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

Issued by the Chief Inspector

Name of designated centre:	Lakelodge Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	26 September 2023
Centre ID:	OSV-0001935
Fieldwork ID:	MON-0031916

About the designated centre

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

Lakelodge Community Group Home is a designated centre operated by North West Parents and Friends Association for Persons with Intellectual Disability. The centre consists of a five bedroom bungalow and is located on the outskirts of a town in Co. Sligo. Lakelodge Community Group Home provides full time residential care for up to four residents, both male and female, who present with a mild to moderate intellectual disability. Each resident has their own bedroom which is decorated in line with their wishes, and residents have access to a communal sitting-room and kitchen/dining room. The centre also consists of a front and rear garden and has it's own mode of transport for access to community activities. The centre is staffed by a team of care assistants and sleepover cover is provided at night time. There is an on-call system for staff including a nurse on-call during daytime hours Monday to Friday.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 26 September 2023	10:00hrs to 17:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by members of the staff team, for the duration of the inspection and the person in charge at intervals throughout the day. The inspector used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards. However, improvements were required to strengthen the governance and management systems in place and fire precautions within the designated centre.

The designated centre is a single storey bungalow located in a residential area on the bounds of a large town. The premises consists of four bedrooms , one equipped with an en-suite, one staff room, a spacious kitchen and dinning area and a living room. The centre has a garden area to the front and the back of the premises. The back garden was equipped with garden furniture and was fully accessible to all residents. The garden was also equipped with a number of horticultural activities, which residents informed the inspector they each had different roles maintaining. These items included a large green house where residents informed the inspector they were growing seasonal vegetables and flowers which were also displayed within the home. Residents also advised the inspector that there was a vegetable patch at the end of the garden which staff helped residents to maintain. The centre also had access to a horticulturist that attended the centre on a weekly basis to give additional guidance and maintenance support for the garden.

The centre was equipped with transport and each member of the staff team had incorporated driving the centres transport as part of their role. The centre was located close to many services and amenities, with good access to public transport including bus and rail links. Residents informed the inspector that they did not use the public bus however one resident greatly enjoyed outings on the train and told the inspector that this was regularly facilitated when they went to visit family members. The centre had the capacity for a maximum of four residents, at the time of the inspection there were four residents living in the centre and the inspector had the opportunity to meet with all residents during the course of the inspection.

On arrival to the centre all four residents were attending their day service, the inspector had the opportunity to sit with residents and support staff on return to the centre. All residents informed the inspector that they were happy living in the centre and that they felt they had the opportunity to be actively involved in all aspects of the running of their home. All residents told the inspector that they knew how to raise concerns if they needed to and who they should address concerns to. There was evidence that residents were encouraged to avail of the National Advocacy Service to assist them with complaints both in the centre and in the local community

should they require the support of such services.The inspector found that the centre had ensured that all relevant information for residents had been adapted into an accessible format to ensure all residents could easily avail of and understand material in relation to systems for example complaints, personal plans, goal trackers, hospital appointments, household items and community activities.

One resident told the inspector that they love their home and never want to leave. The resident told the inspector that they also love living close to the main town, the resident told the inspector that on days off from their day service they will go into town to do some shopping but might end up meeting a friend and decide to stay out and get dinner or a coffee. The resident told the inspector that they are never rushed to do any of the activities they chose to do either at home or in the community. The resident informed the inspector that they enjoy relaxing in their home, watching movies, playing board games or taking part in knitting. The resident is part of a local knitting club and has numerous friends that attend there. The resident had arts and crafts work displayed within the centre and had decorated their bedroom with pictures of their work and significant family occasions. The resident informed the inspector that they had recently attended a family wedding, with their support staff helping them to organise their outfit, hair and make-up. The resident told the inspector that they had "danced all night with family". The resident showed the inspector a picture collage that had been completed and hung in their bedroom of the wedding.

One resident told the inspector that they were a keen gardener and that the flowers they grow in the greenhouse are used in the house. The resident told the inspector that they do the gardening with the centre gardener and one member of the staff team. The resident told the inspector that the person in charge visited the centre regularly and that when they asked for items for the house the person in charge always responded and would visit to meet with residents to help with decisions. Residents spoken to informed the inspector that their house had been recently refurbished and painted, however they would like to have new couches as they felt that the old ones were dated, worn and did not fit in with the new furnishing in the house.

One resident spoke to the inspector with the assistance of support staff. The inspector noted in order to assist the resident with their communication needs the support staff came down to the residents eye level and took time and attention to understand the residents request. The resident informed the inspector that they loved to tell jokes and make people laugh. The resident told the inspector a number of jokes and their peer members informed the inspector that the resident was always making staff and residents laugh at home and in their day service.

One resident told the inspector that they like sport and attending the local sports club weekly to take part in games for all with peer members and friends from the local community. The resident told the inspector that they love keeping fit and also go to the gym, walking in local parks and swimming. The inspector spoke to the resident about retirement plans as they had celebrated a milestone birthday. The resident told the inspector that they had no plans to retire and enjoyed getting up each morning and getting ready for their day service. They looked forward to

meeting both friends and staff in the day service but also enjoyed returning home. The resident told the inspector that they often had visitors call to the centre and they greatly enjoyed having people visit their home and their garden.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and their wishes. The inspector found that the support staff were striving to ensure that residents lived in a supportive home and were consulted in the running of the centre ensuring that each resident played an active role in the decision making within the centre and within all aspects of their care. The inspector found that staff had completed training in human rights and were actively implementing this training into their everyday practices. The inspector spoke with residents and asked if human rights training undertaken by staff had a positive impact on their daily life or within their centre. Residents took some time with staff to think of the impact of human rights training and spoke to the inspector again towards the end of the inspection process. Residents told the inspector that staff had always been kind and giving of their time to activities, however they found that the weekly house meetings discussed human rights more and focused more on their individual rights. Residents noted that these house meetings had also been set out clearer with picture format and choice. One resident discussed how there was a greater focus on "just letting outings happen" instead of pre-planning activities to suit the centre.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, however, there were mixed findings in respect of governance and oversight arrangements in the centre.

The inspection was facilitated by the centre's person in charge and they were found to have have a good understanding of the resident' care needs and of the services and resources which were in place to support those needs.The inspector found that the person in charge had the relevant qualifications, skills and experience necessary for their role. However, the person in charge was not based within the centre as a whole time capacity and had additional governance duties outside of their role within the designated centre leaving gaps in the effective operational management and administration of the designated centre.

While the provider had had completed unannounced visits to the centre at least once every six months and completed a report based on the safety and quality of

care and support provided in the centre, the inspector found gaps in relation to the providers unannounced auditing, for example, the unannounced audit did not take into consideration key areas of care within the centre which had been identified in local auditing systems such as fire precautions. The six monthly audit had failed to identify issues pertaining to fire safety measures within the centre identified on the day inspection leading to a non compliance finding in regulation 28. The six monthly review was completed by the person in charge which lead to self monitoring of the centre and did not provide an objective review of the centre's practices. Notwithstanding the above, the inspector found that these gaps did not result in a medium or high risk to residents in the centre based on the oversight and shared learning developed from local auditing systems in place by the centres support staff.

The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff. The inspector found that the person in charge had incorporated resident and family views and opinion on the care provided in the centre in the six monthly audit of safety and quality of care and support in the centre. The person in charge also conducted regular house meeting with resident and it was found that the management systems in place ensured that a safe service was provided in the centre which enhanced residents' quality of life.

The inspector found that the centre was resourced to meet the assessed needs of each resident and that the staff team had incorporated a high level of local auditing systems to ensure the safe provision of service to residents. A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. There was evidence that the person in charge had completed risk assessments based on residents' changing needs as appropriate and that the provider had responded by allocating additional staffing with the required skills and qualifications. For example, the provider had implemented additional 2.5 staffing to the centres whole time equivalence in order to provide one-to-one support for a resident based on their assessed needs, which was reflected in the centres statement of purpose. The provider attributed a reduction in peer to peer related incidents to the addition of this staff to the roster.

The centre was operating with one whole time equivalent staffing vacancy at the time of inspection. The service provider was endeavouring to ensure continuity of care for residents by covering this through regular staff and an identified agency staff. The provider had ensured that when agency staff were in place on the roster that they worked along side regular staff and covered day time working roster hours within the centre. The schedule 2 records were reviewed for three members of staff. This review demonstrated that all of the relevant documents and information as required by the regulations were maintained in respect of these staff.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents’ assessed needs. The provider had ensured that relief or agency staff who

worked in the centre were suitably trained. The inspector found that the staff team had completed training in human rights and they used this training to further enhance the residents quality of life and providing residents with education and greater understand of their rights in the community.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the relevant qualifications, skills and experience necessary for their role; however, the person in charge has further governance duties outside of their role within the designated centre including the role of person in charge to an additional centre, leaving gaps in the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. The provider was found to be responsive to changing needs of residents and through workforce planning had reviewed the centres whole time equivalent in order meet residents assessed needs. Planned leave or absenteeism was mainly covered from within the permanent staff team, or familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas such as safeguarding, fire safety and safe administration of medication. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs, such as communication techniques.

The inspector found that the staff team had completed training that would further enhance residents quality of life for example, the staff team had completed training in human rights. Staff were actively implementing this training for residents which were having a positive impact in the general welfare and development of residents in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively

managed. The centre had a number of local management systems in place and a culture of shared learning amongst the staff team developed. However, the person in charge was found to have additional roles and responsibilities outside of the centre which the inspector found had lead to gaps in the operational management and administration of the designated centre. The provider was in the initial stages of the recruitment process for a person in charge. The provider informed the inspector that this position would provide governance and management over the centre and one additional identified centre.

While the provider had completed unannounced visits to the centre as set out in the regulations, the inspector found that a number of items which were identified on local audits were not identified or actioned accordingly from the providers six monthly audit. Furthermore, on the day of the inspection there was no evidence of formal supervision between the person in charge and support staff.

The provider had completed an annual review of the quality and safety of the centre, however there was no evidence of consultation with residents, their representation or staff.

Sufficient resources were available in the centre including staffing, transport, and premises and facilities. The provider had ensured that staffing levels were based on individual and collective residents' needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval. The inspector also found evidence that polices were discussed regularly at staff team meetings and that they had been signed by staff members to indicate that they had been read.

Judgment: Compliant

Quality and safety

The inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector also found that each resident was actively involved in the running of the centre. As highlighted residents spoken to told the inspector that weekly meetings happened in the centre to ensure that residents continued to have oversight in the day-to-day planning of the centre. The inspector found good practices in relation to communication supports, health care and general welfare and development. However, improvements were required to the fire evacuation procedures to ensure that all residents could be safely evacuated.

The designated centre was located in a residential area with easy access to public transport, shops and community facilities. Residents were seen to avail of these facilities on the day of the inspection. The inspector completed a full walk through of the premises which was found to be clean, suitably decorated and maintained in a good state of repair both internally and externally. Each resident had their own bedroom which was decorated in line with individual tastes with family portraits and personalised art work on display.

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre. The inspector reviewed a sample of residents meetings minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilitates available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

The provider had in place precautions against the risk of fire and had made arrangements for detecting, containing and extinguishing fires. All staff had completed fire safety training and regular fire safety checks were carried out. Staff and residents spoken with were knowledgeable regarding the evacuation procedures and the provider had ensured that agency staff had received appropriate induction in relation to fire safety procedures. However, on the day of the inspection there was no documented evidence available to the inspector to demonstrate that a fire drill had taken place in the last 12 months with the minimum amount of staff and the maximum amount of residents. In addition, the inspector found not all doors in the centre were operational during the fire alarm activation, these doors were identified in high risk areas such as the kitchen and laundry room leading to a residents bedroom. Subsequent to the inspection, assurances were provided that a night-time fire drill had taken place in September 2023 and that the two fire doors noted as not fully operational on the day of inspection had been repaired.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. Each resident had a comprehensive risk assessment and assessment of capacity completed in relation to self administration of medication which was completed by the person in charge with each residents input. There were a range of audits in place to monitor medicine management and were completed by the person in charge in line with the provider's policy.

The provider had ensured that a comprehensive assessment of need had been carried out for all residents, and this assessment was updated at regular planned intervals. There were detailed and person centred support plans in place for all identified assessed needs. The inspector found that the resident took an integral role in the development of their personal plans, and that goals and meaningful activities were available in an accessible format that residents could review. This assessment included a comprehensive review of residents' communication support needs. There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. Staff spoken to on the day could explain the content of the plans and how residents were supported with their communication needs.

There was evidence that residents' healthcare needs were being identified and that residents' had regular access to allied health professionals. Residents' needs were assessed on at least an annual basis and reviewed in line with changing needs. A review of residents files demonstrated that residents had access to hospital consultant, national screening programmes and specialised nursing support and that residents are assisted to make decisions in relation to their health care needs.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The inspectors found that the person in charge was promoting a restraint free environment within the centre. Staff spoken to on the day of inspection were found to have a good understanding and up-to-date knowledge and skills appropriate to their role and response to behaviour that is challenging. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge and staff team were aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

Regulation 10: Communication

Residents who required support with their communication each had an up-to-date communication support plan. The inspector saw that the designated centre had in

place accessible materials to support residents in making choices and being informed regarding their day. The inspector found evidence of weekly residents meetings held in the centre with information adapted to be accessible to each resident to further support individual methods of communication.

The provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets and laptop devices, and there was Wi-Fi available in the centre. Residents were also supported to use video technology to keep in contact with loved ones living overseas.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Support plans, communication aids, and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional development. Resident were supported to maintain and develop personal relationships and friendships.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. The centre had been recently refurbished, residents informed the inspector that they would like to have new couches purchased for the living room. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for residents as well as suitable storage facilities. The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. The residents' guide was

reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector completed a walk through of the fire procedure with support staff during the course of the inspection. The fire alarm was activated and on completion it was identified that two fire doors were not fully closing on alarm activation. One of the doors lead to a residents bedroom to the side of the centres laundry room and the second door lead the kitchen.

On the day of the inspection, there was no documented evidence available to the inspector to demonstrate that a fire drill had taken place in the last 12 months with the minimum amount of staff and the maximum amount of residents.

Subsequent to the inspection, assurances were provided that a night-time fire drill had taken place in September 2023 and that the two fire doors noted as not fully operationally on the day of inspection had been repaired.

The inspector noted a duplication of fire documentation that had not been reviewed annually and therefore did not accurately reflect the personal emergency evacuation plan for each resident in the centre. Staff spoken to on the day had clear understanding and knowledge of each residents evacuation plan in the event of a fire and the provider had updated the information and discarded duplications found within the fire emergency folder on the day of the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. The person in charge had completed a risk assessment and assessment of capacity for each resident. This was reviewed regularly with residents in line with their preferences. Medication audits were being completed monthly and were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need was available on residents' files. This had been recently reviewed and updated to reflect any changes to residents' assessed needs. The assessment of need informed care plans. Care plans were written in a person-centred manner and clearly described how staff should support residents' autonomy, dignity and respect residents' individual preferences in relation to their daily care needs.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to general practitioners, hospital consultants and allied health care professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

The provider had introduced an additional 2.15 staffing equivalent based on residents' assessed needs and behavioural support guidelines in order to reduce the impact of possible behaviours of concern. Since the introduction of the additional staffing and behavioural support plans the inspector noted a marked decrease in behaviours of concerns and a positive impact on residents' quality of life.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Intimate and personal care plans in place provided a good level of detail to support staff in meeting the resident's intimate care needs. Staff had received training in safeguarding adults. Any potential safeguarding incidents had been appropriately investigated and managed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lakelodge Community Group Home OSV-0001935

Inspection ID: MON-0031916

Date of inspection: 26/09/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 14: Persons in charge</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 14: Persons in charge:
• An advertisement for the position of 'Person In Charge' was published on 18th September 2023 and closed on 2nd October 2023. A dedicated PIC will be in place after transition to the HSE.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• An advertisement for the position of 'Person In Charge' was published on 18th September 2023 and closed on 2nd October 2023. A dedicated PIC will be in place after transition to the HSE.
• A number of routine NWPF Audits require to be carried out and, in addition, 6 monthly and annual HIQA Audits are required. To improve objectivity, senior management staff involved in the Quality Risk and Safety Management Committee (QRSM) will be used to conduct the 'external' audits.
• Staff Supervision Policy (HR051_04) will be fully implemented and effective staff supervision will be established within the service</td></tr>
<tr><td>Regulation 28: Fire precautions</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• All Fire Doors checked and closure hinge adjusted to improve speed and completeness of closing
• Night time fire drill/evacuation carried out on 28th September 2023</td></tr>
</table>

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/12/2023
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	30/11/2023
Regulation 23(2)(a)	The registered provider, or a	Substantially Compliant	Yellow	30/11/2023

	person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/09/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Not Compliant	Orange	28/09/2023

	persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	28/09/2023