



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

Issued by the Chief Inspector

Name of designated centre:	Boyne Manor
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	20 September 2021
Centre ID:	OSV-0001804
Fieldwork ID:	MON-0034186

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 six children, 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. The premises has a total of six large ensuite bedrooms for the young people. 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
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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
Monday 20 September 2021	11:00hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life for residents.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in an office which was on a different floor to residents living space.

The inspector met two residents who lived in this centre. Although these residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

The centre was found to be comfortable and homely and it was located in spacious grounds and within walking distance of a large town. There was a large and secure garden surrounding the centre for residents use. A sensory room was located within the centre and an external activity room in an external building. There was abundant space for residents with good sized communal areas, an activity room, relaxation room and a TV room. Each of the residents had their own en-suite bedroom which had been personalised to their own taste and in an age appropriate manner. This promoted residents' independence, dignity and recognised their individuality and personal preferences.

There was evidence that residents representatives were consulted with and communicated with, about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources and facilitation of visits. The inspector did not meet with the relatives or representatives of any of the residents but it was shown they were happy with the care and support that the residents were receiving.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to provide one-to-one support at all times while at the centre. However, improvement was required with

regard to access to schooling services for two residents, which will be discussed later in the report. During the inspection three residents were receiving individualised support at all times while at the centre, which included home-schooling at present. Two residents were attending and receiving education support with schooling activities, and another resident was enjoying watching a film in another room, as this resident was also preparing to transition to another residential service and day service.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. At staff meetings, staff discussed how the dining experience for residents could be improved. As a result individual meal preparation based on their food preferences was commenced. This ensured that each resident had food that they really enjoyed at each meal.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The providers management arrangements ensured that a good quality and safe service was provided for people who lived at this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There were sufficient staff on duty on the day of inspection in order to meet and support the needs of residents living in the centre. These staff were employed on a regular basis by the provider and had developed good relationships with the residents. The inspector observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping or waking night basis. The provider was able to demonstrate good practice in relation to the recruitment of staff working in the centre, including evidence of current Garda vetting clearances.

Staff training records demonstrated that the provider had continued to ensure that staff received regular training and refresher training, with an emphasis on mandatory training, due to current COVID-19 restrictions. Furthermore, the provider had committed to offering bespoke training to ensure staff were supported to meet the needs of all residents in the centre. This included, autism, dysphagia and autism. Additional training in various aspects of infection control had also been

provided to staff in response to the COVID-19 pandemic.

The person in charge had held team meetings with staff in the centre as scheduled at which a wide range of relevant information was discussed. These included ongoing care, support and progress if each resident, and actions from previous meetings and COVID-19 were included at every staff meeting. A sample of staff members' supervision records were also reviewed, it was found that the person in charge was ensuring that the staff team were appropriately supervised.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 and infection control, were comprehensive, informative and up-to-date. There was an informative statement of purpose which gave clear description of the experience and met the requirements of the regulations.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training

relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Adverse events and incidents as listed in the regulations that occurred in the centre were reported within the prescribed period.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, child centred and promoted their rights. However, some improvement was required in relation to residents' general welfare and development.

The centre was operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members or representatives regularly.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that these plans were treated as live documents and tracked the changing needs and supports required for residents.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes, The inspector noted that residents had been supported

to complete a number of achievements in 2020 and goals had been set for them to work on for 2021. Improvement was required, as the inspector noted that two residents had not recommenced schooling activity on the reopening of their school in September 2021. As a result the centre was required to support these residents with their schooling activities without support or guidance from the residents' school. The provider had attempted to engage with the education service in May 2021 but no resolution was achieved at the time of inspection. As a result of this limit to accessing education activities, the children were also missing out on social activities with their peers and educators.

The inspector observed that residents had access to appropriate healthcare professionals. There were health action plans and risk assessments focused on promoting the health of residents, and these were under regular review.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. residents' risk assessments were detailed and linked with their support plans. These assessments were being reviewed and updated if required regularly.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training and infection control processes. The review found that the provider and person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines. There were local response plans in place and the staff team had also completed training in regards to infection prevention and control measures.

There were suitable measures in place to protect residents from being harmed or suffering from abuse. It was noted that allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Staff had attended appropriate training. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Regulation 10: Communication

The staff team supporting residents were aware of their communication needs. Residents also had access to assistive communication technology if required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. However, improvement was required as two residents had not returned to school-going activities since the recommencement of the school in September. As a result, two residents were receiving support from residential staff with schooling activities at present, with limited support from the education facility. While the provider had tried to engage with the school service in May 2021, on the day of inspection, the provider still had no clarity on when some of the residents would re-attend their education facility.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions
The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
There were safe medication practices in place in the centre at the time of inspection.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
comprehensive assessment of health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.
Judgment: Compliant
Regulation 6: Health care
The health needs of the residents were assessed and supported in the centre. The residents also had access to a range of healthcare supports, such as general practitioner and healthcare professionals.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had suitable measures in place for the support and management of behaviour that challenges.
Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard resident's from any form of harm.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boyne Manor OSV-0001804

Inspection ID: MON-0034186

Date of inspection: 20/09/2021

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The PIC attended a meeting with the education facility, parents, and representatives of one resident on the 27/09/2021.</p> <p>The outcome of this meeting was for the centre to meet with teachers within the school to assist in the development of an appropriate behavioural support plan.</p> <p>In addition to this the education facility identified an additional Special Needs Assistant for the resident. It was agreed that this resident would recommence school.</p> <p>On the 11th of September this resident recommenced their school placement on a reduced timetable. On-going meetings have been scheduled with the Educational Welfare Officer, School, Parents, and Centre Management to ensure that this resident returns to full education.</p> <p>PIC made a referral to EPIC on behalf of this resident.</p> <p>Regarding the second resident, this matter has been addressed before the courts by her Parent and Social Worker. The centre requested a meeting with the education provider to plan for the residents return to school. This meeting took place on the 19th of October with all involved in the resident’s care. It has been agreed that this resident will transition back to school on the 2nd of November.</p> <p>This has been discussed and noted in the resident child in care reviews and care plans. Personal plans updated to reflect the educational support given within the centre.</p>	

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	01/11/2021