



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

Issued by the Chief Inspector

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:	28 March 2022
Centre ID:	OSV-0002996
Fieldwork ID:	MON-0027735

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 full-time residential care and support to ten adults (both 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. Systems in place to ensure that the assessed social and healthcare needs of the residents are 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 house manager, nursing staff, a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Monday 28 March 2022	10:00hrs to 17:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to ten adults with disabilities and comprised of two houses in close proximity in Co. Louth. Both houses were in proximity to local shops and other community based amenities and private transport was available to residents for trips and social outings further afield.

The inspector met and spoke with five residents and spoke with one family representative so as to get their feedback on the service provided. Written feedback on the quality of care from family representatives and residents was also reviewed as part of this inspection. The residents met with reported they were very happy in their home and were observed to be relaxed in the presence and company of staff who were working on the day of this inspection. Staff were observed to be person centred, warm and professional in their interactions with the residents.

One resident invited the inspector to see their room. It had recently been redecorated and the resident said they were very happy with it and, they had chosen their own colours and paintwork. They also showed the inspector some of their artwork and pottery which they had on display in the room. The resident also explained to the inspector that staff had supported them to undertake their family tree and from that process, had connected with relatives in England. They invited the inspector to see photographs of this process and how it worked and, reported that they were planning on visiting their relatives in England later this year.

Another resident met with told the inspector that they were very happy living in their home and they got on well with staff. They also said that if they had any issues they would speak with any staff member about them. This resident had some mobility issues with regard to using the stairs in their home and, their bedroom was on the first floor. However, to ensure the resident could access their room without using the stairs, an in-house elevator had been installed. The resident showed the inspector how this worked and said that it had supported them to maintain their independence as it meant they could continue to access their bedroom and the upstairs of the house with ease.

Later in the inspection process one resident spoke with the inspector in their kitchen while having a cup of tea. They also said they they were happy living in the house and appeared to get on well with the staff present on the day of this inspection. They said that they liked their job and when asked what would they do if they were not happy about something, they pointed to the staff member on duty indicating that they would go to staff if they had any issues.

The family member spoken with was very positive about the quality and safety care provided to their relative. They said the service was excellent and that the staff team were great. They also said they their relative was very settled in the house,

had a great social life and was always out and about in the community. When asked had they any issues or complaints with the service they said they had none and that overall, the house was lovely and their relative was very happy and very well cared for.

The inspector observed that residents had a very good social life living in this service and all social outings and activities were based on the expressed interests and preferences of the residents. For example, where a resident had an interest in football, they were supported to attend football matches of interest. Some residents also held football season tickets and regularly attended international matches in Dublin. One resident informed the inspector that they were going to an Ireland match the day after this inspection and were really looking forward to it. Other residents were also members of the local Gaelic Athletic Association (GAA) club.

Written feedback from family members on the service was positive and complimentary. For example, some family members reported that they were very satisfied with the service in general, satisfied with the level of communication from the service and that overall it met their expectations. Three family members also reported that they felt the service was excellent.

Written feedback from residents on the quality and safety of care was also equally positive. For example, residents reported that they were happy in their home, happy with their bedrooms, happy with the meal options available and happy with the arrangements in place to receive visitors. One resident also reported that they are happy with their life in this service and said to the inspector that they make their own choices and decisions.

Over the course of this inspection the inspector observed that residents were very much at home in this service and chose their own daily routine (with support from staff as required). Some spoke more to the inspector than others however, all appeared happy and content in their home. Staff were also observed to be warm, caring and person centred in their interactions with the residents and feedback from both residents and family representatives was positive and complimentary on the quality and safety of care provided.

The following two sections of this report will outline how the provider's capacity and capability to operate a responsive service impacts positively on the quality and safety of the lives of residents living in the centre.

Capacity and capability

Residents spoken with on the day of this inspection informed the inspector that they were very happy in their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of

an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who had a regular presence in the house. The person in charge and house manager were experienced, qualified professionals and both provided leadership and support to their team. They also ensured systems were in place such as flexible staffing arrangements, in order to best meet the assessed needs of the residents.

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, fire safety, basic life saving and safeguarding of vulnerable adults. It was observed that some refresher training was due at the time of this inspection however, the house manager had plans in place to address this issue and dates had been booked for these staff members to attend that required training. Of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

The person in charge and house manager 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. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the auditing process recently identified that some radiators and mirrors required repair or replacing and, the outside of the house required some cleaning. These issues were actioned and addressed at the time of this inspection. Other issues regarding the premises were also identified however, an timed action plan had been drawn up by the person in charge so as to address these issues.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced qualified social care professional who was aware of their legal remit to the regulations and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing arrangements in place to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents that met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted insurance details for this centre as required by the

regulations as part of the application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge and house manager both of whom worked on a full-time basis with the organisation.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents living in this service were supported to have meaningful and active lives (of their choosing) within their home and community and, systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their

families. For example, some residents were attending day services, others were involved in charity events, residents went to football matches and some were members of local football clubs. Residents also liked to attend concerts and, private transport was available for social outings and for holidays. Some residents had set goals for 2022 to include trips to Belfast, Liverpool and to attend music events and festivals. One family member spoken with said staff ensured the residents were supported to have active active lives in the community.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required). As required access to physiotherapy, speech and language therapy and dental services also formed part of the service provided. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to psychiatry and behavioural support were provided for, and where required, residents had a behavioural support plan/mental health support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. Two staff also had training in mental health awareness. From speaking with two staff member over the course of this inspection, the inspector was assured that they understood the needs of the residents and had the knowledge to respond to those needs accordingly.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were one open safeguarding plan in place at the time of this inspection and the inspector observed it was being dealt with in accordance with the organisation's safeguarding policy and procedures. Some residents also informed the inspector they would speak to management or staff if they had any concerns in their home. Information on how to contact an independent advocate was also available (in the Resident's Guide) and one staff member spoken with was knowledgeable on the safeguarding processes in the centre. They also said they they would have no issues reporting any concern to management if they had one. Of a sample of files viewed, staff also had training in safeguarding of vulnerable adults and a family member spoken with reported they were satisfied with the quality and safety of care provided in the house.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and, each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff support. Where a resident may be at risk of falling, they had access to both physiotherapy and occupational therapy support and, were provided with additional equipment such as handrails.

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and for the most part, well maintained. Issues had been identified with the premises through the auditing process however, some of them had been addressed at the time of this inspection.

A plan of action had been developed to address the outstanding issues with the premises to include upgrades required to some bathrooms (to include a Jacuzzi and ensuite bathroom), issues with some flooring, paintwork upgrades and carpet replacements. The inspector observed that these works were to be completed by the end of May 2022.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and well maintained. Issues had been identified with the premises through the auditing process however, some of them had been addressed at the time of this inspection. A plan of action had been developed to address the outstanding issues with the premises to include upgrades required to some bathrooms (to include a Jacuzzi and ensuite bathroom), issues with some flooring, paintwork upgrades and carpet replacements. The inspector observed that these works were to be completed by the end of May 2022.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in

the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required).

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to psychiatry and behavioural support were provided for, and where required, residents had a behavioural support plan/mental health support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. Two staff also had training in mental health awareness.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were one open safeguarding plan in place at the time of this inspection and the inspector observed it was being dealt with in accordance with the organisation's safeguarding policy and procedures. Some residents also informed the inspector they would speak to management or staff if they had any concerns in their home. Information on how to contact an independent advocate was also available (in the Resident's Guide) and one staff member spoken with was knowledgeable on the safeguarding processes in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

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	
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
Quality and safety	
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant