



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

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:	Unannounced
Date of inspection:	10 December 2018
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0024913

About the designated centre

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

In this centre the provider' stated aim is to provide a residence that people can regard as home. The centre is focused on making sure all residents are supported in a safe, warm and secure environment based on the quality system Personal Outcome Measures. Residents in Boyne Lodge make everyday choices about the running and management of their homes. Boyne Lodge can accommodate ten residents with an Intellectual Disability of mixed gender who are over the age of 18 years. The designated centre comprises of 2 separate buildings, situated in a large town in County Louth.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

To prepare for this inspection the inspector or 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
10 December 2018	10:00hrs to 15:30hrs	Andrew Mooney	Lead

Views of people who use the service

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking briefly with 2 residents, observing residents, documentation and discussions with staff.

The residents that spoke to the inspector said they were very happy in their home. Residents appeared very comfortable in the company of staff and knew them well.

Capacity and capability

The inspector found that the governance and management of the centre led to positive quality of life outcomes for residents. This is reflected in the high level of compliance found on this inspection.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. The local manager was very familiar with the needs of residents and had implemented appropriate management systems to ensure a good quality service was delivered. The provider utilised a quality enhancement plan to identify service deficits and the progress that was being made to address these deficits. This showed that the provider could self identify issues in the centre and drive improvement. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months and these informed the annual review of the quality and safety of the centre.

Staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector observed staff interacting in a very positive way with residents. The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

A record of all incidents occurring in the designated centre was maintained and notified to the Chief Inspector as required.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre is maintained and notified to the Chief Inspector as required.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Residents were supported to access and be part of their community, in line with the personal plans.

There was also a comprehensive personal plan review process in place.

Residents' assessed healthcare needs were generally supported very well. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. However, there were some gaps evident in the maintenance of some documentation but care was delivered to a high standard. This included a lack of consistency in the documentation of a residents' dysphagia plan.

The premises met the assessed needs of residents but there were areas of the centre that required improvement. While the provider had identified areas of the centre that required redecoration and repair, these works had not been completed within a reasonable time frame. This included the painting of the hallway and kitchen. Furthermore, a downstairs bathroom required some attention as there was insufficient ventilation within the room and this led to a strong smell of damp.

Appropriate supports were in place to support residents' with their assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Where restrictive procedures were required they were applied in accordance with national policy and were reviewed regularly.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments. Any incidents were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

The practice relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate. Where residents received medicines as a form of behaviour support, this was clearly documented and the effectiveness of using such medicines was closely monitored. Staff were able to clearly tell the inspector under what circumstances these medications were to be used.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose.

However, some maintenance issues which had been identified by the provider in April 2018 were still not addressed. Furthermore, a downstairs bathroom required some attention, as there was a strong smell of damp.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Reasonable measures are in place to prevent accidents.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of residents. The outcome of this assessment was used to develop a plan of care and this was recorded as the personal plan. Personal plans were adequately reviewed in line the regulations.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available to each resident, having regard to their personal plans'. However, there were some gaps evident in the maintenance of some documentation which could impact on the safety and consistency of care delivered. However, negative impacts of this documentation issue were not observed on this inspection and care was found to be delivered to a high standard.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. Where restrictive procedures are used, they are used in accordance with national policy and evidence based practice.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and taken appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boyne Lodge OSV-0002996

Inspection ID: MON-0024913

Date of inspection: 10/12/2018

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting of the stairs, hallway and kitchen in Boyne lodge will be completed by 30/06/19.</p> <p>Painting of the front door in Longwood will be completed by 30/06/19.</p> <p>A vent will be installed in the Longwood bathroom by 30/06/19</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The identified gaps in documentation have been reviewed and addressed; actions from the speech and language therapist's assessment have been copied to the meal plan folder and staff made aware of them at a staff meeting held on 23rd January 2019.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	23/01/2019