

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

Issued by the Chief Inspector

Name of designated centre:	Boyne Manor
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	29 May 2024
Centre ID:	OSV-0001804
Fieldwork ID:	MON-0043130

About the designated centre

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

Boyne Manor is a residential service which caters for up to five residents, under the age of 18 years, both male and female, with an intellectual disability. The centre is located in a town in County Meath close to a variety of local services and amenities. Each of the residents have their own large ensuite bedroom. There is a spacious garden and play areas, as well as large kitchen/dining room and large common areas. Staffing support is provided 24 hours a day, seven days a week by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 (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
Wednesday 29 May 2024	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents were content living in the centre, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed. However, the full complement of staff were not in place and two of the children had not attended their school placement in an extended period.

The centre comprised of a large two storey, seven bedroom house. It is located on its own spacious grounds in a town in county Meath and within walking distance of a range of local amenities. The centre is registered to accommodate five residents under the age of 18 years. There was one vacancy at the time of inspection and consequently only four children living in the centre.

The inspector met three of the four residents who lived in this centre on the day of this inspection. Although these residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. On the morning of the inspection, one resident was observed to enjoy dancing to music in the sitting room. Another resident was observed spending time in the garden and on a swing. The third resident was met with briefly on their return from school before they went out in the community on a planned activity. Each of the children had a school placement. However, two of the children refused to attend school. There was evidence that staff attempted to support, encourage and persuade both of these children to attend school each day but the children refused to attend. For example, a school bus and driver attended the centre each morning to collect one of the children for school and staff encouraged the resident to meet with the driver. Over the day individual residents were observed going out for a drive with staff, going to school, exercising on their scooter in the garden, completing educational works and arts and crafts in the centre. Residents could be heard at various times over the day making happy vocalisations and were observed smiling and relaxed in the centre. Staff were observed interacting warmly with residents and being supportive of individual resident's wishes and preferred activities.

The centre was found to be comfortable, homely and in a good state of repair. Significant maintenance and refurbishment had been completed in a number of areas since the last inspection. This included replacement of flooring in a number of areas, repainting of walls and woodwork, refitting of tiles and bathroom facilities in a number of ensuite bedrooms and replacement and or addition of new soft furnishings and furniture to the sitting room, activity and sensory rooms. There was abundant space for residents with good sized communal areas. Each of the residents had their own en-suite bedroom which had been personalised to their own taste and in an age appropriate manner. Some pictures of residents and important people in their lives and other memorabilia were on display. This promoted residents' independence, dignity and recognised their individuality and personal preferences.

There was a large and secure garden surrounding the centre for residents' use. It was noted that the garden furniture required some maintenance.

There was evidence that residents' representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Feedback log forms had been recently completed with family representatives for each of the residents. These indicated that relatives were overall very happy with the care and support that their loved ones were receiving. Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources and facilitation of visits. The inspector did not meet with the relatives or representatives of any of the residents.

There were measures in place to ensure that residents' general welfare was being supported and for residents to be supported to engage in meaningful activities. However, at the time of this inspection two of the children had refused to attend their school placement. There was evidence that staff unsuccessfully attempted to support and encourage the children to attend their school placement on a daily basis. There had been a significant change in the presentation of one of the residents and it was evident that they had chosen to engage in limited activities inside and outside of the centre. The other two residents had allocated school placements that they did attend, although one of the children had reduced hours. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families. This information was used to inform activity planning for each resident. Examples of activities that some of the residents engaged in, included walks to local scenic areas, visits to play grounds, swimming and structured educational activities. There was a good selection of age appropriate toys and books available in the centre. A weekly activity schedule was in place. Goals had been identified for each of the residents and there was evidence that they were being supported to achieve these goals.

The centre was operated in a manner that promoted and respected the rights of residents. Information on the United Nations Convention on the Rights of the Child were available in the centre. Staff spoken with, presented with a good knowledge of the residents' rights and how they were promoted in the centre. The residents were observed to be treated with dignity and respect by the staff on duty. Staff were observed to interact with the residents in a warm, kind, caring and respectful manner responding to their verbal and non-verbal cues. Communication plans had been prepared for residents to support staff to meet residents' communication needs. Residents were supported to maintain contact with their family members or representatives regularly.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There were management systems and processes in place to oversee the care and support being delivered to residents.

The centre was managed by a suitably-qualified and experienced person. The person in charge had taken up the position in May 2024. She had previously held the position of deputy manager in the centre. She held a degree in social care practice and a certificate in management. She had more than nine years management experience. The person in charge was in a full time position and was not responsible for any other centre. She was supported by a newly recruited deputy manager and three team leaders. Both the person in charge and deputy manager had full protected hours for their roles. The person in charge and deputy manager presented with a good knowledge of the regulatory requirements and the assessed needs and support requirements for each of the residents.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reports to the director of care services. The person in charge and service manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, daily management checks, weekly planning and coordination meetings, monthly management audit, monthly managers meeting, monthly centre manager report and quarterly personal file audit. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The full complement of staff were not in place. There were six and a half whole time equivalent staff vacancies at the time of inspection. These vacancies were being covered by a number of relief and agency staff. There was evidence that a regular group of relief and agency staff were generally used which provided some consistency of care for the residents. The provider had a rolling roster in place.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector of Social Service, within the time frames required in the regulations.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. She presented with a good knowledgeable of the residents' care and support needs and of the

requirements of the regulations.
Judgment: Compliant
Regulation 15: Staffing
The full complement of staff were not in place at the time of this inspection as there were six and a half whole time equivalent staff vacancies. Consequently there was an over reliance on relief and agency staff to cover these shifts. There was evidence that a consistent group of relief and agency staff were generally used.
Judgment: Not compliant
Regulation 16: Training and staff development
Staff were provided with appropriate training to support them in their role. All training was coordinated centrally. A sample of staff supervision record reviewed showed that staff were receiving appropriate supervision in line with the frequency proposed in the providers policy.
Judgment: Compliant
Regulation 23: Governance and management
Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose in place, dated February 2024. It was found to contain all of the information as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints management procedure in place. Information about the complaint procedure were on display in the centre. There was a nominated complaint officer. Staff spoken with were aware of the complaint process and the process was discussed with residents as part of house meetings.

Judgment: Compliant

Quality and safety

The inspector found that the residents living in the centre were receiving care and support which was child-centred. However, at the time of this inspection two of the children were refusing to attend their school placement.

Comprehensive assessments of residents' health and social care needs had been completed and informed personal support plans. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team. There was evidence that safeguarding, risk, routine and situation management plans were regularly reviewed. Rights impact assessments and notification forms were submitted to relevant professionals and agencies.

There were suitable measures in place to protect residents from being harmed or suffering from abuse. The behaviours of some of the residents on occasions could be difficult for staff to manage in a group living environment and had the potential to pose a safeguarding concern. However, at the time of this inspection incidents were found to be well managed. It was noted that allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding

policy and child safeguarding statement in place. Staff had attended appropriate training. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents. There were no safeguarding plans in place at the time of this inspection.

This inspection found that the arrangements in place for the assessment, management and ongoing review of risk, including the arrangements for responding to emergencies were effective. There had been a recent incident involving a previously identified hazard in the centre. Following this incident, the hazard had been removed from the centre and thereby eliminating the associated risk and control requirements.

Regulation 13: General welfare and development

Residents were supported and encouraged to take part in a range of social and developmental activities. However, two of the children had not attended their school placement for an extended period and were engaged in limited activities outside of the centre. There was evidence that staff attempted to support, encourage and persuade both of these children to attend school each day but the children refused to attend. For example, a school bus and driver attended the centre each morning to collect one of the children for school and staff encouraged the resident to meet with the driver.

Judgment: Substantially compliant

Regulation 17: Premises

Considerable refurbishments works had been completed since the last inspection. This included, repainting throughout the centre, refurbishment of a number of ensuite bathrooms, new furniture and soft fittings in the sitting room and activity room and replacement of the flooring on the stairway and a number of other rooms. It was noted that outdoor furniture in the garden required some maintenance.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate

actions taken to address issues identified. There had been a recent incident involving a previously identified hazard in the centre. Following this incident, the hazard had been removed from the centre and thereby eliminating the associated risk and control requirements.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. However, the annual review of personal plans for a number of the residents did not adequately assess the effectiveness of the plan in place as required by the regulations and for one of the residents there was no evidence that the review had been conducted in a manner that ensured the participation of residents' representatives where appropriate, as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. Detailed health action plans were in place. Records were maintained of all contacts with health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support. Behaviour support plans were in place for residents who were identified as requiring that support.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents' from any form of harm. The behaviour of a number of the residents were on occasions difficult to manage in a group living environment. However, at the time of this inspection incidents were found to be well managed. There were no safeguarding plans in place at the time of inspection.

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 (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	Not compliant
Regulation 16: Training and staff development	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 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Boyne Manor OSV-0001804

Inspection ID: MON-0043130

Date of inspection: 29/05/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: At the time of inspection, the centre had a staffing deficit of 6.5 WTE. These deficits are predominantly covered by the centre’s relief care team members, some of whom work full time hours (169 p/m) but are unable to commit to come on as full-time staff.</p> <p>Relief care team members are subject to supervision and training in line with organisational policy to ensure the delivery of quality, safe and consistent care. Residents receive continuity of care and support from a care team which includes full time care team members and consistent relief care team members. Additional deficits are filled by agency staff who are also familiar to the young people.</p> <p>There is a planned and actual staff roster highlighting care team members completing both day and overnight shifts as well as live nights.</p> <p>A full organisational review of the current rostering system was completed, resulting in the introduction of an amended rostering process designed to further reduce the need for relief or agency staff. These rosters will be in place from 01/07/2024.</p> <p>Since the inspection, a 3rd full time Team Leader commenced their role. 2 additional full time care team members have joined the team and are included in the centre’s roster. As of today (27/06/2024) there is an additional 1 full time HCA and 1 part time HCA in compliance. The Person in Charge completes regular interviews to ensure that staff have the appropriate qualifications and skill mix to meet the needs of the residents.</p> <p>The Person in Charge expects there to be a full staffing composition by 30/09/2024. This time frame allows for the compliance process and mandatory training to be completed.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Residents have opportunities to participate in activities in accordance with their interests and capacity. Residents are supported to participate in developing their weekly plans and are offered a range of community activities to engage in.</p> <p>All residents have a school placement, two residents currently refuse to attend their school placements due to their current presentation. Educational work is completed with both these residents daily, this educational work is guided by the resident's school placements.</p> <p>One to one education work is completed with both residents to support their understanding of the importance of attending school. Both Residents are encouraged to attend school daily. A school bus and SNA attend the Centre daily to encourage one of the residents to attend school.</p> <p>Resident's presentations are discussed at weekly planning and coordination meetings and both residents reviewed regularly by the members of our clinical team. This included psychiatry, psychology and occupational therapy. Centre Manager has had consultations with residents' families, placements supervisors and Three Steps clinical team regarding their current presentation and how best to support them.</p> <p>Centre Management have liaised with Education Welfare Officers and Special Education Needs Officers in relation to the Resident's current presentations and their school placements. Both are actively involved in supporting residents to return to school.</p> <p>Centre Management have made an application to a new school for one resident which will better suit their current needs and presentation. The person in charge expects a new, more appropriate, school placement to be sought for one resident by September 2024.</p> <p>Resident's will be supported to engage in a plan over the summer months which will prepare them for their transitions back to school in September 2024.</p> <p>At the time of the inspection, two residents were refusing to engage in activities outside of the Centre. One of these residents has begun visiting playgrounds, parks and going for walks as chosen by the resident. This progress will continue to be developed upon, and the resident will be supported to engage in other community activities in line with their wishes. The person in charge expects that this will be achieved by August 2024.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All residents have a personal plan which reflects the resident’s needs, outlines the supports required to maximise the resident’s personal development in accordance with their wishes and is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative.</p> <p>Each Resident has a personal plan available to them in an accessible format.</p> <p>Personal plans are reviewed annually or more frequently in line with the resident’s care plan or if there is a change in resident’s needs or circumstances. The reviews are multidisciplinary and conducted in a manner that ensures the maximum participation of the resident and their families or representatives. These reviews assess the effectiveness of the plan and any proposed changes to the plan.</p> <p>The Person in Charge reviewed the personal plan review minutes on the 24/06/2024 and updated the minutes with the relevant information to include the involvement of the resident’s representatives so that they were more detailed and reflective of meeting.</p> <p>The Person in Charge will review the personal plan review minutes template with Service Management at the next Centre Managers meeting on the 19/07/2024 to review its efficacy, that it allows for information to be recorded clearly and sufficiently. Any identified changes will happen in a timely manner and be introduced across the service without delay.</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.	Substantially Compliant	Yellow	01/09/2024
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2024
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	24/06/2024

	is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	24/06/2024