

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

## Issued by the Chief Inspector

Name of designated centre:	Lakeside Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	27 January 2025
Centre ID:	OSV-0001757
Fieldwork ID:	MON-0045433

## About the designated centre

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

Lakeside Residential Services is a service which is run by Western Care Association. The centre comprises two bungalow dwellings which are located on the outskirts of a town in Co. Mayo. The centre provides residential and respite care for up to seven male and female residents, over the age of 18 years who present with physical and intellectual disabilities. Both houses are comfortably furnished and provide residents with their own bedroom, shared communal areas and external garden spaces. Staff are on duty both day and night to support residents who avail of this service.

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

Number of residents on the date of inspection:	7
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## 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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 27 January 2025	09:45hrs to 16:00hrs	Mary McCann	Support

## What residents told us and what inspectors observed

From observation in the centre, conversations with residents and staff and documentation reviewed during the inspection, it was evident that that residents enjoyed a good quality of life and had choices in how they lived their lives. Staff and the person in charge prioritised the wellbeing and quality of life of residents and care and support delivered to residents was person centred and staff spoke with residents and about residents in a caring respectful way. Lakeside designated centre consists of two houses which are located in close proximity to each other and within walking distance of a local busy provincial town. Lakeside is registered to provide care and support to seven adults. The registered provider is Western Care Association. Overall, residents reported that they enjoyed living in the centre and they got on well with staff who were kind and caring and with the people they lived with.

This centre was part of a targeted safeguarding inspection completed in March 2023 which focused on regulation 7 (Positive behaviour support), regulation 8 (Protection), regulation 23 (Governance and management) and regulation 26 (risk management procedures). These regulations were reviewed as part of this inspection together with other relevant regulations. While some areas require further work, improvements were found in most areas from the targeted programme. This unannounced inspection was carried out as part of the Chief Inspector's regulatory monitoring centres to ensure the care and support required by residents is provided to them.

The inspector engaged with five residents, four staff, the person in charge and the area manager. Some residents could articulate their views and told the inspector that their voice was listened to and they were well looked after. Others communicated through expressions and body language and indicated that they enjoyed living in the centre and they were enabled to engage in activities that were meaningful to them, by attending day services or activities organised by the centre staff. All residents looked well cared for and had warm, bright individually decorated bedrooms. The inspector met with five residents, four staff, the person in charge and area manager and observed residents interacting with staff as they went about their daily routines. Residents and staff were chatting, laughing and planning on cooking the dinner and the effects of the recent storm. Staff clearly knew residents well and displayed a great fondness towards them when talking to the inspector. The atmosphere was light and cheerful which gave a pleasant homely feel to the centre. This contributed to residents being relaxed and feeling secure.

The person in charge was well known to residents and had good up to date knowledge of resident's health and social care needs. From observing staff and residents the inspector saw that this was a centre that had embedded a human rights based approach in the service they provided to residents. There was good light in both houses and good space available to residents to spend time together or have private time on their own. Staff were assisting residents cooking the dinner on

the afternoon of the inspection. The dinner looked wholesome and appetising. A resident informed the inspector that all residents get a choice to have their favourite food and today was their choice. They confirmed that the food was always good and that sometimes they went out for food or got takeaways. Transport which could be used for outings or any activities that residents chose was available to the centre to support residents in engaging in meaningful activities or attend health appointments. Staffing levels in the centre ensured that each resident was supported by staff to do activities of their preference, there were three staff on duty with residents in one house during the day and the other house provided one to one support to one to a resident during the day.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

## Capacity and capability

In summary the findings of this inspection supported that generally there were structures and systems in place to monitor and oversee the quality and safety of care delivered to residents in the service; however, improvements to the governance and review of restrictive practices and risk management procedures were required. This is discussed under regulation 7 (positive behaviour support) and regulation 26 (risk management). The day-to-day management of the centre was assigned to the person in charge who reported to the area manager. Both attended the feedback meeting at the end of the inspection and displayed a positive attitude to addressing the non-compliance found on this inspection. As part of this inspection the inspector reviewed compliance levels with the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulations 2013 (The regulations) and found that the majority of the regulations reviewed were compliant.

The person in charge had an auditing system in place and post audits, areas for service improvement were identified and Staffing levels and staff skill-mix were suitable to meet the assessed needs of residents. The person in charge had oversight of staff training and all staff had up-to-date training to ensure they had the required skills to meet the assessed needs of residents and to comply with the regulations.

An out of hours on call service was available for staff on who to contact should they require assistance relating to meeting resident's needs. Staff spoken with confirmed they were are of this support to them. Regular team meetings were occurring and there was very good attendance by staff at these meetings. Detailed minutes were available for staff who were unable to attend. The Person in Charge had regular meetings with their area manager and regional person in charge meetings were held

which had a briefing, education and supportive component. The person in charge stated that procedures with regard to communication and support for staff had improved since the last inspection of this centre.

#### Regulation 14: Persons in charge

The person in charge was available throughout the inspection and displayed a positive attitude towards ensuring the rights of residents were protected and that their lives were meaningful and enjoyable. The person in charge was appropriately qualified and experienced to fulfil the duties of this role. They told the inspector that they were ceasing employment in this centre in the near future. The area manager who attended the feedback meeting told the inspector that procedures had commenced to appoint a new person in charge. The person in charge kept themselves up to date with regard to mandatory training and had recently attended neuro-diversity training and incident management training. They worked full time and were responsible for the day to day management of two designated centres. The person in charge had a very good knowledge of the service provided and staff told the inspector that they attended the centre on a very regular basis, and was very approachable and supportive to them.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed the 24 hour actual and planned rota over a three week period and found that the staffing levels on the day of inspection were the usual staffing levels. From the inspectors observations throughout the inspection the inspector found that the staffing levels were adequate to meet the needs of residents. There were adequate staff to do different activities which meant that if residents didn't wish to partake in an activity an alternative activity could be arranged. The inspector observed residents receive assistance and support in a timely manner during the inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had good oversight of staff training. A training programme was in place for staff and the organisation had recently developed a digital system for staff training and development where staff could self-nominate

themselves for training. When staff booked or completed training the person in charge could check this on the system. This meant that staff could choose when they were available to attend training and it is envisaged that this will enhance attendance. The training provided supported staff to develop the skills and competencies to protect the care and welfare of residents which is an important factor in the responsiveness of how staff assess identify and manage individual residents' needs.

The inspector reviewed the training matrix with the person in charge for all staff and noted that mandatory training for staff was up-to-date, with the exception of one new part-time staff member who worked very rarely and had not undertaken fire safety training. The he person in charge had mitigated the risk posed by this by ensuring that this staff member never worked alone and had completed a simulated fire drill and was briefed on local procedures. They were booked to attend fire safety training. .

Additional training undertaken or scheduled by staff included neuro diversity training, incident management assistive decision making, minimal handling, health and safety, infection prevention and control and safe nutritional care. Where refresher training was required, t staff had scheduled to attend. Staff meetings were held on a regular basis and minutes were available. This ensured that staff who were unable to attend were aware of issues discussed. When staff commenced working in the centre an induction training programme was in place and new staff had greater support and supervision than experienced staff. This helped to ensure that staff had relevant knowledge about the service and the residents. Staff received support in the form of regular supervision which was completed by the person in charge on a quarterly basis. Staff confirmed that the person in charge was regularly available and was supportive There was a management person on-call out of hours. Staff were aware of this and there was a designated phone number to contact this person.

Judgment: Compliant

## Regulation 23: Governance and management

While there were governance and management structures in place, the registered provider needed to further improve the overall governance and monitoring in this centre to ensure the service provided was a safe quality service for residents and residents' rights were upheld. In particular governance of the use of restrictive practices and emergency planning and risks associated with this required review. This is further referred to under regulation 7 and regulation 26. The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. The inspector reviewed the previous six monthly report which



was completed by personnel independent of the centre on the 17 October 2024 and the annual review completed by the person in charge on the 30 June 2024. Where any deficits were identified a corresponding quality improvement plan was enacted. The person in charge was completing audits of their own internal procedures which included reviews of accidents, incidents finances and medication management. This meant that the service was auditing compliance with their own internal procedures and making sure they were enacted by staff and were fit for purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

the person in charge maintained a record of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulation

Judgment: Compliant

### Quality and safety

Overall the care provided to residents was person centred and residents were complimentary of the service provided to them by staff, however, areas that required review included ensuring risks are identified, assessed and controls are put in place to mitigate these risks and where restrictive practices are enacted these are reviewed regularly to ensure the least restrictive measure is in place thereby protecting the rights of residents.

From speaking with residents and staff and observations by the inspector coupled with a review of documentation it was clear that the care and support provided to residents was person-centred and residents were consulted about the centre and made decisions about how they wished to live their lives. Consequently residents felt listened to and supported by staff which enhanced their enjoyment of life, protected their rights and assisted in positive relationships with staff.

Residents were supported to experience positive mental health, and access to mental health services was available as required. Medical appointments were supported by staff or a relative attending with the resident and the centre transport could be utilised to facilitate these. National screening programmes including bowel screening and breast check was available to residents thereby enhancing the health promotion of residents.

The person in charge and all staff spoken with were aware of the importance of safeguarding residents. The provider had systems in place to support residents'

safeguarding which included making sure all staff had Garda Síochána vetting clearance prior to commencing working in the centre. Additionally all staff had up to date safeguarding training in place and refreshers were planned as required to comply with the centres' policies. A safeguarding policy and details of the designated safeguarding officers were also available to staff.

### Regulation 17: Premises

The centre contained two houses in close location to each other. One house accommodated two residents and the other five residents. The provider ensured that the premises provided was of sound construction, in a good state of repair and provided a comfortable clean home for residents. The houses were homely in nature and residents had ample space in each home to relax. Residents also had their own bedrooms which they had individually decorated. There was adequate numbers of bathrooms in each house for residents. Improvements had been made to the premises since the last inspection, including internal painting of both houses, refurbishment of two bathrooms, and new flooring in four bedrooms in one house. Each house had an accessible garden for residents use.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were some aspects of risk that were very well managed however, emergency risk planning required review. Risk management systems were in place to identify and mitigate some risks to residents. A draft risk management policy was available. This was being reviewed by senior management at the time of this inspection. The person in charge was complimentary of this revised policy as there are clear lines of accountability for risk identified through their accident incident and review system and details clear accountability for risks identified. This policy amalgamated the personal risk management policy and the previous risk policy. The plan is to link personal resident risks identified and service risks.

Where for example a risk regarding maintenance issues is identified in the centre this is recorded electronically and an alert is sent to the maintenance department. The person in charge can track the risk identified through the system and will have oversight of what time lines and actions the maintenance department have planned. Emergency risks for example loss of power or heating required further input and greater governance and oversight. Due to the recent national storm the centre had lost power and heating. No backup generator was in place. The person in charge stated that this centre is now priority for a generator. Residents in this centre require specialist diets and meals need to be modified by use of a blender which was electricity dependent. The centre was also fully dependent on electricity for

cooking, heating and hot water. These risks were not identified as a risk on the risk register. While this did not have a major impact on the service on this occasion as the risk was mitigated the by staff cooking and preparing food off site and by the use of extra blanket greater governance is required regarding risk identified and controls in place to mitigate these risk so that residents care and welfare is protected.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two residents and found that assessments relating to the care and support of each resident were in place. Supporting plans were developed and enacted to meet these assessed needs. Personal plans were person centred and demonstrated good detail of the goals and steps to achieve these. Appropriate supports were enacted to assist residents to achieve their goals which gave residents a great sense of achievement and enjoyment. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on resident's choices and interests, for example regular exercise and social activities.

Judgment: Compliant

### Regulation 6: Health care

Residents' health and wellbeing was promoted in the centre. An assessment of residents' health and social care needs was completed and updated in response to changing needs. Where specific healthcare incidents occurred there was evidence of prompt responses by the person in charge and staff team. Communication passports were in place which detailed clear admission and transfer was documented to guide and assist staff and decrease the anxiety of the residents. The inspector noted that where a resident who has had a deterioration in there, there was good evidence of liaison with acute services to ensure the medical needs of the resident was. There was good evidence of regular reviews with local GP services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed two behaviour support plans. Positive behavioural support plans, where required, were in place. These were person-centred and guided staff on how to manage the behaviour displayed. The inspector found that these were detailed and clearly outlined proactive and reactive strategies that were person centred to support each resident. There was good evidence that these were regularly reviewed by the behaviour support team.

Restrictive practices were in use in this centre. Most of the environmental restrictive practices were in place due to the assessed needs of residents and to protect their safety, for example locking chemical agents and sharp knives, using a sternum support during showering. There was one type of restrictive practice in place that did not protect the privacy of the resident and did not comply with national best practice guidelines. A monitor was in place in the bedroom and in addition to this the staff were checking the resident every 30 minutes while they were in bed. This was to ensure that the resident did not fall out of bed. There was good documentation available of these checks and the inspector noted on review of a sample that no intervention was required on most nights. There was poor governance and management of this practice as no audit has been completed to try and illicit the necessity for the frequency of checking and if it was the least restrictive option for the shortest period of time. Consequently, as previously referred to under governance and management the restrictive practices were not in compliance with the national policy or upholding the human of all rights of all residents. The person in charge and area manager gave a firm commitment at the feedback meeting to review this practice.

Judgment: Substantially compliant

## Regulation 8: Protection

Documentation on the prevention detection and reporting of abuse was available in the centre. The policy contained guidelines and the procedure to follow should a safeguarding incident occur. Details of designated offices were displayed. All staff had received training in safeguarding. There were no active safeguarding plans in place, the inspector reviewed a safeguarding plan that was closed and found that it was comprehensive and protected residents. A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff in the provision of person centred care. All staff had up to date training in safeguarding. Positive respectful interactions between staff and residents was observed by the inspector. Staff spoken with were clear that they would report any safeguarding issues that they witnessed and were aware of the importance of protecting residents.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Lakeside Residential Services OSV-0001757

Inspection ID: MON-0045433

Date of inspection: 27/01/2025

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The provider is currently evaluating and preparing for the installation of emergency response equipment to mitigate the risks posed by adverse weather events. The Person in Charge (PIC) in consultation with the PPIM has reviewed the response plan, and measures are being implemented to improve its effectiveness, ensuring that it more effectively meets the needs of those being supported.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  An initial audit has been completed, and a thorough review of the information is currently being undertaken. Consultation with the Human Rights Committee is planned to ensure that the least restrictive practices are being applied in accordance with national standards. This collaborative approach will help ensure that interventions are both effective and respectful of individual rights.	



## 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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/03/2025
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	30/09/2025

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2025