



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

## Issued by the Chief Inspector

Name of designated centre:	Boyne Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	11 March 2025
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0037940

## About the designated centre

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

This is a service providing full-time residential care and support to ten adults (both male and female) with disabilities. The centre comprises of two houses in close proximity to each other in Co. Louth and is in close proximity to large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema, bowling and health clubs. Both houses are two-storey dwellings and each resident has their own private bedroom (some en suite). Residents' bedrooms are decorated to their individual style and preference. Communal facilities include large well equipped kitchens with dining spaces, spacious sitting rooms, utility facilities, a TV room, adequate storage space and well maintained gardens to the rear and front of both properties. There is also adequate private and on street parking available. Systems in place to ensure that the assessed social and healthcare needs of the residents are provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a house manager, nursing staff, a team of social care workers and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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## 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 (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 March 2025	09:15hrs to 17:05hrs	Raymond Lynch	Lead
Tuesday 11 March 2025	09:15hrs to 17:05hrs	Karena Butler	Support

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform the renewal of registration of the centre. At the time of this inspection, there were nine residents living in the designated centre and the inspectors met and spoke with all of them over the course of the day. Written feedback on the quality and safety of care from residents and family representatives was also viewed by the inspectors as part of this inspection process. Additionally, one inspector spoke with one family member over the phone so as to get their feedback in the service.

The centre comprised of two detached two story houses in close proximity to each other, and situated in a large town in Co. Louth. Both houses had garden areas to the front and rear of the properties with garden seating for residents to avail of in times of good weather.

On arrival to the first house the inspectors observed that it was clean, warm and welcoming. Residents were preparing for the day ahead such as going on outings and to various day services.

The inspectors met with one resident in the sitting room. This resident appeared in good form and spoke about things they liked to do. For example, they liked to go out to the local pub to watch soccer and rugby. They also liked holidays and told the inspectors that they had been to Spain last year and had a great time. They also said that they wanted to go again this year. The resident was also a big Liverpool supporter and had visited the Liverpool stadium in England. They said that they really enjoyed this trip. They also attended a day service on specific days each week and said that they enjoyed this as they could meet up with friends and engage in activities of their choosing. The resident then spoke with one inspector on their own and said they were happy living in the house and got on well with their housemates. When asked if they felt safe they answered 'yes'. They said that staff were nice and that they could talk to them if they were unhappy about anything.

One inspector spent some time talking with three other residents on the morning of the inspection. Both appeared in good form and said they were happy in house. They were observed to freely move around their home and they interacted well with the staff members. They each had their own routines planned for the day and spoke to the inspector about those routines. The inspector observed one staff to spend one-to-one time talking to a resident about topics of conversation the resident was interested in. The staff member was observed to interact in a kind and caring manner and spoke very positively of the resident to the inspector. The third resident spoke to staff and the inspector about a class that they had attended, saying they enjoyed it.

Later on the fourth resident came down for their breakfast. This resident was quiet and chose not to engage much with the inspectors. However, they appeared comfortable and settled in their home and staff were observed to be kind and caring in their interactions with them. They later gave a big smile to an inspector and said hello before going back to having their breakfast.

In the afternoon the inspectors went to the second house that comprised this centre to meet with the residents and complete the inspection process. This house was also found to be clean, warm and welcoming and one of the residents met the inspectors on arrival. They appeared in very good form and invited the inspectors to have a cup of tea and sandwich with them. The resident spoke about things that they liked to do such as watch television and listen to music. This resident said that they did not wish to attend any day service and this decision was respected by the staff team. They later told the inspectors that they were 'happy living here' and that they had everything they needed.

The centre had installed an elevator some time ago so as to support this resident's independence. The inspectors observed the resident using the elevator independently and this meant that the resident could access their bedroom as and when they wanted and complete tasks such as their own laundry. The person in charge explained that while the resident was able to use the stairs in the house (and did so during fire drills with no issues), they preferred to use the lift especially when doing tasks, such as laundry. This meant that they didn't have to carry their laundry basket up and down the stairs.

Another resident liked arts and crafts and were making cards with staff support. This resident appeared very happy in their home and had a good rapport with the staff team. When asked were they happy in the house the resident said "yes". After a while they invited one inspector to see their bedroom and newly renovated en-suite bathroom. Their bedroom was observed to be very tidy and decorated as per the preferred style of the resident. The resident said they loved their new en-suite and smiled a lot when the inspector complimented it. The third resident in this house spoke to an inspector and said they were happy living in the centre.

Later on in the day one resident returned from their day service. This resident appeared very happy and was smiling at the inspectors. When asked did they have a nice day they said that they did. They also said that they were happy in their home. The resident had a keen interest in farming/tractors and vintage cars and as found in the previous inspection of this service, was supported to pursue this interest. For example, on the day of this inspection they were looking at a magazine with pictures of farms and tractors. Their bedroom was also observed to be clean and decorated to their individual style and preference with pictures of family members on display and other items which were personal to the resident.

In this house staff were observed to support the residents with dignity and respect and the inspectors noted that they had a professional, positive and friendly rapport with them. Residents were also observed to be relaxed around staff and to enjoy their company. For example, one resident asked a staff member for a cup of tea and a biscuit and the staff member was observed to be very obliging and had a cup of

tea and chat with the resident. Staff also ensured that the residents individual choices and preferences were respected. For example, one inspector heard a resident enquiring what was for tea and when staff told them what was on the menu, they also assured them they they could have something different if they wished.

From viewing a sample of person-centred plans in this house, the inspectors observed that residents liked to be active and out and about in the community. For example, they liked to go watch football and rugby in the local pub, get their hair done in the local barbers/hairdressers, some attended the gym, some liked to participate in aqua aerobics, go to pop concerts and to the theatre. They also liked to holiday abroad and/or avail of hotel breaks at home. Some residents were also part of a club where they got to meet up with friends and engage in activities of their choosing.

Towards the end of the inspection one resident and a staff member returned home from a train journey to Dublin. The resident said that they really enjoyed their day. The person in charge said the resident loved trains and regularly went on train journeys with staff support. They also said that the resident went to Belfast at Christmas time on the train and loved this outing. A staff member also explained that the resident had also gone on a steam train and very much enjoyed this experience.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had put that training into every day practice. They communicated that the training made them more conscious that residents have the right to make their own decisions. Where a decision was deemed to be high risk, staff said that it was their responsibility to ensure residents had the information and education to understand the possible consequences of that decision. Additionally, there was a 'high risk decision making assessment' in place detailing the measures staff had taken to support a resident in making a high risk decision.

Additionally, as part of this inspection process residents' views were also sought through questionnaires provided by the office of The Chief Inspector of Social Services (The Chief Inspector). Feedback from all nine questionnaires was returned by way of staff representatives supporting residents to complete the questionnaires. Feedback from all questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. Two questionnaires had some additional comments or elaboration recorded on the questionnaires. For example, 'I am very happy living here', 'I like choosing the meals we will have for the week on a Sunday'. Another said ' I would like more pictures in my room'.

Some residents reported they loved their home and loved living there. Some said they like the gardens and growing their own flowers. Residents were happy with the food options available to them, saying that they made their own choices and decisions on what to do each day. They also reported that they liked the staff team,

with one reporting that they loved living in the house and felt respected.

Family members also reported that they were very satisfied with the service. Some reported it met with their expectations and that their relatives were happy and very well taken care of. They also said that they were happy with the accommodation provided and that their relatives got on very well with the staff team. One family member said that their relative was very happy and there were lots of activities available for them to take part in. They also said that the staff team were excellent and that their relative's key worker was brilliant. Another family member reported that the staff team were very supportive and go above and beyond in taking care of their relative. Additionally, a number of family members said that they would recommend the house and some reported that overall, it was an excellent service.

One family member was spoken with over the phone on the afternoon of this inspection. They reported that they were more than happy with the quality and safety of care provided in the house. They were satisfied in the way in which the healthcare-related needs of their relative were being provided for and said that their relative had a great social life living in the house. They also said that there was a good staff team in place and that staff were always approachable. When asked had they any complaints or concerns about any aspect of the service provided, they said they had none. They ended by saying their relative had everything that they needed living in the house, they couldn't ask for anything better and that they were very well looked after.

In both houses that comprised this centre, staff were observed to interact with the residents in a friendly, caring, professional and person-centred manner. Residents also appeared to enjoy being in the company of staff and were very settled and comfortable in their home. Staff were observed to respect the individual choices, preferences and decisions of the residents and appeared to be good advocates for the residents. Additionally, feedback from residents and family members on the service provided was positive and complimentary.

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 care provided to the residents.

## **Capacity and capability**

The residents living in both houses that comprised this centre appeared settled, happy and content in their homes.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The inspectors spoke with both the person in charge and house manager over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs. The person in



charge also demonstrated an awareness of their responsibilities and legal remit to the regulations.

A review of a sample of rosters from January to March 2025 indicated that there were adequate staff on duty to meet the needs of the residents as described by the house manager on the day of this inspection.

From a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. However, there was a delay in providing refresher training in fire safety and medication management for some staff.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in January 2025. On completion of these audits, an action plan/quality enhancement plan was developed to address any issues identified in a timely manner.

#### Regulation 14: Persons in charge

The person in charge was a qualified social care professional with an additional qualification in management.

They were also found to be responsive to the inspection process and aware of the assessed needs of the residents living in this service.

They were also aware of their legal remit and responsibilities to the Regulations. They also met the criteria for the role of person in charge as required by the Regulations.

They had systems in place for the ongoing day-to-day management of the centre and had systems in place for the supervision of their staff team.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care and support was available to residents as outlined in the statement of purpose.

There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. One of the inspectors completed a review of a sample of the centre's rosters from January to March 2025. From this review and from

speaking with the person in charge and a staff member, it demonstrated to the inspectors that there were appropriate staffing arrangements in place.

The person in charge communicated to an inspector that the rosters could be changed to facilitate residents' holidays and activities. The inspector observed evidence that on a particular day of the week in one house that made up this centre, that a staff member stayed on duty later in order to facilitate a particular club some residents liked to attend.

Four staff members who spoke to the inspectors were familiar with the assessed needs of the residents. For example, goals residents were working on, and how to support a resident when they were anxious. In addition, as previously stated, residents spoken with were complimentary with regard to the staff team.

Staff personnel files were reviewed in the provider's central office in advance of this inspection. While an issue was identified with one staff member's file, it had been addressed at the time of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

For the most part, the provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. One inspector spoke with the person in charge, reviewed the oversight training document and reviewed a sample of certification for three training courses from between one to seven staff. From those reviews, the inspector found that, training which included mandatory training and also in areas specific to residents' assessed needs was made available.

For example:

- basic life support
- epilepsy and emergency medication
- feeding, eating, drinking and swallowing
- a range of infection prevention and control trainings, such as standard and transmission based precautions
- communicating effectively through open disclosures
- safeguarding of vulnerable adults
- positive behaviour support.

An inspector observed some delays in refresher training for mandatory fire safety training as well as some delays in other training not deemed mandatory, such as medication administration for some staff. While the person in charge had those particular staff scheduled for refresher training, it was observed that there were some long gaps in between staff members' training expiring before they would be

retrained.

For instance, in the case of one staff their fire safety training expired on 3 February 2025 and were not scheduled to complete refresher training until 7 July 2025. In the case of a relief staff that worked in the centre, it was not evidence from the matrix when they last received their fire safety training and were scheduled for July 2025. Therefore, improvements were required for access to timely refresher training so as to assure the provider that staff skills and knowledge were up to date in order to safely support the residents.

Staff had received additional training to support residents. For example, staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

There were established supervision arrangements in place for staff. The person in charge had a supervision schedule in place which supported them to keep track of each staff member's supervision sessions in order to ensure there were occurring as required. An inspector reviewed a sample of three staff supervision session minutes across the two houses. This demonstrated to the inspector that they were taking place in line with the provider's guidance. From speaking with a staff member they confirmed that the supervision session provided them with an opportunity to raise any concerns they may have.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The service had clear lines of authority and accountability in place. It was led by a qualified person in charge who was supported in their role by an experienced and qualified house manager. They also had the support of a senior manager who was also a person participating in the management of the centre.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in January 2025. Additionally, a number of local audits were also being carried out in the centre. For example, audits on medication, care plans and premises.

On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified that

- some residents financial statements required updating
- notes from a physiotherapist were to be updated into one residents care plan
- some carpeting required a deep clean while other carpeting required

- replacing
- a specialised bed was to be ordered for one resident

All these issues had been addressed (or were in the process of being addressed) at the time of this inspection.

Systems were also in place to support staff to exercise their professional accountability for the quality and safety of the service they were delivering.

Additionally, two staff members spoken with said that they would have no issues raising a concern about the quality and safety of care provided in the centre to the person in charge and/or house manager.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge/house manager was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with the Regulations.

It was observed that two issues occurring in 2024 were not notified to the Office of Chief Inspector in the required time lines. However, the person in charge was aware of this, explained to one inspector how this had occurred and, the issues had been dealt with in line with the organisations safeguarding policies and procedures.

Judgment: Compliant

## Quality and safety

As found in the previous inspection of this service, residents were supported to live their lives based on their individual preferences and choices. Additionally, systems were in place to meet their assessed health and social care needs.

Residents' were being supported to achieve goals of their choosing and frequent community-based activities. They were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Additionally where required, residents were being supported to experience positive mental health

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage.

Overall this inspection found that the individual will and preferences of the residents were promoted and residents appeared settled, happy and content in their homes. Additionally, both houses were found to be clean, warm and welcoming on the day of this inspection. and laid out to meet the assessed needs of the residents.

## Regulation 10: Communication

There were adequate arrangements in place to meet the requirements of this regulation.

Residents had documented communication needs which were appropriate had been assessed by relevant professionals. It was observed that some residents did not have input from a speech and language therapist with regard to their communication needs. At times, the inspectors needed support from staff so as to understand what these residents were communicating. Notwithstanding, the staff present on the day of this inspection demonstrated that they could understand and communicate effectively with the residents.

Additionally, staff had been provided with specialised training by an advanced nurse practitioner on exploring ways to more effectively communicate with one resident.

From a review of three residents' communication passport documents, across the two houses, an inspector found that there was clear information contained in order to guide staff on how to communicate effectively with the residents. For example, passports contained information on how do I make decisions, how do I consent, how do I communicate, what are my likes/dislikes, how do you know when I am

happy, angry, sad or unwell etc.

For instance, one passport stated that when a resident does not want to speak to people that they will put their head down or if in bed will pull the covers over their head. One resident had a communication dictionary in place which guided staff by explained 'what I do', 'what this might mean' and 'what you should do'. The communication passports and dictionary were all found to be reviewed within the last few months which meant that staff were working with the most up-to-date information.

The person in charge and two staff spoken with and observed, demonstrated a good knowledge of these needs and could describe the supports that residents required. They were observe to listen to residents and not rush them. They gave residents the time they needed to communicate and they did not talk over them. On occasion the staff asked permission from the residents if it was okay that they explained to the inspectors some of what the residents were trying to communicate. Those interactions were observed to respect the residents and their communication styles and demonstrated that staff actively listened to the residents.

In addition, it was observed that residents had access to a television, radio, and Internet in the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. They also had opportunities to access facilities for recreation and participate in activities in accordance with their interests, will and preference.

For example, residents liked to go on holidays abroad, avail of hotel breaks at home, go to concerts, attend the theatre, go to the gym, attend fitness classes, go on train journeys and were members of local clubs.

From communication with the residents themselves, the person in charge, four staff members and from a review of a sample of two weeks of three residents' daily logs, the inspectors found that residents were involved in their local community and participated in a range of activities. For example, residents also liked to go to the salon to get their nails done, attend a hairdressers and/or barbers, go to the credit union, go to the local pub to watch football and rugby, go to the local shops and supermarkets, to restaurants, go bowling, to the cinema and go for walks and drives.

Some residents attended a day service where they met up with friends and took part in activities of interest. Others preferred to stay at home where they engaged in

activities with staff support that they enjoyed. For example, arts and crafts, gardening and social outings.

On the evening of this inspection one resident and a staff member returned from a train journey to Dublin and they said that they really enjoyed their day out. Another resident had participated in a mindful movement class.

Residents were also planning a number of goals for this year to include going on more holidays abroad, attending a hot air balloon event, and availing of more hotel and spa breaks.

Judgment: Compliant

## Regulation 17: Premises

The first house that comprised this centre consisted of the following:

- five bedrooms, three being ensuite.
- two communal bathrooms (with the main bathroom on the first floor)
- a fully equipped kitchen cum dining room (where residents could prepare their own snacks/meals with staff support)
- two sitting rooms/TV rooms
- a utility facility (so as residents could launder their clothes, with staff support where required).
- secure and private garden areas to the front and rear of the property
- adequate private and on street parking.

The second house that comprised this centre consisted of the following:

- five bedrooms, with two being ensuite. As with the first house, bedrooms were decorated to the individual style and preference of the five residents and, laid out to suit their assessed needs.
- two communal bathrooms (with the main bathroom on the first floor)
- a fully equipped kitchen cum dining room (where residents could prepare their own snacks/meals with staff support)
- two sitting rooms/TV rooms
- a utility facility (so as residents could launder their clothes, with staff support where required).
- secure and private garden areas to the front and rear of the property
- adequate private and on street parking.

Both houses were found to be clean, warm and welcoming on the day of this inspection. They were also observed to decorated to the individual style and preference of the residents and, laid out to suit their assessed needs.

Additionally, residents reported that they loved their home and were very happy

with their bedrooms.

A number of issues with the premises in one of the houses was identified on the previous inspection of this house in 2024 however, they had been addressed at the time of this inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to behaviour was identified, the following controls were in place:

- care plans/support plans were in place to guide practice
- staff had training in positive behavioural support
- residents and staff had access to a clinical nurse specialist in positive behavioural support for support, guidance and advice
- access to an advanced nurse practitioner was also available to the service
- where required, residents had access to mental health/psychiatry support.

Where there was a risk of falls, the following controls were in place:

- residents had as required access a physiotherapist
- access to an occupational therapist was also provided for
- the resident had a bell and sensor mat so as to alert staff to when or if they required any assistance
- specialised equipment were required, was provided for
- a mobility care plan was in place to guide and support staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-fighting systems were in place in both houses to include the following:

- a fire alarm system
- fire extinguishers



- emergency lighting
- fire signage
- fire containment doors which included intumescent strips and cold smoke seals and had self-closing devices attached.

In house one, three fire containment doors were observed to have a larger than recommended threshold gap. The person in charge arranged for a member of the maintenance department to call to the house on the day of the inspection. They confirmed the gaps were larger than recommended and confirmed they would be rectified. The provider arranged for the doors to be rectified to bring the gaps within the recommended range and evidence of this was provided to an inspector shortly after this inspection.

Fire fighting equipment was being serviced as required by the regulations in both houses. For example, in the first house that comprised this centre:

- the fire alarm system was serviced on July 2024, October 2024 and January 2025
- the emergency lighting system was also serviced on July 2024, October 2024 and January 2025
- the fire extinguishers were last serviced on April 2024

In this house fire drills were also being facilitated as required by the Regulations. For example:

- On September 30, 2024 a fire drill was conducted at 6am. It took one staff member and four residents two minutes to evacuate the premises with no issues reported
- Another drill conducted on February 11, 2025 informed it took two staff members and four residents one minute and three seconds to evacuate the centre again, with no issues identified.

In house two, alarm and emergency lighting servicing was observed to have been completed in March, July and November 2024 and January 2025.

Staff completed as required checks on all fire equipment in the centre and had training in fire safety. It was observed that there was a delay in providing some staff refresher training in fire safety however, this was actioned under Regulation 16: Training and Staff Development.

In the second house that comprised this centre from a review of three residents' personal emergency evacuation plans (PEEPs) two were found to require amendments as one contained inaccurate information and the other required more elaboration. The person in charge reviewed both PEEPs on the day of the inspection with evidence shown to an inspector.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

One inspector went through the medication practices in one of the houses that comprise this centre and found there were adequate arrangements in place for the safe ordering, storing, administration and return of medicines.

For example:

- medication was stored in a locked press
- each resident had an up-to-date kardex which details their medications for administration and was signed by their general practitioner(GP) in the last six months
- from a sample of two medication administration recording sheets, staff were observed to be administering medication as per the kardex
- medications had pharmacy labels attached and from a sample of two residents' medications, the label instructions matched the kardex
- one inspector reviewed two residents' stock count sheets and found that staff completed a weekly medication stock count weekly
- from a sample of two medications belonging to two residents' they were observed to match the medication stock count
- medications with a shorter shelf life once opened were observed to have a recorded date of opening on them
- medications to be returned to the pharmacy were found to be kept separated from other medications
- staff completed a returns form which was to be signed by a pharmacist on return of medications and an inspector observed one completed form for returned medications and it was signed by a pharmacist.

All non-nursing professional also had training in the safe administration of medication although some refresher was found to not always be occurring in a timely manner. This is being actioned under Regulation 16: Training and staff development.

Non-nursing staff were also found to be in receipt of training in the area of administration of rescue medication.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP
- dentist
- speech and language therapy
- chiropody
- physiotherapy
- optician

Additionally, each resident had a full review of their medical needs with their GP and, a number of healthcare-related plans in place so as to inform and guide practice. Staff spoken with were familiar with the assessed needs of the residents.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Residents also had as required access to a clinical nurse specialist in health promotion.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required, residents were supported to experience positive mental health and had access to an advanced nurse practitioner in behavioural support, a clinical nurse specialist in behavioural support and psychiatry support.

Positive behavioural support plans where required, were also in place which guided staff on how to provide person-centred care to residents.

It was observed that staff had recently been provided with specialist training by an advanced nurse practitioner to support a resident who was presenting with behaviours of concern. This training was to support staff to better understand the residents behaviour and to further develop more effective ways of communicating with the resident

At all times over the course of this inspection both inspectors witnessed staff communicating with the residents in a respectful and dignified manner and, staff were respectful of the individual style of communication of each resident.

Judgment: Compliant

### Regulation 8: Protection

As found on the last inspection of this service, policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding

plans were in place.

Any adverse incident occurring in the centre was being investigated and where required, reported to the national safeguarding team and the Office of Chief Inspector. Interim safeguarding plans and measures were also taken to ensure the residents safety.

The inspectors also noted the following:

- systems were in place to support staff to exercise their professional accountability for the quality and safety of the service they were delivering to the residents.
- two staff members spoken with said that they would have no issues raising a concern about the quality and safety of care provided in the centre to the person in charge and/or house manager
- residents had access to an assisted decision making co-ordinator for advice and guidance on any issue
- information on how to contact independent advocacy was available in the centre
- easy read information on how to contact the designated safeguarding officer and complaints officer was available in the centre
- information on how to respond to a safeguarding concern was available in the centre
- easy to read information on the 'right to complain' was available in the service
- a family member spoken with over the phone on the day of this inspection said they were more than happy with the quality and safety of care provided in the centre. They also said that their relative was very happy living in the house, they had no complaints and staff were approachable.

The inspectors also noted that staff had training in the following:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure

Judgment: Compliant

## Regulation 9: Residents' rights

As found in the last inspection of this centre in 2024, the individual choices, decisions and preferences of the residents were promoted and supported by both the management and staff team.

Residents chose their daily routines and what activities to engage in each day. Some residents liked to have a busy day being out and about in their community and/or attending a day service while other residents preferred to take things at a slower

pace, doing activities of their choosing around their home.

On the day of this inspection, staff were at all times observed to be respectful of the residents choices and respectful in their interactions with them.

The will and preference was also sought from residents regarding any intervention proposed, that may impact on their lives.

Feedback from residents on the quality and safety of care also informed that they felt their individual choices and decisions were respected by staff.

Residents also had access to independent advocacy and could seek support/advice if required from an assisted decision making co-ordinator, who worked in the wider organisation.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Boyne Lodge OSV-0002996

Inspection ID: MON-0037940

Date of inspection: 11/03/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"><li>• In the case of one staff their fire safety training expired on 3 February 2025 and were not scheduled to complete refresher training until 7 July 2025. As they are on call, they work elsewhere and they completed fire training on 7/3/25 with that company, Certificate forwarded to Management and Human resources</li><li>• In the case of a relief staff that worked in the centre, it was not evidence from the matrix when they last received their fire safety training however a certificate from their previous company forwarded on after the inspection, which was dated September 2023, and their training was completed on 07/04/25 in this current service.</li><li>• Two staff required refresher training in the Safe Administration of Medication and were booked for 06/05/25 however this was changed following the inspection and both staff received refresher training on 14/03/25</li></ul>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	07/04/2025