



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:	Announced
Date of inspection:	08 May 2019
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0023351

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 residential care and support to ten adults (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

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
08 May 2019	09:30hrs to 16:00hrs	Raymond Lynch	Lead
08 May 2019	09:30hrs to 16:00hrs	Eoin O'Byrne	Support

Views of people who use the service

The inspectors met and spoke with two of the residents who avail of this service. Residents reported that they were very happy with the service provided, got on very well with the staff team and had no complaints about the centre. Residents were happy to show the inspectors their bedrooms and it was observed that they were decorated to the individual style and preference of each resident. Written feedback from residents on the service provided was very positive. Residents reported that they could do what they want in their home, they had plenty of privacy and they were happy with the recreational and social activities on offer. They also said they were happy with the staff team. Residents said they had control over their own lives.

The inspectors met with one family representative over the course of the inspection. They reported that their loved one was very well supported in the service, there were systems in place to ensure their safety, staff were very approachable and kind and it was a home away from home. They also reported that the quality and safety of the service provided exceeded their expectations and their family member was very happy living there.

Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents supported their autonomy, individual choice and independence. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by a full-time and experienced and qualified social care leader.

The person in charge was a qualified clinical nurse manager III (CNM III) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised

and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

The person in charge and social care leader 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that key areas of the service required review. Some issues had been identified with the upkeep of the premises and with the upkeep of some or review of documentation such as individual personal plans. These issues had been addressed by the time of this inspection, ensuring ongoing effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Residents directly informed the inspectors that they would speak to any staff member if they had any issues or concerns. Residents were very complimentary about the service provided and staff team working in the house.

There were also systems in place to record and respond to any complaint arising in the service. The inspectors observed that the last complaint made by a resident was in December 2018 however, it was dealt promptly and to their satisfaction. Residents also had information on and access to an independent advocate if required.

Residents were also involved in the running of the centre, held weekly meetings, chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for.

Overall, from spending time with and speaking directly to the residents, from reviewing written feedback on the service, from speaking to a family representative and from speaking with management and staff during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner.

Residents reported that they were very happy with their living arrangements, got on

very well with the staff team and appeared happy and content in their home.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management.

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, basic life saving and Children's First.

From speaking with one staff members over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured a contract of insurance was available in the centre on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced social care leader (house manager). At times over the course of this inspection the house manager facilitated the inspection process and it was found that she had the skills, knowledge and competence to do so.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose 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.

It accurately described the service that will be provided in the centre and the person in charge informed the inspectors that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also being supported to achieve social goals such as city breaks, holidays, work experience placements and volunteering in the local community. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents used the local gymnasium, accessed a local swimming pool, were members of local sports clubs and frequented community-based amenities such as pubs, hotels, bowling centres, shopping centres, cinema and restaurants. It was also observed that some residents, where appropriate, had computerised person-centred plans in place which was supportive of their assessed communication needs.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had regular access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. Comprehensive

support plans were also in place to help residents manage anxiety.

Residents reported to the inspectors that they felt safe in the centre and had access to independent advocacy services if required. Staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy assessment and specialised equipment was placed in key areas of the centre to support their balance and mitigate this risk. Where a resident wished to stay at home alone in the house, a number of safeguarding measures were in place to ensure their safety, including safety awareness training and personal alarm systems.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in August 2018. A sample of documentation informed the inspectors that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in March 2019, informed that all residents left the premises promptly when the alarm was sounded except one who was reluctant to leave. In response to this their personal emergency evacuation plan had been updated and they were provided with additional fire safety training. From a sample of files viewed, the inspectors observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre.

Overall, residents and a family member spoken with by the inspectors reported that they were very happy with the service, they felt adequately supported, their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for.

Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in

their personal plans.

Judgment: Compliant

Regulation 11: Visits

The provider has systems in place to facilitate each resident to receive visitors in accordance to their wishes. Family members informed the inspectors that they felt welcome to visit the centre at any time. There was also ample space to receive visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and the issues with regard to their upkeep (as identified in the previous inspection) had been addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant