

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

Issued by the Chief Inspector

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|----------------------------|---------------------|
| Name of designated centre: | Boyne Manor |
| Name of provider: | Three Steps Limited |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 March 2023 |
| Centre ID: | OSV-0001804 |
| Fieldwork ID: | MON-0039473 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Boyne Manor is a residential service which caters for up to five residents, under the age of 18 years, both male and female, with an intellectual disability. The centre is located in a town in County Meath close to a variety of local services and amenities. Each of the residents have their own large ensuite bedroom. There is a spacious garden and play areas, as well as large kitchen/dining room and large common areas. Staffing support is provided 24 hours a day, seven days a week by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|-----------------------|------|
| Thursday 2 March 2023 | 10:30hrs to 16:00hrs | Maureen Burns Rees | Lead |

What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place a number of arrangements which were consistent with the National Standards for infection prevention and control in community services. However, there was significant maintenance and repair required to a range of areas and surfaces throughout the centre. This impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted. There were governance and management systems in place. However, although monitoring of the services were undertaken these were not adequate as the effective cleaning of areas could not be assured from an infection control perspective.

The centre comprised of a large two storey, seven bedroom house. It is located on its own spacious grounds in a town in county Meath and within walking distance of a range of local amenities. The centre is registered to accommodate five residents under the age of 18 years. There were no vacancies at the time of inspection.

The inspector met with two of the five residents on the day of inspection. Neither of these residents were able to tell the inspector their views of the service. However, they both appeared comfortable in the company of staff and staff were observed to appropriately respond to their verbal and non verbal cues. A small number of the residents presented with some behaviours that challenged which could be difficult to manage in a group living environment. However, overall it appeared that incidents were well managed and being monitored for impact on other residents.

Each of the five residents had a school placement. However, one of the residents was not attending school at the time of inspection. All efforts were being made to support and encourage this resident to attend and the resident was being supported by the school and staff in the centre to complete educational work in the centre. Overall, the five residents were considered to get along reasonably well together and enjoyed social outings together on occasions.

The centre was found to be comfortable and accessible. However, significant maintenance was required in a number of areas. The following was observed: worn and chipped paint on walls and woodwork; worn and broken flooring, e.g. in the staff office, one of the sitting rooms and in a number of bathrooms and residents' ensuite bathrooms; worn and broken surface on some furniture, e.g. sofa in sitting room and three chairs in staff office; worn and broken surface on some tiles in bathrooms, worn and stained tile grouting in areas, broken surface on the kitchen presses and doors and the surface of the work top and hob in the kitchen appeared worn. This meant that these areas could be more difficult to effectively clean from

an infection control perspective.

Each of the residents had their own bedroom and ensuite facilities. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. The bedrooms had been personalised to the individual resident's tastes. Pictures of each resident and important people in their lives and other memorabilia were on display.

Cleaning in the centre was the responsibility of the staff team. There were checklists in use and records were maintained of areas cleaned. The inspector found that there were adequate resources in place to clean the centre. However, dust was observed on some surfaces on the day of inspection.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that overall they were happy with the care and support being provided in the centre. The provider had completed a survey with some of the relatives as part of its annual review. These indicated that overall relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

The majority of the staff team had been working in the centre for an extended period. However, there were three whole-time equivalent staff vacancies at the time of inspection. These vacancies were being covered by a regular small number of agency and relief staff. This provided some consistency of care for the residents. Recruitment was reportedly underway for the positions.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. However, it was noted that the provider had failed to address the significant amount of maintenance required in the centre to ensure effective infection prevention and control arrangements.

The centre was managed by a suitably-qualified and experienced person. The person in charge had taken up the position in July 2022. She holds a degree in applied social studies and social care, and a certificate in management. She had more than four years management experience. The person in charge was in a full time position and was not responsible for any other centre. She was supported by a deputy manager. Both the person in charge and deputy manager had full protected

hours for their roles. The person in charge and deputy manager presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reports to the director of care services. The person in charge and service manager held formal meetings on a regular basis.

There was some evidence that infection prevention and control had been prioritised by the registered provider. A review had been completed and recorded post any outbreaks of COVID-19 which considered what had worked well, areas for improvement and possible causes. Overall, the risk of acquiring or transmitting the infection had been controlled in the centre. There was a COVID-19 contingency and outbreak plan in place.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed. Scenario model and potential action plans were in place in the event of an outbreak.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature with the most recent one being in January 2023. An annual review of the quality and safety of care and six monthly unannounced visits had been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. However, there were three whole-time equivalent staff vacancies at the time of inspection. It was noted that these vacancies were being filled by a regular small number of agency staff.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support. Residents were age appropriately informed, involved and supported in the prevention and control of health-care associated infections. However, as referred to above the significant maintenance required in the centre impacted on the infection, prevention and control arrangements in place and meant that the protection of residents who may be at risk of healthcare-associated infections was not being promoted.

Residents were provided with age appropriate information and were involved where appropriate in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals with individual residents and at residents meetings. Residents were supported and encouraged to clean their hands on arrival back to the centre from being out in the community.

There were arrangements in place for the laundry of residents' clothing and linen. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. The provider had a small maintenance team in place across the organisation. All maintenance requests were recorded.

There was a COVID-19 contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. A review had been completed post a previous outbreak in the centre. This considered the potential source, potential cause and effectiveness of infection control arrangements. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Environmental and hand hygiene audits were undertaken at regular intervals. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Posters promoting hand washing were on display

Regulation 27: Protection against infection

The provider had failed to address the significant amount of maintenance required in the centre to ensure effective infection prevention and control arrangements. Significant maintenance was required in a number of areas, this included: worn and chipped paint on walls and woodwork; worn and broken flooring, e.g. in the staff office, one of the sitting rooms and in a number of bathrooms and residents' ensuite bathrooms; worn and broken surface on some furniture, e.g. sofa in sitting room and three chairs in staff office; worn and broken surface on some tiles in bathrooms, worn and stained tile grouting in areas, broken surface on the kitchen presses and doors and the surface of the work top and hob in the kitchen appeared worn. This

meant that these areas could be more difficult to effectively clean from an infection control perspective. In addition, dust was observed on some surfaces on the day of inspection.

Judgment: Not 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 | |
| Quality and safety | |
| Regulation 27: Protection against infection | Not compliant |

Compliance Plan for Boyne Manor OSV-0001804

Inspection ID: MON-0039473

Date of inspection: 02/03/2023

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 27: Protection against infection | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>General upkeep and cleanliness of the centre is the responsibility of the centre management and care team members. The centre manager reports all maintenance issues and requests to both the service and operations manager.</p> <p>The service maintains a live maintenance log. All maintenance requirements noted throughout the report were previously identified and on the maintenance log for the centre. The maintenance logs are reviewed service wide monthly. Service Managers, Operations Manager, Operations team and the Director of Care attend these meetings. All works are discussed and planned for completion. Due to the impact of and fallout from the COVID-19 pandemic, there was an emphasis on addressing health and safety issues within centres.</p> <p>In the latter end of 2022 two of the residents' bedrooms were fully refurbished including one full new ensuite bathroom.</p> <p>03/03/2023 Service Management and Operations Manager completed a full environmental review of the centre with the view to planning and scheduling the works required.</p> <p>17/03/2023 Service Management and Operations Manager attended the monthly maintenance meeting, and the schedule was agreed and approved.</p> <p>Works will commence on the 4th of April and plan to conclude by July 2023. To ensure limited disruption to residents living in the centre, works will be scheduled during school hours.</p> <p>Detailed plans for works:</p> | |

Room/Area Room number Work required Estimated completion date

Kitchen N/A Kitchen units to be replaced

Room to be painted

Flooring to be changed (included in rows below) End of April 2023

All N/A Centre was last deep cleaned on 1st February 2023 so due another one on approx. 1st May 2023 Start of May 2023

Staff bathroom downstairs N/A Floor to be levelled out, new vinyl to be laid, room and ceiling to be painted End of May 2023

Stairs area N/A Floor to be shampooed and area including bannisters to be painted End of May 2023

Sitting room, hallway, staff bedroom, activity room downstairs N/A All areas to be painted including ceilings and woodwork. Any areas requiring to be filled and areas around emergency lighting to be addressed By Mid May 2023 (before vinyl is fitted by end of May 2023)

Kitchen/Utility/ Sitting room/ Hall/ Staff bedroom/ activity room/ yp bedroom N/A Vinyl flooring to be laid in all areas End of May 2023

Furniture N/A New leather suite of furniture required for sitting room and new table and chairs required for kitchen End of May 2023

Staff office N/A Four new office chairs and replace laminate flooring End of June 2023

YP bedroom and bathroom upstairs Bedroom Five Painting and decoration of bedroom and refurbishment of bathroom – new flooring, tiles, sink and shower facility required. Bathroom also to be painted. End of June 2023

YP bedroom and bathroom downstairs Bedroom One Refurb of bathroom and painting of bedroom – YP is due to move from childrens service in June 2023 so will wait until after YP leaves and then complete this work in preparation for next referral End of July 2023

YP bathroom upstairs Bedroom Four Bathroom requires new floor tiles and grouting around shower tray and painting of walls, ceiling and woodwork End of July 2023

YP bedroom upstairs Bedroom Seven New vinyl flooring required and bedroom to be painted End of July 2023

First floor hallway, activity room, staff office, YP bedroom, medication room and bathroom N/A All to be painted including ceilings and woodwork End of July 2023

The centre is scheduled for its quarterly deep clean by a professional cleaning company. This deep clean has been scheduled for 2nd of May and is scheduled to occur every three months following this.

The centre manager will complete a review of the cleaning task list in place in the centre to ensure general upkeep such as dusting is completed daily. Management checks in place to ensure cleaning checklists are followed and completed daily.

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 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. | Not Compliant | Orange | 01/08/2023 |