

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Lakehouse
Centre ID:	OSV-0005334
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 July 2016 09:30 To: 21 July 2016 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to this inspection:

The provider had applied to register a new designated centre for children and adults with disabilities, and this inspection was to inform a registration decision. The provider informed HIQA that two young people had been identified to move into this centre, one who was 17 years old, and one 18. Prior to the inspection, the inspector had raised concerns at the age range and mix of residents being proposed and this was discussed with the director of operations over the telephone. The director of operations proposed that once a young resident turned 18 years old this centre would then solely cater for the needs of adults with disabilities.

How we gathered our evidence:

As this was an application to register a new centre, the inspector reviewed the proposed systems, staffing and plans that would be in place in the centre once it was operational. Template documentation was reviewed along with organisational policies and procedures. The inspector spoke with the proposed person in charge, the regional manager, the director of operations the maintenance manager and two proposed staff members. The inspector also spoke with a member of the admissions team over the telephone. As this was a proposed new centre there were no residents present at the time of inspection.

Description of the service:

The statement of purpose provided as part of the application to register described this centre as catering for male and female children and adults aged 17-28 years. The purpose and function of the centre is described as delivering services under the headings of mental health, intellectual disabilities and/ or acquired brain injuries. The provider had applied to register for a maximum of seven residents with six residents in the main house and one resident in a separate cottage on site.

Overall judgment:

The inspector found that the provider had set up sufficient management systems, staffing and documentation to plan for compliance with 14 of the 18 outcomes inspected. The recently appointed person in charge met the requirements of Regulation 14 and seemed aware of and eager to meet her regulatory requirements going forward. The premises were finished to a high standard.

While a good level of compliance was planned for, the inspector was concerned at the appropriateness of this centre being registered as a centre for people with disabilities. In the absence of comprehensive assessments and a specific statement of purpose the inspector was concerned as to what this centre would deliver.

The description of the centre as described to the inspector by staff and management was not in line with the written statement of purpose and was of concern. For example, the centre was described to the inspector as being a "high support" centre and with that a number of predetermined restrictions would be in place as a given, regardless of who would live there and their individually assessed needs. The inspector was also told that based on the behaviour of residents, and how they responded to the Multidisciplinary team (MDT) inputs they may be moved on from this centre accordingly. For example, to a centre that had lower support. The inspector was informed that for some residents, admission to this centre may be a short term placement to allow for a 12 week assessment of need by the MDT team. Future care needs would then be planned for following on from this assessment and more suitable living arrangements sought if deemed necessary. This centre was also described as accepting emergency admissions.

The inspector was concerned as to how the provider would ensure continuity and stability to residents with complex needs and behaviours that challenged while living in an environment of ongoing change. The inspector also had concerns at the number of places the provider had applied to register. Given the complexities of residents and the plan to offer a low arousal approach this would be a challenge

when offering a service to seven residents, some of whom would require 1:1 and 2:1 staffing support.

Findings are outlined within the body of the report, and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Consultation:

The inspector found that there were plans in place to hold weekly house meetings with residents, and a template was available for recording these. The inspector found other evidence of consulting residents around aspects of their care and support. For example, through the personal planning process.

Rights:

The inspector was informed that residents would have access to advocacy services if required. A proposed resident had a Guardian Ad Litem (GAL) at present to act in their interests. The inspector was told that each resident would also have a keyworker assigned to them, who would document weekly keyworking sessions.

There was a rights booklet outlining basic human rights that all residents would be given on inspection. However, this booklet did not outline the restrictions that would be in place for a resident living in the centre and why they would be imposed. This was also not included in the written agreements. The inspector found that the person in charge had a good understanding of a rights based, person centred approach and was aware that it would be a challenge to promote individual rights within a restrictive environment.

The inspector was concerned at the description of this centre as "high support" and the implications this would have on the rights of residents to live in an environment with predetermined restrictions in place. This will be reviewed at the next inspection once residents had moved in and assessments of residents' needs can be reviewed.

Privacy and dignity:

There was suitable space in the upstairs of the building to securely store personal information about residents. Each resident would be given their own private bedroom, four of which had en-suite bathrooms. There were two living room areas which would offer a second space to receive visitors in private.

Belongings and finances:

The inspector was informed that residents would be given lockable storage for their money, this was not yet in place. Each bedroom had ample space for the safe storage of personal belongings. There was a policy in place to outline this as per schedule 5.

Complaints:

There was a complaints policy and procedure in place with easy read versions available for residents which met with requirements.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the personal plan templates included information on residents' communication needs and relevant supports. Template easy read versions of the complaints process and residents' rights were available for use in the centre. The inspector was informed that the organisation had a speech and language therapist who is available for all residents who may require this input.

Full multi-elemental behaviour support plans would be in place following functional assessments for residents who required this.

The inspector found the house had land line telephone, television points and access to the internet. There was no computer available for resident's use, however this was something that was being considered.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The person in charge outlined that all residents would be supported to maintain relationships with their family and friends, in line with the preferences of residents. The personal plan templates allowed for information on residents' support networks. Proposed residents' had appointed social workers through the child and family agency (Tusla) who could support relationships with family members where appropriate.

The person in charge had done research on local amenities, facilities and groups that proposed residents may be interested in. The centre provided suitable transport to ensure access to the wider community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The Statement of purpose described this centre as offering 24 hour care to male and female children and adults 17-28 years old under the following headings:

- Intellectual Disabilities
- Acquired Brain Injuries
- Mental Health Issues
- ASD

There was an Admissions, discharge and transfer (ADT) committee in place for the organisation which accepted referrals, and carried out initial needs assessment.

However, in the absence of a comprehensive assessment by a relevant professional the inspector could not determine that the residents clearly met the criteria for admission in line with the Statement of purpose.

The inspector reviewed a template for contracts for the provision of services. These included the following headings - Support, care and welfare of the resident, Services provided to the resident, Fees to be charged and residents needs.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

While template assessments and personal plans were available for use, the inspector was concerned at the lack of a comprehensive assessment of the personal, social and health care needs of residents prior to admission. Following discussions with the provider further documentation was submitted to HIQA which alleviated these concerns.

Templates reviewed would allow for social needs to be identified and met, with the person in charge aware of local amenities, facilities and services available to promote residents' sociability. Life skills was a main focus of these templates, and the inspector found that improving independence and living skills would be a focus for residents once they moved in.

The proposed residents were currently detained in a special facility in the UK which offered a secure setting. There were initial needs assessment forms completed for residents by a member of the admissions team. While these assessments gathered information on proposed residents and highlighted some of their social and health needs, they were lacking in other areas. The inspector determined they did not comprehensively assess all needs of residents. For example, the needs in relation to their behaviour, emotional and mental wellbeing, their staffing support needs, or their needs in relation to the use of restrictive practices.

Information within this assessment also contained conflicting professional opinion. For example, one professional felt the resident needed a secure unit like the current placement, another professional felt a move to Ireland was best. The inspector asked for access to further assessments or information that assisted the provider in determining this centre could meet the highly complex needs of residents. Some further documentation was submitted to HIQA post inspection which documented that the provider felt this centre could meet the needs of proposed residents.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the premises had been refurbished to a very high standard, and had been decorated and furnished in a homely and appealing way.

The centre comprised a cottage with kitchen, dining room, living room, bathroom and one bedroom. This was proposed to be for one resident.

The main house comprised sitting room, kitchen, living room, four private en suite bedrooms, two private bedrooms and one accessible bathroom. This was planned to accommodate six residents.

The first floor had a staff office, a staff bathroom and rooms for the storage of personal information and files.

The premises had a high boundary fence around the perimeter, along with keypad locks on the main doors and electric gates. The inspector found the premises to be highly restrictive in nature, which was not clearly described in the statement of purpose.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider and person in charge had policies and procedures in place, along with planned systems to promote the health and safety of residents, staff and visitors. There was a risk management policy in place that met the requirements of the Regulations. There was also a site specific safety statement dated 2016 and staff were offered training in areas such as infection control, food hygiene, manual handling and first aid.

However, the inspector found that the approach to the management of risk was in need of address. Individual risk assessments had not yet been completed for proposed residents with known risks prior to them moving into the designated centre. This was a concern given the profile of the residents and their complexities.

The inspector reviewed documentation and spoke to staff and management and found that generic risks assessments had been carried out in relation to the premises, and also in relation to the type of "high support" service that was going to be offered. While there was some good information within these assessments, they were not individual to the residents and did not promote a person centred approach to risk management and the use of restriction. For example, the generic risk assessments outlined that all sharp knives and kitchen utensils would be locked away in the staff office to alleviate the risk of self harm. However, no individual assessments had been completed to highlight this as a risk for potential residents.

The description of "high support" was leading the approach to control measures and restraint in the centre, as opposed to being individually led by residents' assessed needs and risks. The director of operations outlined that once a resident moved in, it would be the person in charge's responsibility to carry out all individual risk assessments within a 10 day period. However, at the time of inspection the staff and person in charge had not assessed the potential risks or put control measures in place to address them. This was a concern as it may leave both residents and staff at risk of harm. The inspector was also concerned that the appropriateness of admitting residents with such complex needs into a centre with six other people had not been considered.

There was a fire detection and alarm system in place and a contract outlining regular servicing and checks would be conducted on the overall system going forward. There was an emergency lighting system in place, along with fire fighting equipment such as fire blankets and fire extinguishers which also had a plan for routine checks and servicing. Staff had received training on-line and on site in the centre by a relevant professional on fire safety and how to respond in the event of a fire. There were templates in place to be filled in for residents on personal evacuation plans which would

outline any additional supports or risks with the evacuation process. The inspector was informed that residents would be offered information and training in fire safety upon moving in. At the time of the inspection a written fire procedure was not yet in place. The person in charge outlined that this would be drawn up and discussed with staff prior to residents moving in.

The person in charge outlined the process and practices that would be in place to record, review and learn from incidents and accidents. This along with the management of risk will be reviewed fully at the next inspection.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

This centre would cater for both children and adults who presented with complex needs. The inspector found that there were policies and procedures in place to guide practice in the following areas:

- Behaviour support
- Challenging behaviour
- The use of MAPA and physical intervention
- Restrictive procedures
- Child and vulnerable adult protection
- provision of intimate care

On review of the policy for the prevention, detection and response to abuse the inspector found that it outlined one process path for allegations or suspicions made regarding a child or a vulnerable adult, with no definitive guidelines for the protection of children. This said, staff spoken with and the person in charge were aware of the children First legislation and could outline their responsibilities within this legislation with regards to reporting concerns. Staff told inspectors that training in Children First had been included in their mandatory training. Training records for the staff identified to work in this centre showed that they had been given training in the protection and

welfare of vulnerable adults and children through an e-learning format. Staff who spoke with the inspector could outline different types of abuse, possible indicators and how they would respond to an allegation or suspicion should one arise. There was a named designated officer and deputy designated officer in the policy.

On speaking with the person in charge, the inspector found that she was clear on her regulatory responsibilities regarding the safeguarding of residents. The person in charge could outline the steps to be taken in responding to allegations or suspicions of abuse including the recording and reporting to other statutory agencies.

The inspector discussed the policy on absconding/ unauthorized absence of residents with the person in charge and the regional manager, in light of safeguarding residents when they may choose to leave the centre without notice. There was a policy in place to assist staff to follow the procedure along with the use of absence management plans.

This centre was described to the inspector as providing "high support". The centre had a high boundary fence and keypad locked electric gates. The windows all were fitted with window restrictors. Some exits to the outside were keypad locked such as the main door and fire exit.

Staff had been trained in the Management of actual and potential aggression (MAPA) which included training in the use of physical holds should a resident require them. While the inspector was aware of the complex needs of residents supported by this organisation, in the absence of individual assessments it could not be determined why these restrictions would be needed for all residents or show that restrictions would be the least restrictive for the shortest time. On speaking with staff and the rationale for restricted access out of the building, the inspector found that it was assumed that this was due to a risk of residents absconding as residents proposed to move into the centre were currently residing in a special care facility. However, this was not based on clear assessment, and was not working in line with best practice regarding the use of restraint.

The use of restrictive practices will be followed up on the next inspection.

The inspector was shown a template intimate care plan that would be in place if required. There was also a policy to guide staff in this regard.

The policy on the recruitment of staff outlined the need for Garda Vetting disclosures to be obtained for all staff. The inspector was told that all staff were Vetted prior to starting work in a designated centre. The two staff spoken with confirmed that they had submitted Garda Vetting disclosures as part of their application. The inspector reviewed 4 staff files and found that this had been sought for all 4 staff. Not all staff files were reviewed as part of this inspection as only a selection of staff had been identified at this time.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that a system was in place to record all incidents, accidents and other adverse events. The person in charge was aware of her regulatory requirement in relation to notifiable events.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were policies and template planning documentation in place to promote training in life skills and independent living. Residents who were under 18 would have an education plan to ensure continuity of education. Access to third level training would be supported and assisted through the aftercare social work team appointed to each residents and the staff working in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the provider had put systems in place to ensure residents' health care needs would be met in the centre.</p> <p>The inspector was informed of an extensive multidisciplinary team (MDT) made available by Nua healthcare such as psychiatry (child and adolescent, forensic and consultant), neuropsychiatry, behavioural and clinical psychology and psychotherapy to name a few. Other health care needs would be met through referral by the person in charge to other professionals as required.</p> <p>On admission into the centre each resident would be given a 12 week assessment by the MDT team, and this would be reviewed regularly. Clinical meetings would occur on a regular basis to address any clinical issues for residents, review incidents or discuss concerns.</p> <p>The inspector reviewed a template health folder and found it contained a health assessment along with template health plans to address any needs identified.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Overall, the inspector found that the provider had put systems in place that would promote safe medicines management in the centre.</p> <p>The provider had put in place adequate policies and procedures to guide staff in the management of medicines. Staff had been given training in the safe administration of medicine which included competency assessments. Plans were in place for local audits to be carried out monthly along with an external audit from the pharmacist on a three-</p>

monthly basis.

The inspector was informed that each resident would have a medication folder with an array of templates available for use. For example, an assessment of residents' ability to self administer medication, the protocol for the use of p.r.n (as required) medicines and medication management plans to name but a few.

The person in charge outlined the process for the management of medication errors and the review of same.

The inspector reviewed the facilities available for the secure storage of medication and found that it would be suitable and secure once in use. There were plans that the full time nurse in the centre would take the lead responsibility for medicines.

There was no fridge available for medicines that may require this storage. However, the person in charge outlined that if any resident was on such medicine a fridge would be bought.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the statement of purpose did not clearly describe the service that would be provided in the designated centre. The inspector gave the provider the opportunity to review and update the Statement of purpose and resubmit it prior to report writing. On review of this updated version, while some positive amendments with regards to transfers and discharge had been made the document still did not offer a clear description of what would be provided.

For example, staff and management described the centre to inspectors as "high support" and the restrictive nature of the centre based on this description. This was not included in the Statement of Purpose. The inspector also found through reviewing other documentation and speaking with staff that this centre would only cater for male residents. This was not addressed in the statement of purpose.

Through discussions with the director of operation, staff and management the inspector could not determine if the service being offered would be long term residential care, short term care, live in assessment, or after care service.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider had a clearly defined management structure in place in the designated centre. The person in charge was suitably skilled and experienced and met the requirements of Regulation 14, and was aware of her regulatory responsibilities. The person in charge reported directly to the regional manager, who reported to the director of operations. There were clear lines of reporting and accountability planned.

The provider had systems in place to review and monitor the care, support, safety and quality of the centre. For example, the inspector reviewed a template of the annual review, along with plans for audits and unannounced inspections of the centre once it was operational. The effectiveness of these systems will be reviewed at the next inspection.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the need to notify HIQA in the event of the person in charge being absent for longer than 28 days. There were suitable arrangements in place to ensure the running of the centre in the short term absence of the person in charge, or when the person in charge was off duty.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre would be resourced effectively to ensure the provision of service to residents. There was a number of staff identified to work in the centre already, with additional staff planned to come on board as residents were admitted.

The premises met the requirements of Schedule 6 with regard to suitable heating, lighting and ventilation.

At the time of inspection the inspector found no apparent concerns relating to the provider's ability to effectively resource the designated centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that a core team had been identified to begin working in the centre once operational. These roles consisted of a general nurse, social care workers and assistant support workers. The inspector did not see an assessment outlining the staffing supports that proposed residents required, however the inspector was informed that this would be 1:1 or 2:1 staffing. The inspector determined that at present there was an adequate number of staff hired to work in the designated centre should two proposed residents move in. Staffing ratios would be looked at further at the next inspection.

Staff records indicated that all staff had received training in mandatory fields such as manual handling, first aid, protection of vulnerable adults and children, Management of potential and actual aggression (MAPA) and fire safety.

On review of a sample of staff files, the inspector found that some staff had previous experience in working with young people with disabilities/ complex needs and had undertaken degree level qualifications. Other staff had been given the opportunity to obtain a Level 5 qualification in health care. Given the complexities and vulnerabilities of the proposed residents, the inspector was concerned that staff working in this centre had not been offered training in supporting residents who could self harm, or in supporting residents with complex needs. The inspector was told that once a date was set for residents to be admitted, the full staff team would undergo a two day debrief with some members of the MDT team which would include discussions on individual diagnosis and different conditions that residents may have including mental health to support staff in their role. This will be followed up and evidenced on the next inspection.

Of the sample of staff files reviewed, the inspector found that they met the requirements of Schedule 2 and were in line with safe recruiting practices. For example, evidence of written references and garda vetting disclosures.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had organisational policies and procedures in place as required by Schedule 5 of the regulations. For example, medication management, unexplained absence of residents and risk management. Some policies would require review and additional procedures once the centre was operational to ensure they were centre-specific. The policy in relation to the prevention, detection and response to abuse would need further amendment as mentioned previously.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations would be in place, based on the templates reviewed. The inspector was informed that a directory of residents would be maintained and kept up-to-date.

The inspector reviewed a sample of staff records for the designated centre and found that they were maintained in line with Schedule 2 of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Lakehouse
Centre ID:	OSV-0005334
Date of Inspection:	21 July 2016
Date of response:	12 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Potential risks had not yet been identified, assessed or managed prior to complex residents moving into the centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

- PIC completed the Individual Risk Assessment prior to resident moving into the centre throughout the transition period.
- Behaviour specialist has completed Multi Element Behaviour Support Plan prior to the resident moving in and this will be reviewed regularly.
- Admission Manager, PIC and Behavioural specialist to provide staff team with briefing session (overview of resident, including any specific training in relation to the resident) prior to resident commencing service on the 8th and 9th September 2016.
- PIC will ensure that following any significant incidents that the individual risk assessments are reviewed and updated accordingly to clearly outline controls to be implemented to manage the risk.

Proposed Timescale: 23/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restraints put in place were not clearly the least restrictive. The high support environment was not ensuring a person-centred approach to restrictive practices in line with clear assessments.

2. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

- PIC has completed Environmental Risk Assessment to reflect environmental restrictions.
- Impact Environmental Assessment completed if necessary if restriction impacts on other residents.
- PIC has completed individual Risk Assessment for individual identified prior to moving in.
- PIC will ensure that the new residents Personal Plan and Risk Assessment reflect any restrictive practices.
- PIC will ensure that the restrictive practice register is continually up-dated.
- Use of restrictive practices for children and adults are audited quarterly internally by the quality department.
- Behavioural team review all Multi Element Behaviour Support Plan monthly.
- PIC to discuss/review restrictive practice at team meetings.

- PIC to discuss restrictive practice and Risk Assessments at quarterly and at annual reviews or as required.

Proposed Timescale: 23/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not clearly describe the service to be provided.

3. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

- PIC amended Statement of Purpose to reflect service provided, including if service is long or short term.

Proposed Timescale: 23/09/2016