



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:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0003839
Fieldwork ID:	MON-0030007

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 - 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
Wednesday 10 November 2021	08:50hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection for Buttevant House which was completed to monitor the ongoing compliance with regulations. The inspection was completed during the COVID 19 pandemic with the necessary precautions taken by the inspector. This included the wearing of a face masks, hand hygiene and social distancing when speaking with residents and staff.

On arrival to the centre the inspector was greeted by one staff and a resident in the car park. The resident was leaving the centre to attend their day service in a nearby town. They greeted the staff with an elbow greeting and went to the car. They had their tablet device and earphones with them, with staff ensuring they had everything they needed to enjoy their day including a warm jacket and their charger. The resident waved good bye to the inspector and went about their day.

The inspector was greeted at the door by a social care worker who finishing their shift. They welcomed the inspector and requested for them to complete a number of COVID 19 checks including a temperature checks prior to entering the centre. They informed that one resident remained in bed and would not be attending their day service today, following a medical procedure the day before. Staff would be present in the centre to support this resident with alternative activities for a number of days to allow relaxation and full recovery. Whilst the inspector awaited the arrival of the person in charge they spoke with two staff present. Both staff members spoke very clearly of the supports needs of both residents. One resident proceeded to clean the high touch areas in the centre.

Upon arrival of the person in charge a brief introductory meeting was completed. This incorporated a discussion of the support needs of the residents and the activities planned in the coming weeks. Following this a walk around of the centre was carried out. It was observed that some flooring in the dining room was damaged. The person in charge showed the inspector the pricing for this following the measurements and a date was due to be fixed to repair this. The centre presented a homely environment. The front room had an open fire which staff said residents loved to keep cosy. This had been cleaned the day before the inspection.

To the rear of the centre was a large enclosed garden. The person in charge spoke of resident's enjoyment spending long periods of time in this space in the dry weather. One resident loved to spend time in the garden looking at different bugs and bees. They also had a shed which they used for some gardening.

The inspector was provided with an area in the activity room to complete a review of documentation. This was another resident's favourite area. They had a comfy chair, a computer and a selection of their favourite items including books and DVDs. Whilst based on this room the inspector observed staff checking in with resident whilst in bed to ensure they were comfortable and did not need anything. When the resident was ready to get up staff supported them to freshen up and have some

breakfast.

When the resident was relaxed the inspector took this time to meet and have a chat with them. They spoke of their love of insects and bees. They also loved spiders. Throughout the centre the resident had stuck little pictures of spiders high up on the walls and ceilings. They had also displayed their artwork of bees in the hallway. A butterfly flew into the room the inspector was based in. The resident gently caught the butterfly in their hands and brought it to the garden area for it to fly away. The resident had recently returned to their day service in a local garden centre. They reported enjoying this but explained that they were going to take a few days off. They told the inspector they were going to head out for a spin later. They were going to look at tractors and JCBS. They loved all things tractors.

Following the spin, this resident collected their housemate from their day service. They had made them a get well soon card which the resident showed the inspector and said they were going to keep it. The resident who had returned from their day service went to their activity room, so the inspector moved to the office. The inspector ensured to sanitise the area before leaving and took this time to interact with the resident. They were about to start their WIFI time and chose not to interact with the inspector. They gave them a thumbs up when asked if they were happy. The resident turned back on their music on their headphones. When the WIFI was connected they rang their mum on facetime to check in after their day.

Following their spin the other resident in the house, showed the inspector their room. They said that were going to paint their room and get curtains. It was noted that this was a goal present in their personal plan which was being supported by the staff team. Their room was decorated in their favourite things with paper butterflies stuck to the curtains, artwork of insects and tractors on the wall. The resident left the inspector at this time to go to the kitchen to chat with the staff coming on duty and to plan their evening.

As stated previously this inspection was carried out during the COVID 19 pandemic. Overall, the registered provider had ensured that residents were protected from potential sources of infection including a cleaning schedule and an allocated donning and doffing station if required, However, increased guidance was required should a suspected or confirmed case occur within the centre. A plan had been developed for one resident following a suspected close contact. Proactive centre specific guidance was not evidenced on the day of inspection to guide staff clearly on actions to take to safeguard residents and staff in a timely manner.

The governance and staff team spoken with on the day of inspection had a keen awareness to the needs of the residents and the centre. Through effective governance oversight overall, residents were provided with a safe and happy home setting. They were supported to engage actively in the community. Currently they were being supported to review their personal plans and set personal goals for the year to come. Interactions in the centre were observed to be jovial and respectful. Residents were observed to be comfortable in the company of staff.

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

The inspector reviewed the capacity and capability of the service provided to residents within Buttevant House. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the regular review of the statement of purpose. The appointed individual also had a good knowledge of the needs of service users. Whilst they had governance responsibilities within two designated centres they provided effective oversight.

The registered provider had ensured a clear governance structure was in place within the centre. The person in charge reported directly to the person participating in management. Clear communication was evident between all members of the governance team through regular face-to-face meetings and through the completion of formal supervision meetings. The person in charge reported daily phone contact was maintained within the governance team. All members of the governance team had a clear understanding of their role and responsibility within the centre. The person in charge was known to the residents who interacted positively with them with respect to their achieved goals.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in April 2021. The most recent unannounced visits to the centre had been completed by the person participating in management in the weeks prior to the inspection. The person in charge stated they had received verbal feedback and was awaiting a formal report. The inspector reviewed the previous report generated following the unannounced visit in June 2021. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. Residents and their families were consulted with regard to both monitoring events.

Centre level monitoring systems in place within the centre were utilised to drive service improvements. These included regular fire checks and the completion of a medication audit. Where areas for improvement were identified, effective actions were implemented to ensure that these were addressed in a timely manner.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Staff members were supported to have an awareness

of their responsibilities and key tasks were discussed as part of supervisory meetings. Staff meetings were also completed to allow staff to voice any concerns in the operation of the centre. The person in charge completed on the floor supervision and mentoring through direct supports.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge however, had not ensured that all staff were supported and facilitated to access appropriate training including refresher training. The training matrix available on the day of inspection was not accurate to the current training needs of the staff team. Whilst these were reviewed by the person in charge in the days following the inspection a number of gaps remained evident in such areas as fire safety and manual handling.

The person in charge had ensured their adhered to their regulatory required responsibilities. This included the notification of all notifiable incidents within the required time frame. Whilst the statement of purpose had been developed and regularly reviewed, the room description required review to ensure this was reflective of the floor plans for the centre.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role. They held governance responsibilities in two designated centres.

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. 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 had not ensured that staff had access to appropriate training, including refresher training. The training matrix available on the day of inspection was not accurate to the current training needs of the staff team. Whilst these were

reviewed by the person in charge in the days following the inspection a number of gaps remained evident in such areas as fire safety and manual handling.

The person in charge had ensured appropriate measures were in place for the supervision of staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated. The annual review and six monthly provider led audits evidenced actions being identified and progressed in the designated centre with the provision of person centred and safe service to the residents.

The registered provider had ensured the allocation of a clear governance structure all of whom were aware of their roles and responsibilities.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review. This document incorporated the information as required under Schedule 1. However, the verbal descriptions of rooms required review to ensure these were reflective of the floor plans of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All adverse incidents had been reported to the chief inspector as required by the regulations.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within Buttevant House was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. The premises was decorated in a manner that was reflective of the individual interests of each resident. Communal areas were warm and homely with photographs showing the residents activities and community outings. The external garden area was also reflective of this, with one resident looking forward to getting out in the garden again in the summer to search for bees.

Each resident had been supported to develop and review a individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Residents had regular meetings with staff to agree discuss goals and what they wanted to do in their free time. The centre was operated in a manner that supported residents to participate in activities of their choice both individually and together.

Both residents plans were due to be reviewed and supports were being implemented to ensure that these reviews were effective and prepared for. Whilst each residents had individual goals some improvements were required to ensure the progression of these goals were clearly documented. Staff spoke of one resident setting weekly sometimes daily goals, however these were not documented as such to allow for a clear review of the personal plan.

The registered provider had provided staff with guidance and knowledge to support residents with behaviours of concern. Staff were observed adhering to all plans in place in a respectful manner. Where restrictive practices were in place these were implemented in the least restrictive manner for the shortest duration necessary. Staff spoken with were aware of the restrictive practices and why they were in place. These were also discussed as part of resident meetings. Skills training was promoted to ensure residents were aware of the need for restrictions whilst some skills were obtained such as safe Internet use and socially acceptable use of phones and tablets.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies.

The registered provider had ensured practices measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. The registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. Evacuation drills had been completed, where actions had been identified these had been addressed.

This inspection was carried out during the COVID 19 pandemic. Overall, the

registered provider had ensured that residents were protected from potential sources of infection. However, it was not clear if staff were afforded with the effective training including hand hygiene and infection control. Self-assessments were completed of infection control measures in place within the centre. Whilst a COVID 19 folder had been developed to provide guidance for staff and residents within the centre, this was organisational in nature and did not provide centre specific guidance for staff and residents. Guidance was not documented should a suspected or confirmed case arise within the centre relating to individual isolation needs of residents. Residents shared a bathroom, should isolation of either resident be required this aspect of support was not addressed. Whilst the person in charge could articulate measures to be implemented in the centre, this was not documented to ensure this would be implemented promptly in their absence such as avenues to provide required staffing and sourcing of additional PPE.

Regulation 13: General welfare and development

Residents were supported to access their chosen day services and recreation as per individual assessed needs. They maintained personal relationships and links with the local and wider community.

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

Overall, the registered provider had ensured that residents were protected from potential sources of infection, including COVID-19. However, increased guidance was required should a suspected or confirmed case occur within the centre.

Should an outbreak occur in the centre clear guidance had not been developed in a centre specific format to include information relating to staffing allocations, governance oversight and the sourcing of additional PPE. Whilst each resident had their own bedroom that could be used for isolation purposes the use of a shared bathroom had not been assessed from an isolation and infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and personal emergency evacuation plans for the residents that were subject to regular review.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured effective measures were in place for the storage, receipt and administration of all medicinal products within the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The annual review of each personal plan was due for review in the coming weeks. Residents were being supported to prepare for this by appointed key workers.

Some improvements were required to ensure that progression of all goals was clear

and allowed for clear and accurate review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support as required.

Where a restrictive practice was in place, measures were in place to ensure that these are in place in the least restrictive manner for the shortest duration necessary. Residents were consulted in the use of the restrictions.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all residents were protected from abuse. Measures in place to promote a safe environment included an organisational policy and staff training. Where a concern arose a review of all alleged incidents was completed and measures put in place as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was respected at all times. Residents were supported to engage in meaningful activities daily and encouraged by staff to make decisions within the designated centre and in relation to their care.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	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	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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-0030007

Date of inspection: 10/11/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To come into compliance with Regulation 16: Training and staff development, the person in charge will ensure:</p> <ul style="list-style-type: none"> • Staff have access to appropriate training, including refresher training. The training matrix in the centre will be kept up to date. • The staff identified to complete Manual Handling training has been offered two dates since the date of inspection however they were unable to attend. The staff member will complete this training in January. • The person in charge has liased with the identified agency staff member and their employer regarding fire training. The staff member will complete this training in January. <p>To be completed by 31/01/2022</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>To come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The statement of purpose has been reviewed in full. • The verbal descriptions of rooms were amended to reflect the floor plans of the centre on page 10. 	

Completed on 10/12/2021

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

To come into compliance with Regulation 27: Protection against infection:

- A center specific contingency plan has been developed which offers clear guidance to staff should a suspected/confirmed case occur and guidance in the event of an outbreak. The plan includes information relating to staffing allocations, governance and oversight and the sourcing of additional PPE.

Completed on 29/11/2021

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

To come into compliance with Regulation 5: Individual assessment and personal plan:

- The person in charge has devised a new template for goals to reflect goal identification, steps required to achieve each goal, outcome of goal pursuit and a memory section which will display photographic logs of the process.

Completed on 26/11/2021

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 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	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/11/2021

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/12/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	26/11/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	26/11/2021