



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 Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	25 May 2021
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0032357

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. There are systems in place to ensure that the assessed social and healthcare needs of the residents are comprehensively 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 social care leader, a team of social care workers and health care assistants. All staff have qualifications, skills and training so as to meet the needs of the residents in a competent and comprehensive manner.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 May 2021	09:30hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of two houses in close proximity to each other in a town in Co. Louth. Because of the current situation with COVID-19, the inspector only visited one house that comprised the centre and met all five residents living there. However, some residents from the other house, also wished to meet with the inspector, to speak about their experience of living in this service and, invited the inspector to meet with them in the privacy of their back garden. The inspector accepted this invitation and met with three of the residents from this house, whilst maintaining social distancing and wearing a face mask at all times.

Overall, the inspector met and spoke with eight residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from four family representatives and two residents was also reviewed as part of this inspection. The residents met with said they were very happy with the service provided, and staff were observed to be person centred and caring in responding to their needs.

All eight residents met with, appeared settled and content in their home and, were happy to meet and speak with the inspector on arrival to their house and garden area. The inspector observed that they were relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, kind and caring in their interactions with the residents. Residents were empowered to make their own choices and decisions, and staff were observed to be supportive and respectful of their rights.

Prior to COVID-19, residents were attending various day services, visiting family members and visiting community-based amenities, such as sports and recreational clubs, hotels, shops, restaurants, hotels, barbers and hairdressers.

However, despite the current lock down, the staff team ensured that a number of recreational and learning activities were available to the residents in their home. For example, some residents were attending online classes such as yoga and line dancing. Other in-house activities included baking, arts and crafts and gardening, which the residents seemed to enjoy very much. Some residents showed the inspector their art work and reported that they liked to engage in this activity. Other residents showed the inspector around their garden where they were growing their own fruit and plants. Residents had also redecorated their garden over the lock down period, painting the walls and shed and told the inspector that they liked to have barbecues and relax in the garden, in the good weather.

One resident had a particular interest in football and had a section of the garden cornered off with a football net. They told the inspector that they like to play football with staff and, once lock down was over, were looking forward to attending football matches again and were hoping to go to Liverpool, once it was safe to travel. The resident had a great sense of humour and, the inspector observed that

they enjoyed being in the company of and chatting with, the staff members on duty.

Another resident communicated through the use of a hand held computer and, told the inspector that they were happy living in the house and were looking forward to visiting their parents. The resident appeared very happy in their home and staff were observed to be responsive, kind and caring in their interactions with the resident. Staff also had a very good understanding and respect for the communication preferences of this resident.

Some residents had completed (or where in the process of completing) memory books, capturing important events and special occasions over the last year and, were happy to show the inspector some of their pictures in these books. For example, one resident had recently celebrated a milestone birthday and, the inspector saw pictures of staff supporting them to mark and celebrate their big day. The resident appeared to have very much enjoyed this occasion and, the memory book enabled them to maintain, recall and share these important memories with their family and friends.

Residents also informed the inspector that they were looking forward to re-engaging in activities of interest now that the lock down restrictions were easing. For example, one resident said that they were hoping to commence horse riding again, another said they were looking forward to going swimming, while others were looking forward to going to concerts and football matches.

Later on in the inspection process, some residents invited the inspector to view their rooms. The inspector observed that they were decorated to their individual likes and preferences. One resident was also in the process of redecorating their room and told the inspector, that they chose their own colours and furnishings and were looking forward to completing the makeover of their room. This resident also said that they loved their home and if they had any issues, they would speak with a staff member.

Another resident was particularly interested in, and skilled with the use of, information technology (IT) and the inspector observed that staff were supportive in ensuring the resident could pursue this hobby. This resident had a number of IT related pieces of equipment in their room and told the inspector that they were looking forward to buying a new 'smart watch' in the near future. This hobby was important to the resident as it provided them with something fun to do during their leisure time and, with opportunities to learn new skills. This resident also informed the inspector that they were happy in their home, they loved their room and would speak to a staff member if they had any issues.

The family member spoken with over the phone was very positive about the quality and safety care provided to their relative. They said they were extremely happy with the service and that staff do a great job. They also said that staff were very obliging and ensured very regular contact was maintained between family members and residents during the COVID-19 pandemic. Most importantly, they informed the inspector that their family member chose to live in this house and, were very happy in their home.

Written feedback on the service from both family members and residents was equally as positive. For example, residents reported that they were happy in their home, happy with their bedrooms and, loved the space available to them in the houses. They also reported that they were happy with the level of choice and control they had over their own lives. In addition, three family members reported that they felt the service was excellent and they had no complaints.

Management and staff were found to be responsive to, and supportive of, the individual needs and rights of the residents. For example, one resident was having some difficulty in ascending the stairs to their bedroom, which was on the first floor of their home. As a way of meeting the needs of this resident, a lift was installed in their home. The resident reported that they loved this lift as it had improved their quality of life greatly and, was supportive of their independence. Additionally, some residents had recently complained about the mode of transport available to them in the service. In response to this, management had secured a new vehicle, and residents reported that they were satisfied with how their complaint had been responded to, and dealt with.

Overall, the governance and management arrangements in place in this service, were responsive in supporting and promoting the rights of the residents. Residents lived lives of their choosing (with support as required) and appeared happy and content in their home. Staff were observed to be professional, yet warm and caring in their interactions with the residents and residents, appeared relaxed and comfortable in the presence and company of staff members. Feedback on the service from both residents and family representatives was also found to be positive and complimentary.

The following two sections of this report, outlines how the providers capacity and capability to operate a responsive service, impacts positively on the quality and safety of care provided to the residents living in the centre.

Capacity and capability

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified social care professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication

management, basic life skills, positive behavioural support, manual handling and infection control.

It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and at the time of this inspection, all staff had been booked and confirmed to attend the relative training over the next few months.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to 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). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in February 2021, identified issues with regard to a boiler room in one of the houses and some maintenance issues with aspects of the premises. However, the issue with the boiler room had been addressed by the time of this inspection and a plan of action was in place to address the maintenance issues as found on the last audit of the centre.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue to the current COVID-19 pandemic. However, the were plans in place to address this issue.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified social care professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to

COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives and walks on the beach.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to emotional and mental health care support was also provided for as required.

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no safeguarding issues in the centre at the time of this inspection. Residents informed the inspector that if they had any issues in their home, they would speak with a staff member or the house manager. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. Staff had training in safeguarding of vulnerable persons and Open Disclosure and information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems 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 wellbeing. For example, where a resident may be at risk of falling, they were assessed by a physiotherapist and a range of supports such as grip rails and mobility aids were available in the centre.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

While it was observed that the premises were homely, warm and welcoming, aspects of them required painting and updating. However, some of this was due to the fact that one of the houses had recently installed a lift, so as support the residents independence. The person in charge informed the inspector there were plans in place ensure these issues were addressed in a timely manner.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk 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 wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control and hand hygiene.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no safeguarding issues in the centre at

the time of this inspection. Residents informed the inspector that if they had any issues in their home, they would speak with a staff member or the house manager. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant