Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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 April 2019
Centre ID:	OSV-0001825
Fieldwork ID:	MON-0023317

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 but is also located within relatively close proximity to a larger town and other services such as the day service that residents attend daily during the week.

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.

Current registration end date:	07/01/2021
Number of residents on the date of inspection:	5

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 - 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
24 April 2019	09:30hrs to 16:30hrs	Mary Moore	Lead

Views of people who use the service

All of the residents welcomed the inspector into their home and engaged freely and confidently throughout the day. Residents had pride in and a strong sense of ownership of their home; residents presented as engaged and comfortable with the staff on duty. Residents were eager to speak of how they spent their days and what it was that they enjoyed doing; much of this engagement was based in the community. The importance of family, their own role in the family and maintaining family links was evidently important to residents; the inspector was invited to view family photographs.

Residents presented as a compatible group of peers as they relaxed and dined with each other and engaged in pleasant banter. Some residents had an understanding of HIQA (Health Information and Quality Authority) and the role of the inspector. Residents said that they were happy, that they were their own bosses and that there was nothing that they would change about the house or staff.

Capacity and capability

Overall the inspector concluded that this service was consistently and effectively managed; the objective of this management was to provide residents with a safe quality service that was individualised to their needs. The provider had effective systems of review and oversight and the pathway from the provider self-identifying an area that required improvement to bringing about the required change was clearly evidenced.

The management structure was clear and it was evident from these inspection findings that there was clarity on individual roles and responsibilities for the operational management of the centre. The person in charge was seen to appropriately escalate matters in line with the agreed governance structure. The inspector also concluded that good communication supported this effective governance as frontline staff that facilitated this inspection were well informed as to the general operation of the centre and regulatory requirements. There were daily reporting systems, regular staff meetings and formal systems of staff supervision.

The provider had effective procedures of review: for example audits, the review of incidents involving residents and the annual review and unannounced reviews to be completed at a minimum six-monthly as required by the regulations. What supported the effectiveness of these reviews was that where the provider identified

that improvement was required, the action necessary and the follow-through to completion of these actions was clear. This provided assurance that the change that was necessary to improve and standardise the quality and safety of the service took place.

Further assurance was demonstrated in the way in which the provider actively sought feedback from residents, staff and residents representatives when it was self-evaluating the quality and safety of the service. In addition the provider review made definitive conclusions on the adequacy of standalone and ongoing reviews such the management of accidents and incidents.

The inspector found that complaints and their management further informed the monitoring and oversight of the service. The inspector was advised that there were no open complaints and this would concur with other records seen such as the reviews mentioned above. It was evident that residents knew how to complain and did complain when they were dissatisfied with aspects of the service. It was also evident that their complaints were listened to and action was taken to resolve their dissatisfaction.

While there was scope for further improvement, the provider did respond proactively to enhance staffing levels in the centre. Ordinarily there was one staff on duty by day and by night and the night-time arrangement was a sleepover staff; staff spoken with confirmed that this arrangement was suited to residents' needs and abilities. Additional staff hours were allocated each weekend and on days when the day-service that residents attended was not open, for example on public holidays and longer holiday periods; this was evidenced on inspection. Staff described how this had enhanced choice and flexibility for residents and gave staff time to spend with residents on an individualised basis. The inspector also saw that in response to individual resident objectives, sanction was sought for the staff support needed to facilitate the objective, for example a specific social event or activity. However, notwithstanding the improvement made and the positive response of the provider to individual staffing requirements, staffing levels still put some limits on individual opportunity, choice and flexibility and this required some further review.

There was a requirement for relief staff, for example to work the additional hours allocated at the weekend. However, the same staff worked these shifts and were already known to residents from perhaps the day service; this arrangement provided consistency and continuity for residents.

The provider did operate a volunteer system and volunteers did provide additional support for residents to engage in chosen events and activities. There were designated roles and procedures for ensuring that volunteers were appropriately selected, vetted, supervised and deemed a good match to resident's needs and preferences.

The care and support provided to residents was supported by a programme of staff training. Training records were maintained for each staff employed including those staff who worked in the centre on a relief basis. There were no gaps identified in staff attendance at training; timeframes for attending refresher training were

monitored. Additional training, that is training over and above mandatory requirements such as fire safety and safeguarding, was also provided to staff, reflected the needs of residents and good practice and included the administration of rescue medicines, first aid and hand hygiene.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations in terms of working hours, qualifications and experience. The person in charge was on planned leave for this inspection but the inspector was assured from these inspection findings that the person in charge was consistently and proactively involved in the management and oversight of the centre and the care and support provided to residents.

Judgment: Compliant

Regulation 15: Staffing

Notwithstanding the improvement made in staffing and the positive response of the provider to individual staffing requirements, staffing arrangements still put limits on individual opportunity, choice and flexibility and this required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes. Staff had also completed training that supported them to safely meet resident's needs.

Judgment: Compliant

Regulation 21: Records

The centre was organised. Any records requested (the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) were retrieved for the inspector with ease; the required information was readily extracted from the

records; the records were well maintained.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had effective systems of review and utilized the findings of reviews to proactively inform and improve the safety and quality of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission procedures considered the needs of existing and prospective residents. Prospective residents and their representatives had opportunity to visit the centre.

Judgment: Compliant

Regulation 30: Volunteers

The provider utilised the services of volunteers. The provider had procedures for establishing suitability for and supervision in the role.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed; feedback was actively sought from residents and their representatives. The management of complaints was monitored, for example during the six-monthly provider reviews, to ensure that they were appropriately and effectively managed.

Judgment: Compliant

Quality and safety

This centre was effectively governed and governance focussed on the appropriateness, quality and safety of the care and support provided to residents; overall this objective was met. However, a review of medicines management practice was required.

The support and care provided in the centre was based on the assessment of each resident's needs and the plan of support that evolved from that assessment. The plan recognised strengths and abilities as well as where staff support was needed. The plans reviewed by the inspector reflected the needs, care and support described by staff, the practice observed by the inspector, conversations with residents and the risk assessments that supported the safety of practice. The plan was the subject of review by the MDT in consultation with residents and their representatives. However, at verbal feedback the inspector did advise that at times the process of review and update was unclear; for example there was information that could have been archived, one protocol awaited signing since February and a plan was stated to be temporary in nature since September 2018.

When planning admissions there was evidence that the provider considered residents needs, the suitability of the centre to meeting those needs, the arrangements in the centre such as staffing levels and compatibility with those residents already living in the centre. The pre-admission process included visits to the centre by residents and their representatives, consultation with existing residents and a transition period.

The provider had procedures and practices for protecting residents from harm and abuse. Staff had completed training and residents and staff had ready access to the designated safeguarding officer. Practice included educating residents to develop their own protection skills and awareness of harm, for example through the use of social stories (a tool used to simplify and describe social situations and the appropriate response to them) or more formalised educational programmes. Staff were confident that residents would report any concerns to staff or to family or it would be evident to staff if there was something bothering a resident.

In the context of their needs residents did infrequently exhibit behaviour that was a risk to themselves or others. There were therapeutic plans for avoiding and responding to such incidents; staff described strategies such as planning events and trips, selecting suitable locations and simply but importantly talking to residents.

The inspector saw that residents enjoyed minimal restrictions in their environment and in their daily routines.

Residents themselves said that they had no bosses; that they made their own decisions and choices. Residents were seen to be consulted with on an ongoing basis, for example in relation to their meal preferences or if they wanted to accompany staff on an errand; structured residents meetings were also held each

week. The records of these meetings were meaningful and residents said that they liked having them; concerns, complaints, staying safe and individual choices for the coming week were discussed and agreed. Religious observance was obviously important to residents and this was respected and facilitated by attending mass in the local church, participation in spiritual groups and religious pilgrimages. One resident was the nominated advocate for the centre and participated in local and national advocacy forums.

From records seen and conversation with residents, residents had access to a broad range of meaningful activities and community engagement on an individual and group basis that they enjoyed. For example residents spoke about how much they enjoyed the social farming programme, singing in the local choir, working in the restaurant, swimming and going to sporting events. Some of these activities were linked to resident's personal objectives and there was evidence of a collaborative approach between the residential and day services in facilitating activities.

Generally residents were reported to enjoy good health; any support and care necessary was provided. For example staff monitored resident well-being; residents could also advise staff when they were not feeling well. Access to timely medical review was facilitated including out-of-hours if necessary; residents had access to the healthcare services that they needed in line with their assessed needs such as psychiatry, speech and language therapy, dental care and chiropody. Nursing advice and support was available from within the organisation. Residents were seen to be encouraged to make and provided with health eating choices and options.

The inspector saw that practice in the centre encouraged residents to be as independent as possible in their daily routines; the inspector noted that residents enjoyed and took great pride in this. For example residents with some support and guidance from staff attended to their personal laundry and their personal care. The identification and management of risk supported this independence; risk assessments seen were specific to resident's requirements; the controls to reduce the risk had minimal impact on resident's quality of life while still promoting their safety. Risks were kept under regular review and this review was informed by events such as incidents.

The inspector found that the response to such incidents and accidents involving residents was robust and consistent. Staff responded appropriately, for example seeking medical advice and review; incidents were reviewed by management in a timely manner; relevant corrective actions were identified and taken to promote resident safety going forward, such as clinical review and the implementation of additional plans of support.

The provider had effective fire prevention and management systems. Staff described fire prevention measures such as the management of electrical equipment; staff confirmed their attendance at fire safety training. The premises was equipped with the necessary fire safety measures such as emergency lighting, and these were all inspected and tested at the required intervals and most recently in January 2019. Staff also completed visual inspections and tests in the interim and undertook with residents' regular simulated evacuation drills. There were no reported or recorded

challenges to evacuating all residents; while some prompting and guidance from staff may have been required, based on records seen and staff spoken with all residents participated and good evacuation times were achieved.

There was evidence of practice that supported the safe management of medicines. For example staff had completed training and refresher training in the administration of medicines. Staff kept records to account for the management of medicines including their receipt, administration and disposal. Staff had knowledge of high risk medicines and medicines that required stricter controls and the procedures for their safe management. However, prescriptions in use in the centre for all medicines administered to residents were transcribed. This transcription practice and the recording to account for it was not in line with the providers own policy; for example the practice was routine rather than the exception and it was not evident from the record that it had been transcribed and by whom.

Regulation 13: General welfare and development

Notwithstanding that staffing levels still put some limits on opportunity, choice and flexibility, overall each resident had opportunity for new experiences, social participation, recreation, education, and to enjoy the experience of work. Access was informed by individual needs, abilities, interests and choices. It was evident to the inspector that residents were satisfied with their lives and were enabled to lead their lives in as fulfilling a way as possible.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was suited to resident's individual and collective needs. The premises presented well, was well maintained, homely and comfortable but safe and secure. Residents said that they loved the house.

Judgment: Compliant

Regulation 18: Food and nutrition

Staff prepared meals daily; there was a good supply of varied foodstuffs in stock; residents were seen to make healthy meal choices of their choosing. Practice was supported by for example speech and language and dietitian recommendations.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was individualised and supported independence and ability while keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Transcription practice and the recording to account for it was not in line with best practice or the providers own policy.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were some minor formatting issues; however the inspector was satisfied that each resident had a personal plan which detailed their needs, outlined the supports required to maximise their well-being and personal development and that the plan guided daily care and practice. The plan was reviewed in consultation with the resident and their representative and other stakeholders such as the day service as appropriate.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Residents had access to the range of healthcare services that they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of a positive approach to the management of behaviour and guidance that detailed how therapeutic interventions were implemented before other perhaps more restrictive interventions were used. Interventions were tailored to individual needs.

There was policy and procedure on the use and oversight of restrictive practices. Residents however enjoyed routines and an environment free of unnecessary restrictions.

Judgment: Compliant

Regulation 8: Protection

There are policies and supporting procedures for ensuring that residents were protected from all forms of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The privacy, dignity, rights and individuality of residents was seen to be respected.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newtownshandrum House OSV-0001825

Inspection ID: MON-0023317

Date of inspection: 24/04/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance with Regulation 15: Staffing, the Provider nominee will ensure that: A) The staffing arrangements in the centre will be reviewed and individual staffing requirements discussed to ensure individual opportunity, choice and flexibility for each resident in the centre. A meeting has been scheduled to review staffing on: 20/06/2019	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: To ensure compliance with Regulation 29: Medicines and pharmaceutical services, the Provider nominee will ensure that: A) The identified medication policy will be reviewed in line with best practice guidelines and amended as necessary. Completed on: 20/05/2019	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/06/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	20/05/2019