



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

Name of designated centre:	Boyne Manor
Name of provider:	Three Steps Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 June 2018
Centre ID:	OSV-0001804
Fieldwork ID:	MON-0021497

## About the designated centre

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

Boyne Manor is a large private residence that caters for up to 6 young people, both male and female, between the ages of 7-18 years. There are a total of six large ensuite bedrooms for the young people. Boyne Manor is located in a town in County Meath. It is finished to the highest standard with a beautiful spacious garden and play areas, as well as large kitchen/dinning room and large common areas. The house and its location foster a low stimuli environment which in turn allows each young person to work without distraction with their keyworkers and those with whom they have a therapeutic relationship.

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

Current registration end date:	19/11/2018
Number of residents on the date of inspection:	4

## 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
05 June 2018	10:00hrs to 19:00hrs	Andrew Mooney	Lead

## Views of people who use the service

The inspector met with two residents and spoke to one. In response to the needs of some residents, the inspector did not engage with residents for any extended time. The inspector's judgements in relation to the views of the people who use the service, relied upon a brief observation of some residents, some completed surveys and discussions with staff and the management team.

One resident that the inspector spoke with indicated that they were very happy living in their home. This resident had a busy social life and was engaged in numerous clubs and evening activities. The resident also told the inspector about holidays that had been facilitated by the centre and other holidays that were planned for this summer.

Through the completion of surveys, residents indicated that they were very happy in the centre and they felt safe.

## Capacity and capability

The centre had the capacity and capability to support residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge, who was supported by a team leader. Residents and staff could clearly identify how they would report any concerns about the quality of care and support in the centre. The provider had arrangements in place to monitor the quality of care and support in the centre, through the regular updating of a quality improvement plan.

There was a written statement of purpose in the centre which accurately and clearly described the services provided in the centre. The provider had also ensured that there was the required policies and procedures in place, as set out in schedule 5.

There were sufficient staff with the right qualifications and experience to meet the assessed needs of residents. The inspector spoke to a number of staff in the centre who could clearly identify the care and support needs of residents. Staff were observed to treat residents with respect and warmth. Staff in the centre also had

access to training and refresher training in line with the statement of purpose.

### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. However, there were some minor gaps in schedule 2 documentation that required attention.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

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

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted, implemented, reviewed as

required and made available to staff.

Judgment: Compliant

## Quality and safety

Generally the designated centre was safe. However, the quality and safety of the the service experienced by some residents was negatively affected as a result of some service deficiencies.

Each resident had a comprehensive assessment of need and an appropriate personal plan. Families and friends were welcomed by the service and they participated in and were regularly involved in residents lives. Each resident received timely, comprehensive multidisciplinary assessment of their health needs which were regularly updated and reviewed.

In response to one residents' assessed needs a specific environmental restriction was introduced. However, despite the best efforts of the management and staff, the practice of implementing the restriction could not ensure the safety of the resident. Furthermore, there was insufficient guidance for staff in the parameters of when and for how long to implement the restriction. There was also inadequate oversight of how the restriction was implemented. This led to the restriction being inappropriately used at times and being used for other purposes than what it was prescribed for.

The practice relating to the ordering, receipt, prescribing, storing and administration of medicines was appropriate and all staff had completed safe administration of medication training. However, the guidance available to staff for the administration of some "as required" medication, was not sufficient to guide their practice.

Overall, residents access to education and general development was supported effectively by the centre. Unfortunately, due to circumstances beyond the control of the centre a residents individualised education service ceased in August 2017. Some provisions were made to provide a individualised service but these were not sufficient to meet the residents specific needs. The provider outlined during the course of the inspection that funding arrangements had changed and they were hopeful this situation would be resolved by September 2018.

## Regulation 13: General welfare and development

Generally, the education needs of the children living in the centre were attended to adequately. However, one child had not received appropriate educational input since

September 2017 due to a breakdown in the centre based tuition facility.
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Guidance in the administration of certain PRN medication was not sufficient to guide staff practice.
Judgment: Not compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan, prepared no later than 28 days after admission to the centre, which reflected the residents' assessed needs and outlined the supports required to maximise the residents' personal development needs.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Appropriate healthcare was made available to each resident in line with their assessed needs.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Restrictive procedures had not been applied in line with the national policy on restraint and evidence based practice.
Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant

# Compliance Plan for Boyne Manor OSV-0001804

Inspection ID: MON-0021497

Date of inspection: 05/06/2018

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            PIC liaised with HR regarding process for identifying gaps in CV's on 05/06/2018            New Process devised in consultation with HR on the 06/06/2018            Guidelines for Reviewing CV's and gap on same communicated to all management team on the 01/08/2018            Full file review completed on 31/08/2018 to ensure all staff are fully compliant with Schedule 2 documentation.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:            Social Care Management advertised position, reviewed CV's and interviewed potential candidates for the position of home tutor, this was completed on the 10/07/2018            Social Care Management identified suitable candidates and liaised with young persons parents to agree suitability on 17/07/2018            Application for home tuition completed on 13/08/2018            Induction for new home tutor scheduled for the 10/09/2018</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:            PIC conducted full review of all medication protocols on 08/06/2018            Senior Area Manager to review policy regarding Medication protocols 28/11/2018</p>	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>PIC and Deputy Social Care Manager conducted full review of all restrictive procedures during Rights and Restrictive Practices review on the 16/08/2018</p> <p>Restrictive practices form for Bedroom Alarms completed and recorded in restrictive practices log 15/06/2018</p> <p>Bedroom Alarms to be recorded in next HIQA Quarterly Return on 01/10/2018</p> <p>Person in Charge and Deputy Social Care Manager completed review of specific restrictive practice on 07/06/2018</p> <p>Provided feedback and guidance to Social Care team regarding use of restrictive practice as a last resort during team meeting on 11/0/2018</p> <p>Person in Charge and Deputy Social Care Manager reviewed the use of same on 15/06/2018, 13/07/2018, 16/08/2018 and 13/09/2018</p> <p>Meeting held with HSE and Childs family to discuss the use and effectiveness of the restrictive practice. A decision was made to completely remove this practice effective immediately on 28/09/2018</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.	Not Compliant	Orange	10/09/2018
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/08/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Not Compliant	Orange	28/11/2018

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	01/10/2018