had meetings on a weekly basis to ensure they had a voice in the running of the centre. Residents had access to advocacy and some of the residents were part of an overall advocacy group which was set up by the registered provider.

Residents had adequate communal and private space in the centre to undertake their activities. Residents personal information was adequately managed in the centre.

Systems were in place for residents to access their own finances. This was identified as a restrictive practice within the centre. Such arrangements were also not consistent with the provider's policy on residents' finances. This stated that the provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their

money”.

However, given that the restrictions in place relating to residents’ finances, action was required by the provider to come into compliance in relation to residents being able to exercise their legal rights around their finances.

Judgment: Substantially 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 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Newtownshandrum House OSV-0001825

Inspection ID: MON-0046054

Date of inspection: 24/03/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: To come into compliance with Regulation 23: Governance and Management the Provider will ensure an annual review is completed for the centre every 12months. The annual review for the centre was completed on 31/03/2025. | |
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: St Joseph's Foundation is actively reviewing it's practices in terms of supporting residents managing and accessing their finances. This involves reviewing and updating the policies impacting our residents, particularly our Finance and Restrictive Practice Policies, mindful of our responsibilities of implementing the Assisted Decision-Making Act 2015 and the Health Act 2007. The Foundation is also engaging with another service provider, who have conducted a review of their practices and are willing to share their learning with us. The Foundation has scheduled a meeting with our resident's bank, to discuss more accessible accounts, which will uphold our residents' rights to access their funds, while also being mindful of safeguarding our residents. Any new practice will be in line with legislation and best practice. It is envisaged that the full implementation of changes to our current practice will take eight months. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 23(1)(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. | Substantially Compliant | Yellow | 31/03/2025 |
| Regulation 09(2)(c) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights. | Substantially Compliant | Yellow | 31/12/2025 |