



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

Issued by the Chief Inspector

Name of designated centre:	Borough House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	13 October 2020
Centre ID:	OSV-0007822
Fieldwork ID:	MON-0030661

About the designated centre

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

Borough House aim to deliver services to individuals whom require support with Intellectual Disability, Autism, Mental Health issues and Acquired Brain Injury. Borough House provides 24-hour care to adults with disabilities, both male and female from 18 years of age onwards. The registered provider aims to provide a high quality and standard of care in a safe, homely and comfortable environment for all residents. Borough House is welcoming, comfortable, safe and supportive and a positive place that can be called 'home'. The staff team allocated to Borough House utilise a social model of care which endeavours to mirror a family/home environment whilst also providing support in all aspects of care to residents. Staff facilitate and support all medical appointments, hair appointments, community-based activities and any social event identified by the resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 13 October 2020	09:45hrs to 15:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between the inspector, the residents, staff and management took place in adherence with public health guidance.

There were three residents living in this centre at the time of this inspection. All of these residents had transitioned to the centre in the month previous to the inspection. The inspector had an opportunity to meet with two of the residents on the day of the inspection. One resident chose not to meet with the inspector and this wish was respected.

One resident was preparing and eating breakfast on the inspector's arrival to the centre. This resident later met with the inspector and told them about the things they liked in the centre and their recent experience of transitioning into this centre. The other residents were in their rooms preparing for the day ahead. One of these residents met with the inspector during the inspection and told the inspector about their recent transfer into the centre and how they were supported in this transition by the management and staff of the centre. They spoke to the inspector about their family and how they maintained contact with them since moving to the centre.

Residents told the inspector that they felt safe in the centre and that they liked their new home. Both residents spoke about how they were consulted with prior to transferring to this smaller centre, and told the inspector that this was a positive move for them. One resident told the inspector that they liked living with the other residents there and that they were very happy to have been given the option to move in with them. They also told the inspector that they enjoyed access to good quality broadband and this was important to them. Residents spoke very positively about the staff that supported them. A resident told the inspector that they had been consulted with about the staff that would work in the centre and that this was important to them. When asked, one resident told the inspector that there was nothing about the centre that they would change at the time of the inspection. The inspector viewed a compliment that had been received from the family of a resident about how positive the transition to the centre had been.

The residents living in this centre were largely independent in carrying out their daily activities and routines and spoke about this during the time spent with the inspector. Throughout the day, the inspector saw and heard residents taking part in a variety of activities of their own choosing including cooking and baking, soccer and activities outside of the centre. Residents entered and exited the centre independently and were responded to in a timely manner when staff support was requested. Residents were facilitated to go out in a service vehicle if desired. A resident also told the inspector about how they had accessed further education previously and how they intended to continue this in the future in this centre.

Residents and staff spoke very positively about the management of the centre and

told the inspector that they felt comfortable to raise concerns and that any concerns raised were dealt with promptly and appropriately. A resident told the inspector about how a specific concern they had following their move into the centre had been dealt with, and that they were happy with the outcome. Residents also spoke about the different supports that were in place for them to achieve goals in their lives and told about how they were encouraged and facilitated to develop and enhance skills for independent living. Residents in this centre were seen to be consulted with in all aspects relating to their care and were very actively involved in the day to day running of the centre. Staff were observed and overheard to interact respectfully and appropriately with residents and to knock on residents' bedroom doors prior to entering.

Capacity and capability

This centre was registered during the COVID-19 pandemic and this was the first time it had been inspected. There had been a very recent change in management and residents. This inspection found that this centre was well managed and had good systems in place to ensure that residents received appropriate care and support.

The person in charge of this centre had been appointed a month prior to the inspection. This person occupied a full time role in the centre and was suitably experienced and qualified. The inspector observed that this individual had good oversight of the centre and maintained a very strong presence in the centre. This person was supported by good organisational structures that were in place. The person in charge reported to, and was supported by, a director of operations and this person was also present to meet with the inspector on the day of the inspection. Both of these individuals demonstrated a good knowledge of the residents and told the inspector about the systems that were in place to ensure that adequate oversight was maintained in the centre.

A staff rota was viewed. This showed that there was a small team dedicated to staffing this centre. There was a varied skill mix within the staff team and this was in line with the assessed needs of the residents. Continuity of care was offered. The rota indicated that in the month since this resident and staff team had transferred to this centre, only one shift had been covered by a member of the relief staff team. The person in charge also told the inspector that two staff members that were familiar with the residents from their previous designated centre had transitioned to this centre also. Residents were supported in this centre by at least one staff member at all times, with additional staffing in place as required to facilitate activities and appointments. At night one staff member was available on a sleepover shift.

Residents in this centre were largely independent in their daily living needs, and

staff were seen and overheard to encourage residents to maintain and enhance these important skills. Some residents regularly accessed the community with and without staff support, and there were appropriate control measures in place that balanced the rights of the individual with any safeguarding concerns that might arise. The inspector spoke with a staff member present on the day of the inspection. This individual was knowledgeable about the residents and their role and responsibilities within the centre. The staff member spoke in a respectful manner about the residents and how they were supported in the centre. They told the inspector that they felt well supported in their role by the management of the centre.

The inspector found that residents had been admitted to this centre in a planned manner. Residents had been afforded choice in this matter and had visited the centre prior to admission. The inspector viewed contracts for the provision of services that were in place in the centre. These had been signed by residents and included details on fees and charges, if applicable, and what residents would pay for themselves while using this service.

The inspector had sight of the statement of purpose and the directory of residents in respect of this centre. Both of these important documents had been updated to reflect the recent management and resident changes in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider has ensured that there is a sufficient number of staff on duty in the centre to meet the residents assessed needs. The number, qualifications and skill mix of staff was appropriate and continuity of care was evident. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents in the centre and this was made available on the day of the inspection and was updated as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was adequately resourced to ensure effective delivery of care and support in line with the statement of purpose. There was a clearly defined management structure in place. Systems were in place to ensure that the service provided was safe, effective and appropriate to residents' needs, including effective arrangements to support staff to deliver safe and good quality services.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had an opportunity to visit the centre on numerous occasions prior to admission and were consulted with about who they would live with. There were appropriate contracts of care in place that detailed the terms on which residents would reside in the centre, including, where appropriate, the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services.

Judgment: Compliant

Quality and safety

The inspector looked at the quality and safety of the service provided to the three individuals living in this centre during this inspection and was satisfied that the standard of care afforded to them was very good. A person centred approach was evident in the observations and the documentation viewed by the inspector, and significant consultation with residents was occurring.

This centre was registered during the COVID-19 pandemic and had never been inspected prior to this inspection. The centre was located in a pleasant area close to local amenities and was found to be suitable to meet the needs of the residents living there. The centre was spacious and well maintained with access to a pleasant garden area, and residents had large bedrooms that were decorated in line with their preferences. Both residents spoken to told the inspector that they had chosen the paint and furniture for their rooms prior to moving into the centre and had brought some of their own furnishings with them also. One resident told the inspector about plans they had to paint a mural on the wall of their room and also that there were plans in place to soundproof their room from an adjoining living area in the centre. Residents had their own televisions, multimedia devices and mobile phones and on the day of the inspection the inspector observed work being carried out to install a satellite dish as had been requested by a resident.

There was a low level of restrictions noted in the centre. The person in charge told the inspector that the use of keypads located at exit doors had been discussed with residents, and that they were happy to have these in place as a security measure. The inspector saw that residents knew the code for the keypads and were able to enter and exit the building independently.

Transition plans had been put in place that outlined a clear and detailed plan for the transfer of residents prior to them moving into this centre. The inspector found that good plans had been put in place to ensure that this transfer was as positive as possible for the residents, and to support them during this significant life event. A weekly report was compiled for 12 weeks following a resident's transition to the centre. This was being completed in respect of all the residents in this centre. The person in charge told the inspector how this was used to ensure that any issues identified during the transition plan were addressed in a timely manner and to maximise the chance of a successful transition for residents.

The person in charge had ensured that there were individualised care plans in place for all the residents within the 28 day time-frame as required by the regulations. These were found contain appropriate information to guide staff and had been updated to reflect the transfer to this designated centre and changes that had occurred since. Consultation with the residents and their representatives was evident. There were goals in place around the transition to this centre and this was found to be appropriate given the short time frame that residents had been living there. Comprehensive needs assessments had been carried out prior to residents moving into the centre. Residents had access to appropriate healthcare and

were facilitated to arrange and attend appointments either independently or with staff support. Residents had access to a variety of health and social care professionals, including appropriate mental health supports if required. There were appropriate plans in place to guide staff if residents required support in any particular area of healthcare. For example there were clear guidelines contained in an epilepsy support plan for a resident.

There were procedures in place to protect residents living in this centre from abuse. Staff and management spoken to had a good knowledge of safeguarding procedures and had received training in this area. Staff were seen and heard to support residents appropriately during the time the inspector was in the centre, and residents reported to the inspector that they felt safe in the centre and in the company of the staff that worked there.

Risk was being appropriately managed and there was evidence that review of risk was ongoing and responsive to changes occurring in the centre. A risk register was in place that identified numerous risks and outlined the control measures in place to manage these. This was seen to have been updated when the change of residents had occurred in the previous month. For example, an individual risk assessment had been updated to reflect changes to how a resident was administered medication that had occurred in the week prior to the inspection. There was a risk assessment and standard operating procedure in place in relation to the current COVID-19 pandemic.

Infection control procedures in place in this centre were found to be in line with guidance issued by public health during the COVID-19 pandemic. Residents had a good knowledge of infection control procedures and why this was important during the pandemic. It was evident that residents had been provided with ample information about the COVID-19 virus and the associated precautions and restrictions that were in place around this. Staff were seen to adhere to maintain physical distancing from residents where possible, to carry out appropriate hand hygiene, and to wear appropriate personal protective equipment (PPE) when required, such as when taking a resident out in the car. This was in line with the public health guidance at the time of the inspection. Cleaning schedules were in place, including enhanced schedules for cleaning high contact areas. The inspector viewed an ample supply of PPE and suitable cleaning agents. The centre was visibly clean on the day of the inspection and resident and staff temperature checks were taking place regularly and appropriately recorded. Training records seen by the inspector showed that staff had completed training in a number of areas such as how to don and doff PPE, infection control and COVID-19 risk assessment. There was comprehensive documentation in place around the identification and management of the COVID-19 virus.

Fire precautions in place were found to be very good. Appropriate fire-fighting equipment and containment measures were in place including fire extinguishers, fire doors and a fire alarm system. Fire drills were occurring regularly and drills had taken place since the current cohort of residents had transferred into the centre. Staff were trained in fire safety, including in house training that had occurred in the weeks prior to the inspection. Residents in this centre had taken part in developing

their own personal emergency evacuation plans to guide staff on what supports they might need in the event of an outbreak of fire in the centre.

Regulation 17: Premises

The premises were found to be well kept and maintained with adequate space and communal areas to meet the needs of the residents that lived there. Residents had their own bedrooms and these were decorated in line with their own preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents were supported to transition to this centre, with the needs and wishes of residents taken into account during this process. Transition plans were in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by the Health Information and Quality Authority (HIQA). The centre was observed to be clean and staff had received appropriate training.

Judgment: Compliant

Regulation 28: Fire precautions

Fire containment and detection measures including fire doors and an appropriate alarm system were in place in this centre. Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff and visitors in the event of a outbreak of fire in the centre. There was emergency lighting in place and regular fire drills were occurring.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive needs assessments were in place for residents and the designated centre was found to be suitable to meet the assessed needs of residents. Appropriate personal plans had been put in place with 28 days of residents moving into the centre and these contained suitable goals.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured appropriate health care was provided to residents. The person in charge had ensured that residents were facilitated to access appropriate medical treatment and the residents had access to health and social care professionals as appropriate, including mental health supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a low level of restrictions present in the centre. Residents had access to a behaviour support team within the organisation if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with in this centre and were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Residents were encouraged to maintain and develop skills for independence and had a large degree of autonomy over their daily lives. Residents' privacy was respected in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that there were systems to keep residents in the centre safe. Staff were found to be knowledgeable in relation to keeping residents safe, and on the systems to report allegations of abuse. Appropriate intimate care plans were in place.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant