



# 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:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0007822
Fieldwork ID:	MON-0029783

## 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. This centre consists of a single detached bungalow on the outskirts of a large town in the midlands. There are large gardens attached to the property. There are currently three residents living in this centre. Residents living in this centre require low levels of staff support centre and participate in a variety of community activities. The centre is staffed by at least one staff member at all times, with a sleepover staff member present at night.

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

Number of residents on the date of inspection:	3
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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 - 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
Wednesday 22 September 2021	10:00hrs to 17:15hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and as such, the inspector followed public health guidelines during the inspection. The centre first opened in 2019 and all of the residents moved in together from another centre. The inspector found this centre offered a high quality service to the residents. Residents were encouraged to pursue their interests and facilitated to attend college, day services and work throughout the week. Staff were observed to be kind and patient and it was clear to the inspector that they knew the residents well.

On arrival the inspector was greeted by one of the residents who told the inspector they were going shopping in the town that morning. The inspector spoke with the resident a number of times over the course of the day. They showed the inspector their bedroom and en suite and took the inspector around the premises. They pointed out some maintenance issues which they had requested be looked at. The inspector viewed the maintenance log which showed that these issues were in progress with the provider's maintenance department. The resident told the inspector that they were hoping to get a dog and that they were beginning to make Christmas cakes which they sell on to staff within the organisation. They told the inspector that they liked living in this centre and that the staff supported them.

Another resident was tending to their service dog out the back garden shortly after the inspector arrived. They allowed the inspector see their bedroom which they had decorated in line with their interests. They told the inspector that they were returning to college next week and were doing QQI courses this year in Communications and Maths. The resident also attended a day service. They were observed relaxing in the sitting room area and took the dog for a walk with staff later in the afternoon. This resident told the inspector that they spent a lot of time with their friend in the centre and that they played video games together in the evenings. The resident had a personal trainer and was working on an individualised exercise programme and healthy eating. The shed in the garden was set up with exercise equipment.

The third resident was in bed when the inspector arrived and agreed to meet them briefly later that morning. The resident had recently started a new job which they said they really enjoyed. The resident had a large bedroom which they had decorated in line with their interests. They had ample storage for their personal belongings. The resident told the inspector that they went home on the train regularly and they were working towards getting a drivers license.

In summary, this was a well managed service which provided good quality active support to the residents living in the centre. It was evident that residents exercised choice and control within their home in relation to routines and activities. They had assigned key workers with whom they had meetings once a month. There was a residents forum once a week which had a set agenda including meal planning, fire evacuation, rights and complaints and sharing information about activities available

to them. All of the residents told the inspector that they liked living in the centre and that they felt safe and well supported by staff. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had a strong management structure with clear systems and processes in place to ensure a quality service was delivered to the residents. The management structure had clear line of reporting. The person in charge reported to the Director of Operations who in turn reported to the Chief of Operations. The person in charge was supported by a team leader within the house. Emergency governance arrangements were in place. The provider had set up a COVID team to provide governance and management during the pandemic.

Provider level oversight was achieved through six monthly and annual reviews in line with the regulations. All identified actions had been completed on the day of the inspection. The provider had a quality department who carried out a number of audits at scheduled intervals. These included a range of areas such as medication, health and safety, personal plans and maintenance. Findings were sent to the Director of Operations and were shared with the person in charge. The person in charge was required to report back on actions completed through their weekly reports. Regional management meetings took place once a month.

There were adequate arrangements for the supervision and management of staff performance. The person in charge provided supervision to staff every two months and a yearly appraisal. The person in charge had formal supervision with the Director of Operations six times a year with an annual appraisal. The person in charge engaged in peer supervision every month with other persons in charge. Once a quarter, all persons in charge in the region had a half day of clinical supervision with a psychotherapist. Team meetings were held once a month with a structured agenda and actions which were time bound.

Residents in the centre were supported by staff with the appropriate skills in line with their assessed needs. The level of staff on duty each day was adequate to ensure residents were supported in their routines. All staff had completed mandatory training in line with the provider's policy and there was a comprehensive induction programme in place for all staff.

There was a complaints policy in place and this was available to residents in an easy to read format. Complaints was a standing item on the agenda for the residents forum meetings and also in key worker sessions . Any complaints which had been made were followed up and responded to in line with the provider's policy.

In summary, the high levels of compliance found on this inspection reflect both the

provider and the person in charge's capacity and capability to ensure residents received a good quality service.

### Regulation 15: Staffing

The inspector found that there was an appropriate level of staff and that staff had the necessary skills to support the residents in line with their assessed needs. The planned and actual rosters were well maintained and indicated that there were two regular relief staff which enabled continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector viewed the provider's training matrix. This indicated that all staff working in the centre had completed mandatory training in line with the provider's policy. These included fire safety, the management of actual or potential aggression (MAPA), safeguarding, safe administration of medication, intimate care, food hygiene and first aid. Staff had also completed a number of courses relating to infection prevention and control such as hand hygiene, infection prevention and control and appropriate use of PPE. All staff were supervised by the person in charge on a regular basis.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had robust management systems and processes in place to ensure residents were receiving a safe service which enabled them to have a good quality of life. Provider level oversight was achieved through the six monthly and annual reviews of the service in line with the regulations. These included consultation with residents and families. There were a number of audits carried out in the centre by the provider's quality department and there was a clear mechanism of sharing these findings and ensure that identified actions were completed. There was emergency governance arrangements in place in addition to a COVID team to provide leadership and governance during the pandemic.

There were appropriate systems in place for the supervision of staff in addition to performance management. There were monthly 'quality' meetings in which incidents and accidents, risk management and findings from audits and inspections were

shared to promote learning and ongoing quality improvement.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose contained all of the information required in Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All notifiable events had been notified to the Office of the Chief Inspector within required time frames.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had a complaints policy in place and there was an easy to read version of this policy available to residents. Complaints and how to make a complaint were discussed regularly at the residents forum in addition to at key working sessions. The inspector viewed the complaints log. This indicated that complaints were responded to within the specified time frames in the policy. There was a record on the outcome of these complaints and whether the complainant was satisfied. One resident told the inspector how they could make a complaint if they wanted to.
Judgment: Compliant
<b>Quality and safety</b>
Residents in this centre reported that they were safe and supported by the staff team. The inspector observed that residents had choice and control over their lives. The provider had an outreach department and day services which residents had access to. The outreach department supported residents to find employment suited to their interests and needs. Residents had varying support needs and were



facilitated to go to work, college, visit family and do any activities they wished. Residents in the centre came and went independently and had access to staff via mobile phone if they required it.

The premises was suitable for the resident's needs and each resident had ample space for their belongings. Residents had annual assessments of need carried out and corresponding care plans in place. Residents had access to a range of health and social care professionals such as psychiatry, psychology, psychotherapy, speech and language therapy, occupational therapy and nursing. Personal plans outlined residents goals and were reviewed monthly by key workers and behaviour support. Residents were supported to enjoy best possible health. They had access to their preferred GP. Records of appointments attended and the outcome of these were clearly documented.

The inspector viewed the safeguarding log which showed that any safeguarding incidents had been appropriately reported and investigated as appropriate. The safeguarding policy gave clear guidance to staff. Safeguarding was on the staff meeting agenda each month.

There were strong risk management procedures and processes in place. The provider had a clear safety statement, risk register and incident and accident log. Any incidents were appropriately reported and discussed at team meetings. The centre had a health and safety officer who was involved in weekly health and safety audits. Any behaviour related incidents were discussed by the behaviour support team and follow up provided if required. There was clear learning identified and shared from incidents.

The provider had implemented a number of measures in relation to infection prevention and control, particularly relating to COVID-19. On arrival, staff checked the inspector's temperature. There were adequate facilities for hand hygiene throughout the centre. Temperature logs were kept for residents and staff four times a day and these logs were submitted to the Director of Operations each day. There were adequate systems in place for laundry and waste management. The provider had clear contingency plans in place in the event a resident or staff member were to develop COVID--19.

There were good fire safety management systems in place. The centre had adequate detection and containment systems. Emergency lighting was in good working order and fire orders were displayed in prominent areas. New staff did a 'fire walk' with another staff member to ensure they were familiarised with the building and the specific fire safety measures in place. Residents took part in fire drills once each quarter and records of drills indicated timely evacuation. One of the residents told the inspector what they should do in the event of a fire.

## Regulation 17: Premises

This centre is a large bungalow in a rural location. To the front of the property, there was a football net which residents used. At the rear of the property was a large garden. There was a dog run, a shed with exercise equipment and a basketball net. One of the residents mowed the lawn each week.

Each of the residents had large rooms with en suite bathrooms and ample space to store their belongings. The premises was warm, clean and well ventilated. One resident told the inspector about their plans for their bedroom which included building a window seat. They had a number of maintenance requests relating to their room. The inspector viewed the maintenance log and these had been actioned or were awaiting further work.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a robust system in place to ensure risks were identified, assessed and managed appropriately while continuing to promote residents independence and quality of life. The inspector reviewed the policy on risk management, the centre's safety statement, incident and accident logs and risk register. Risks were assessed at centre and individual levels with clear control measures identified in order to mitigate any risks. Incidents and accidents were clearly documented and reported. There was a safety officer in the house who did weekly audits and these were reported to the quality department.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had put a number of measures in place in the centre to protect residents and staff against infection, particularly COVID-19. There was a COVID team at provider level. Staff had completed a number of training modules on infection prevention and control and residents had been given information about COVID-19 on a regular basis. There was up to date guidance available to staff.

There were good facilities in place to ensure hand hygiene was carried out frequently. Laundry and waste management systems were adequate. The provider had completed the COVID-19 self assessment tool and had clear contingency plans in place. Temperature checks were done four times a day and sent to the Director of Operations. Cleaning schedules were in place. Staff were observed to wear PPE.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good fire safety management systems in place. There were appropriate detection and containment measures throughout the centre. Fire fighting equipment was available and suitably serviced and maintained. Emergency lighting was in place and in good working order. Each resident had a personal emergency evacuation plan in place which was up to date. Fire drills were regularly carried out and indicated a reasonable evacuation time. A 'fire walk' was completed with any new staff to ensure they were familiar with the centre and the fire procedures in the centre. There was a sign in book for residents to ensure there was a clear record of who was in the centre at any given time. There was a grab bag in the office with emergency medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an annual assessment of need carried out and corresponding support plans in place. The inspector viewed the residents' personal plans which were developed with each resident. Each resident had monthly outcomes and these were reviewed at monthly key working sessions. A quality check on plans was carried out by the behaviour support specialist on a monthly basis. It was evident that residents were at the centre of services they received.

Judgment: Compliant

### Regulation 6: Health care

Residents in the centre were supported to enjoy best possible health. They had access to their preferred GP and a range of health and social care professionals such as psychiatry, psychology, psychotherapy, speech and language therapy, nursing and occupational therapy. Residents had an annual medical assessment carried out. Health management plans were in place for specific health care needs. There was a clear record of appointments attended and the outcome of these appointments.

Judgment: Compliant

## Regulation 8: Protection

The inspector found good systems in place to ensure residents were safeguarded. There was an up to date policy on safeguarding. Residents were informed about safeguarding through their key working sessions and the residents forum. Staff had all received education and training and safeguarding was a standing agenda item at team meetings. The inspector viewed the safeguarding log and found any safeguarding incidents were appropriately reported , investigated and additional supports put in place where required. Residents reported feeling safe in their home and knew who they could report any concerns to.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	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
<b>Quality and safety</b>	
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 8: Protection	Compliant