



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

Issued by the Chief Inspector

Name of designated centre:	Buttevant House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	11 February 2020
Centre ID:	OSV-0003839
Fieldwork ID:	MON-0023071

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, a playroom 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
--	---

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
Tuesday 11 February 2020	08:15hrs to 15:00hrs	Lucia Power	Lead

What residents told us and what inspectors observed

On arrival at the centre the inspector was invited to meet with the residents, this was prearranged and a time agreed to suit their wishes. The first resident told the inspector that they were very happy in their home and that the staff give good support. They also told the inspector that they went to day services and talked about being very happy there and how much their friends mean to them. The resident spoke about going for walks in the community, visiting the GAA grounds and their love for diggers, tractors and farming. The resident also told the inspector about a rugby match they attended and had the flag from their team displayed in their bedroom. The resident proudly showed the inspector their room and this was personalised to reflect the resident's interests and wishes. The resident spoke about the fish they got and their role in feeding the fish on a daily basis, the inspector observed the staff prompt the resident to feed the fish and it was noted that this was a role they enjoyed.

There was positive engagement between the resident and staff and the inspector observed that staff had a very good understanding of the resident and support was provided in a personal, dignified and social manner. The resident also spoke about sharing the house with another resident and told the inspector that they were great friends. The resident spoke positively about staff and their home. The inspector also met with the second resident who was listening to music on their electronic device which was in keeping with their morning routine. The inspector sat with the resident and while the resident did not verbally communicate, they had a good understanding of the conversation. The resident used gestures when the inspector asked if they were happy and if they like their home, the resident gave thumbs up in a positive manner. When the resident was asked if they were happy with staff they also gave a positive response through gestures. When the resident did not want to engage further with the inspector this was expressed with hand gestures. The inspector observed the resident interacting with staff and it was evident that they had a good understanding of the resident's needs and wishes. The staff were supporting the resident to get ready for day service and the resident communicated with staff to check if the inspector would be at their house when they returned from day service, it was the residents wish that the inspector would be gone on their return. The inspector respected the resident's wishes as the resident had their own routine. However, the resident was happy to show the inspector their bedroom and the décor, space and personal effects were specific to their individualised needs.

The residents had completed the questionnaire for residents which is a form submitted by the Health Information and Quality Authority (HIQA) in advance of the inspection. All resident's in the centre had completed this form and feedback reviewed was very positive with an opportunity for residents to highlight any suggested changes.

Capacity and capability

The provider had good management and governance systems in place in this centre. The centre was resourced effectively to meet the needs of the residents and the provider had ensured a number of audits had take place in line with regulation 23. The provider had consulted with residents and their representatives and feedback was very positive in relation to the support provided to the residents. The provider as part of their own unannounced inspection had identified a number of actions to improve the service and it was evident from the action plan that these areas were being followed up on. The provider's finance manager had carried out a financial audit for petty cash and residents monies. This report was reviewed by the inspector and there was no issues noted. Other audits noted were maintenance, pharmacy, safeguarding and incidents. The provider has a dedicated folder for all of these audit reports and review of same assured the inspector that the provider has good systems in place to review the centre.

The inspector reviewed the training matrix and all training was up-to-date and plans for renewal of training had proposed time frames. The actual and planned roster was in keeping with the statement of purpose and the inspector reviewed a number of staff files which had all documents as prescribed in schedule 2 of the regulations. There was formal and informal supervision and support in place for staff, which was both evident from a review of documentation and from speaking with staff. These arrangements ensured that staff practices were up-to-date and in line with current health and social care developments.

The person in charge was full-time and had the necessary skills, qualifications and experience to manage the designated centre. In addition, to being full-time in the centre, the person in charge also provided direct care to residents as well as having protected administrative and managerial time. It was evident throughout the inspection, that the person in charge had a good understanding of the residents' needs and a strong focus on resident consultation which ensured that their choice and wishes were respected at all times.

The inspector reviewed the complaints log and there was no open complaints at the time of inspection. The provider had in place an effective complaints procedure for residents, which was accessible and also available in easy to read format.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre to the chief inspector which was in accordance with the

regulations and submitted six months before the current registration's expiry date.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had engaged a person in charge who was full-time and had the qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that staffing was appropriate to the number and assessed needs of the residents and in line with the designated centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents, which contained all information prescribed by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had appropriate and up-to-date insurance arrangements in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was an annual review of the quality and safety of care and support in the designated centre. The provider has also carried out unannounced visits to the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had in place a statement of purpose containing the information set out in schedule 1 of the regulations .

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had informed the chief inspector of adverse incidents in line with regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing and adopted policies and procedures as set out in schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The provider had good oversight of this centre ensuring the effective delivery of care and support for the residents. The residents had a good quality of life and this was supported by a staff team who had the knowledge and skills to support the assessed needs of residents. There was a clearly defined management structure with lines of accountability and responsibility.

This centre reflected the individual needs of the residents and it was evident that residents were consulted on all aspects of their lives. The inspector reviewed the personal plans which were comprehensive and documented as per the residents assessed needs and wishes. The provider had supported the residents with their goals and these outcomes were evident through photographs and memorabilia that was displayed in the residents' home. One of the residents also spoke about their goals and it was observed by the inspector that this resident was very pleased and happy that the goals were realised.

The residents had access to day services and this facility promoted inclusion within the local community. The residents looked forward to attending their day service as they had a number of friends there. It was noted that one of the residents attended horse-riding, 'Zumba', art therapy and also partake in modules accredited by Quality & Qualifications Ireland (QQI) while at their day service. One resident went home every weekend and the other remained in the centre. At weekends this resident enjoyed walking, going to the football pitch, been supported with visits to family members and partaking in different community activities.

The provider had in place behaviour support plans for residents' these plans were comprehensive and up-to-date. The plans were written in a respectful manner and also outlined guidance and protocol for staff when supporting the resident.

The provider has restrictive practices in place to support the safety of residents'. These restrictive practices were notified to the Chief inspector in line with the requirements of regulation 31. Practices were also reviewed on a regular basis and risk rated accordingly. The inspector spoke with the PIC and person participating in management (PPIM) and there was further plans to look at reducing the restrictive practice in line with the resident's needs. The purpose of this review was to look at ways to reduce the restrictive practice and review alternative measures so as to ensure the least restrictions were used to support residents assessed needs.

The provider had safeguarding plans in place to support residents from harm and

these plans were subject to regular review to ensure their effectiveness. Safeguarding plans were further subject to regular input from the provider's designated safeguarding officer , with said plans being integrated in to day-to-day care practices to both support and protect the residents.

The residents' home was warm and very spacious. The residents had adequate space to store their belongings and the house was personalised with items that were meaningful to them. In addition, residents were actively encouraged to be involved in making day-to-day decisions about the running of their home , for example residents were involved in decisions about the weekly menu plan.

Residents were further kept safe, through the provider's completion of an emergency egress questionnaire for each resident to determine what supports were required in the event of a fire evacuation at the centre. The provider ensured there was regular fire drills which residents participated in, with the most recent drill in February 2020 showing that residents could evacuate from the centre in a timely manner and without issue. The provider also ensured there was weekly fire checks completed by staff , and all other fire safety arrangements in place at the centre were found to be in compliance with regulation 28.

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of personal property and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider, provided each resident with appropriate care and support , having regard to the residents' assessed needs. The residents had access to facilities for occupation and recreation, opportunities to participate in the community and maintain personal relationships.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the aims and objectives of the service and the number and needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there was systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had effective fire safety management systems in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured each resident had a person plan which was subject to regular review to ensure it was up-to-date, effective and appropriate to the residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that there was a support plan in place for each resident to support behaviour that is challenging and that staff had up-to-date knowledge and skills to support residents. The registered provider ensured where

restrictive procedure was used, it was for the safety of the residents and subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected, and that their day-to-day choices were 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant