



## Office of the Chief Inspector

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

Name of designated centre:	The Lakehouse
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	17 April 2019
Centre ID:	OSV-0005334
Fieldwork ID:	MON-0022601

## About the designated centre

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

The Lakehouse is a residential service providing 24 hour care and support to five adults with disabilities. The centre consists of two detached houses beside each other, near a number of small towns in the midlands. Each resident has their own private bedroom/living space and there are adequate communal areas to include spacious well equipped kitchen/dining rooms, bathrooms and laundry facilities. Both houses have well maintained garden areas and adequate private parking facilities to the front. The staffing arrangements consist of a qualified and experienced person in charge, two qualified deputy team leaders, a team of social care workers and assistant support. Residents have the option of attending a range of day services and the centre provides transport for residents to access local community based facilities such as shops and restaurants. There are systems in place to ensure the health and social care needs of each resident are provided for. Residents have access to GP services and a range of other allied healthcare professionals as required.

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

Current registration end date:	28/09/2019
Number of residents on the date of inspection:	5

## How we inspect

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
17 April 2019	09:00hrs to 17:00hrs	Eoin O'Byrne	Support

## Views of people who use the service

Inspectors did not speak with the residents on this occasion as some were out on social activities and some chose not to meet with the inspectors. However, It was evident when reviewing the residents personal files and other documentation that they had been well prepared for the inspection process and had been offered the opportunity to meet and speak with the inspectors.

Two residents had completed questionnaires on the quality and safety of care prior to the inspection. The inspectors reviewed their feedback and noted that the residents reported they were happy with the service and living in the centre.

Residents also reported that they were satisfied with the food options available to them, were happy with the arrangements in place to receive visitors, felt their rights were respected, happy with the social and recreational activities on offer and had no recent complaints about the service.

They also reported that overall they were satisfied with the care and support provided to them and were happy with the staff team.

## Capacity and capability

Overall the provider displayed the capacity and capability to provide effective services to the residents'. The centre was well maintained and the provider ensured it was resourced to meet the complex needs of the residents.

The centre had been adapted to meet the specific needs of the residents in relation to the creation of low arousal environments, specialised furniture had also been purchased for one resident's needs. One resident was being supported by the staff team to live semi independently in a cottage separate to the main house. One of the inspectors visited the cottage and found that it was designed to the resident's preferences and was well maintained. The staff that spoke with inspectors referenced resources the centre could avail of including members of the provider's multi-disciplinary team such as behaviour and occupational therapists. There was also adequate transport facilities that met the needs of the residents.

There was a clearly defined management structure in place that identified lines of authority and accountability. The centres management team consisted of a qualified and experienced person in charge and two qualified deputy team leaders. There was a regular management presence in the centre and on-call management structures

were also in place.

The management team was responsive to the complex needs of the residents' and this was evidenced when reviewing the residents personal and health plans. The provider was ensuring regular audits were taking place; the provider had completed two internal audits in 2018 and one in 2019. The audits highlighted areas that required attention such as health plans. There was evidence that the management team had responded to the gathered information following the audits and had reacted in a manner that promoted the welfare of the residents'. There were, however, some aspects of the auditing process that required review including medication management and the management of risk. This will be referred to in more detail in the 'quality and safety' section of the report.

The provider had assured that the number, qualifications and skill mix of the staff team met the needs of the residents. There was a registered nurse in place as the person in charge who was aided by two team leaders. The management team led a team of social care workers and assistant support workers. Staff members' that interacted with the inspectors were aware of their roles and responsibilities. They were aware of the needs of the residents', one staff member informed the inspectors of the behaviour support system in place for a resident and how the resident communicated through visual aids and the reasoning for same. The staff members reported that they were well supported and a sample of staff members' supervisions found that they were taking place in line with the providers policy.

There was a training needs analysis in place for the centre and the training was overall responsive to the needs of the residents with clear scheduling for refresher training to take place. Training included autism awareness, positive behaviour support training, management of actual or potential aggression and there was also evidence that staff members had received specific training for a resident prior to the residents' admission. Staff members had also received training in the safeguarding of vulnerable adults, staff spoken with were aware of the providers safeguarding processes. There were, however, a number of staff members that had not received children's first training despite there being a resident under 18 years residing in the main house. This had been identified by the person in charge and training was due to be carried out.

In general, the centre was well managed and was responding to the individual complex needs of the residents'. The person in charge was aware of their legal remit to inform the Health Information Authority (HIQA) of any notifiable events and the residents were being supported through tailored individual plans that met their needs.

## Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a

qualified professional with appropriate experience. They were a registered nurse who provided support to their staff team and were knowledgeable when discussing the residents' and their needs

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a training needs analysis system in place. Staff members had received training in safe guarding, but there were however, a number of staff members that had not received children's first training despite there being a resident under eighteen years residing in the main house.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The Directory of residents' contained all of the required information.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance that met the requirements set out in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place in the centre with a person in charge and two team leaders. The management team were responsive to the complex needs of the residents' and this was evident in relation to the residents personal and health plans. However, some aspects of the auditing process that required review including medication management and the management of risk.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

There were systems in place to ensure that admissions to the centre were in line with the Statement of Purpose and took into account the residents assessed needs

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose met the requirements set out in schedule one of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to inform HIQA of any notifiable event occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were appropriate arrangements in place to secure feedback and manage complaints.

Judgment: Compliant

## Quality and safety

In general the quality and safety of care provided to the residents was to a good standard and their health, emotional and social care needs were being supported and comprehensively provided for. However, some issues were identified with the upkeep and auditing of documentation relating to medication management, risk management, individual plans and protection.

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 achieve personal and social goals and to maintain links with their families and community. Residents were also being supported to build on skills and develop areas of interest such as computer skills, cooking skills and working on a farm.

A selection of day service options were also available to residents to avail of where they had the option to engage in a number skills development and social activities of their choosing. Residents were also supported to use their local community and on the day of this inspection, three of them were participating in community based activities. However, documentation pertaining to the upkeep of some personal plans required review and updating as they were not reflective of some of the goals residents had achieved.

Residents were comprehensively supported with their health care needs. Regular and as required access to a range of allied health care professionals formed part of the service provided to include access to GP services, dentist, chiropodist, speech and language therapy and dietitian. Hospital appointments were also facilitated as required. Comprehensive care plans where required, were also in place so as to support residents in maintaining good overall health.

Residents were also supported to enjoy best possible mental health and where required had regular access to a behavioural support specialist and a psychiatrist. It was also observed that staff had training in positive behavioural support techniques (and other specialised training specific to residents assessed needs) so as they had the skills required to support residents in a professional and calm manner if or when required. There were a number of restrictive practices in place so as to keep residents safe in their home. However, it was observed that where possible, the least restrictive intervention was used and all restrictive practices were kept under regular review.

Residents did not wish to speak with inspectors during the course of this inspection. However, written feedback from residents informed inspectors that they felt safe in the service. Staff also had training in the safeguarding of vulnerable adults and from speaking to one staff member over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to report any safeguarding

issue should they have one.

Where required, safeguarding plans were also in place however, it was observed that one of these plans required updating to reflect current practice and measures in place to support a resident with family visits. A review of the training matrix also informed that some staff had yet to undertake Children's First training. The person in charge informed the inspectors that dates had been identified in May 2019 to address the training deficit and the safeguarding plan in question would be reviewed and updated as a priority.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, they were provided with 2:1 staffing support. This level of support ensured that residents could access local facilities safely and go on outings and trips of their choosing.

However, it was observed in one house that comprised this centre the process of risk management required review. This was a house where one resident lived semi-independently with no staffing cover at night. The centre had put a significant level of support in place to mitigate the risks involved in living semi-independently however, these mitigating supports were not represented in the residents individual risk assessments.

There were systems in place to ensure all fire fighting equipment to include the fire alarm system and emergency lighting was serviced. A sample of documentation informed the inspectors that staff undertook regular checks on all fire fighting equipment and fire drills were being carried out as required. It was observed that no issues had been identified in the last fire drill carried out in March 2019 and all residents had an personal emergency evacuation plan in place detailing the level of support they required when evacuating the house.

There were procedures in place for the safe ordering, storing, administration and disposal of regular medicines which met the requirements of the Regulations. However, it was observed that the auditing process/stock checks of p.r.n. medicines required review. This was because the stock checks for two lots of p.r.n. medication were incorrect and did not tally with the number of tablets in stock. It was also observed that some p.r.n. protocols required review as they were not adequately prescriptive to guide administration practice.

There were systems in place to ensure that admissions to the centre were in line with the Statement of Purpose and transitions from the centre were managed in line with 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).

Overall, while some issues were identified with the upkeep and auditing of key documentation in this centre to include individual plans, p.r.n. protocols and risk assessment, the quality and safety of care provided to the residents was to a good standard and their assessed needs were being comprehensively provided for.

## Regulation 25: Temporary absence, transition and discharge of residents

Transitions from the centre were managed in line with 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).

Judgment: Compliant

## Regulation 26: Risk management procedures

In part of the centre the process of risk management required review. This was a house where one resident lived semi-independently with no staffing cover at night. The centre had put a significant level of support in place to mitigate the risks involved in living semi-independently however, these mitigating supports were not represented in the resident's individual risk assessments.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were systems in place to ensure all fire fighting equipment to include the fire alarm system and emergency lighting was serviced. A sample of documentation informed the inspectors that staff undertook regular checks on all fire fighting equipment and fire drills were being carried out as required.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The auditing process/stock checks of p.r.n. medicines required review. This was because the stock checks for two lots of p.r.n. medication were incorrect and did not tally with the number of tablets in stock. It was also observed that some p.r.n. protocols required review as they were not adequately prescriptive to guide administration practice

Judgment: Not 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 achieve personal and social goals and to maintain links with their families and community

Judgment: Compliant

## Regulation 6: Health care

Residents were comprehensively supported with their health care needs. Regular and as required access to a range of allied health care professionals formed part of the service provided to include access to GP services, dentist, chiropodist, speech and language therapy and dietitian.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to enjoy best possible mental health. Staff had training in positive behavioural support techniques (and other specialised training specific to residents assessed needs) so as they had the skills required to support residents in a professional and calm manner if or when required. There were a number of restrictive practices in place so as to keep residents safe in their home. However, it was observed that where possible, the least restrictive intervention was used and all restrictive practices were kept under regular review

Judgment: Compliant

## Regulation 8: Protection

One safeguarding plan required updating to reflect current practice and measures in place to support a resident with family visits. Some staff had not yet undertaken Children's First training at the time of this inspection.

Judgment: Substantially 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for The Lakehouse OSV-0005334

Inspection ID: MON-0022601

Date of inspection: 17/04/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Outstanding Staff completed online Children's First training on the 23/04/19 and will complete classroom training on the 30/05/19. There is no longer a requirement for Children's First Training as all Residents are now over the age of 18 years of age.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Individual risk management plans were updated to include a resident's semi-independent arrangement which includes control measures in place to migrate risk. (18/04/19)</li> <li>• PIC will ensure Risk Management plans are reviewed and updated in line with Risk Management Policy.</li> <li>• Person in Charge will ensure medication PRN checks are completed in line with the Medication Policy and a member of the management will oversee these checks weekly.</li> <li>• PIC has updated PRN risk assessments and they are now in line with PRN Protocols (18/04/19)</li> </ul>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  Individual risk management plans were updated to include a resident's semi-independent arrangement which includes control measures in place to migrate risk. (18/04/19)</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Person in Charge will ensure medication PRN checks are completed in line with the Medication Policy and a member of the Management Team will oversee these checks weekly.  PIC has updated PRN risk assessments and they are now in line with PRN Protocols (18/04/19)</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  Person in charge has updated relevant Safeguarding Plan (18/04/19)  Outstanding Staff completed Online Children's First Training on the 23/04/19 and will complete Classroom training on the 30/05/19. There is no longer a requirement for Children's First Training as all Residents are now over the age of 18 years of age.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	19/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to	Substantially Compliant	Yellow	18/04/2019

	in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	18/04/2019
Regulation 08(8)	The person in charge shall ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.	Substantially Compliant	Yellow	30/05/2019