



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

## Issued by the Chief Inspector

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|----------------------------|--|
| Name of designated centre: | Lark Services                            |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Galway                                   |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 13 March 2023                            |
| Centre ID:                 | OSV-0005020                              |
| Fieldwork ID:              | MON-0036750                              |

## About the designated centre

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

Lark Services provides both residential and respite services to individuals with a mild to moderate intellectual disability across two locations. The centre is made up of two houses; one of which is situated close to a rural village and provides respite services for up to five residents, while the other is located in a rural town and provides residential services to six residents. This service can accommodate male and female residents from the age of 18 years to end of life. The service can support wheelchair users in both houses, although in one house this can be provided in the ground floor accommodation only. Residents at Lark Services are supported by a staff team which includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present and staff members sleeps in the centre at night to support residents.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 6 |
|--|---|

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 13 March 2023 | 09:00hrs to 16:30hrs | Mary Costelloe | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The designated centre comprised of two houses. One of the houses provides six full-time residential places and the other house provides rotational respite services for up to five residents. The inspector visited the residential house and met with residents, staff working there including the team leader and the person in charge. The inspector did not visit the second house as there were no residents availing of the respite service and no staff on duty on the day of inspection.

On the morning of inspection, some residents were getting ready to leave the centre to attend their respective day services. One resident had chosen to remain in bed until later in the day and others remained at home as they had planned their own routine for the day. Residents appeared to be in great form as they chatted with the inspector and some volunteered to show the inspector around the house and to their bedrooms. They stated that they enjoyed living in the house, liked their bedrooms, that the house was spacious, very warm and comfortable, the location was great, with lots of amenities nearby and they could walk to town and to day services if they wished. They mentioned that they got on well with one another and with staff working in the centre. Residents mentioned how staff were great at supporting them to fulfill their goals including going away on holidays as well as supporting them to attend lots of music concerts and sporting events.

The inspector noted that residents interacted positively with staff throughout the day and it was evident that staff and residents had a good relationship. Some staff spoken with had worked in the centre and with many of the residents for several years, they knew the residents and their families very well. Staff advised that the staffing arrangements were flexible and additional staff were regularly rostered to facilitate and support individual residents partake in activities of choice. One staff member was able to support a resident with specific communication needs and they also helped and guided other staff to understand and communicate with this resident. This resident who had an interest in horticulture and animals was looking forward to going away with this staff member for an overnight stay in Dublin, to visit the Botanic gardens, the National Stud and Japanese gardens. Other residents spoke of looking forward to going on a planned holiday to Lanzarote in April, another was looking forward to attending two upcoming concerts and a rugby match. Two other residents had planned a West of Ireland farm stay holiday and were looking forward to staying in a rural cottage, visiting the blacksmith workshop and seeing a living bog with turf cutting experience.

It was clear that residents led active lives where their independence was promoted and supported. They could choose how they spent their days including attendance at day services. Some residents told the inspector how they independently walked to the local town and enjoyed shopping, eating out and meeting people in the community. Some enjoyed attending the local gym and swimming pool. Some residents mentioned that they were looking forward to partaking in the upcoming St. Patrick's Day parade in the local town. On the day of inspection, one resident told the inspector how he enjoyed weekly outings with the support of a volunteer and regularly went on train trips to the nearby city. Others mentioned that they enjoyed going for an odd pint of beer. Some residents liked to help out with cleaning duties, laundry, food shopping and meal preparation. During the inspection, one resident was observed changing their bed linen and helping out with vacuuming the carpet flooring.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some were supported to regularly visit family members at home. One of the residents told the inspector how they were looking forward to visiting family at the weekend. All residents had their own mobile telephone which they used to remain in contact with friends and family.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of the annual review of the service, the complaints process, staffing information and important information on COVID-19 and infection prevention and control protocols was available to residents. Staff continued to establish residents' preferences through daily consultation, ongoing communication, the personal planning process and regular house meetings. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Residents had access to information including televisions, radio, telephones, the Internet and newspapers. Some residents reported enjoying listening to or viewing sporting events on the radio and television. Residents liked to review the local newspapers to keep up-to-date with up coming events in the locality. Residents were supported to partake in and attend religious services of their choice. Some residents independently attended services in the local town while others were supported to attend services of their choice in other areas. Residents were registered to vote and staff reported that residents had been supported to attend the local polling stations during past elections.

The house visited was a large two storey detached modern dwelling. It was decorated and furnished in a homely manner. The house was spacious, bright, well maintained and in a visibly clean condition. Each resident had their own spacious bedroom which were comfortably decorated, suitably furnished and personalised. Bedrooms had adequate storage for personal belongings and were personalised with items of significance to each resident including family photographs and other memorabilia of significance to individuals. Residents had been consulted and involved in selecting their preferred wall colours and in choosing soft furnishings for

their rooms. All residents had access to an en suite shower room or individual bathroom. There was a variety of communal day spaces, including two sitting rooms, sensory room, large dining room and two kitchens. There were two well equipped utility rooms containing the laundry equipment. Residents had access to a large garden area to the rear of the house. Residents and staff spoken with advised of their plans to create a sensory garden area over the coming months. Some residents mentioned how they enjoyed the outdoors, gardening, planting and watering plants and flowers.

In summary, the inspector observed that residents were treated with dignity and respect by staff. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. It was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live active and meaningful lives, where their individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. The service was well managed and effectively overseen, improvements required following the last inspection to staffing and personal planning had been addressed.

There were clear governance arrangements in place. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. They visited the centre and regularly met with residents and staff. They were knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. The person in charge was supported by a team leader in each house and also by the service coordinator and area manager. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

There were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern and demonstrated that a team of consistent staff was in place to ensure continuity of care and support. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

Training was provided to staff on an on-going basis and there was a training plan in

place for 2023. Records indicated that all staff had completed mandatory training.

The management team had systems in place to monitor and review the quality and safety of care in the centre including an annual review of the service and six monthly unannounced audits. The annual review for January to December 2022 had been completed and an easy read version was also available to residents. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2023 were clearly set out. Unannounced six-monthly provider led audits continued to take place. Actions as a result of these reviews had either been addressed or were in the process of being addressed. For example, there were plans in place to develop a sensory garden with associated recreational equipment. The person in charge and team leader carried out regular reviews of incidents, medication errors, fire safety, identified risks, staff training, complaints, residents personal profiles, outcomes and finances. Monthly medication audits as well as daily and weekly safety inspections were being completed. There were no issues of concerns identified during recent audits.

#### Regulation 14: Persons in charge

The person in charge had the required qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They worked full-time and regularly visited the centre. They were well known to residents and staff in the centre. They were knowledgeable regarding the assessed needs of residents. They had systems in place to ensure oversight of the service.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters were properly maintained and showed staff on duty during the day and night. There was a full staff compliment with no vacancies at the time of inspection. Staffing arrangements were flexible in order to meet the needs of residents and to ensure that they were supported to attend their preferred activities.

Judgment: Compliant

#### Regulation 16: Training and staff development



All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, medication management, First Aid, dignity at work, cyber security, communication and feeding, eating, drinking and swallowing guidance had also been provided to staff. There was a training plan in place for the coming year and further training was scheduled.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of the service in this centre. There was a full-time person in charge and adequate staff on duty to meet the assessed needs of residents. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed. Issues identified at the last inspection had been addressed.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where their rights and individuality were respected. Residents who the inspector met with indicated that they were happy with the service provided, enjoyed living at the centre, were comfortable in their environment and with staff supporting them.

Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs. Residents files were being maintained on a computerised documentation system which had been introduced and was being piloted in the centre. Staff had received training on the use of the system. There was evidence of individual risk assessments and support plans in place for identified issues. Support plans were found to be individualised, informative and person centered. However, from a review of the records, it was difficult to get a comprehensive overview of residents needs.

Residents were supported to identify and achieve personal goals including skill building goals and these were kept under regular review. Residents spoken with confirmed that they were well supported in planning and full filling their chosen

goals. Residents spoke about the many events that they had recently attended and about a variety of upcoming plans for holidays, trips, overnight stays away, concerts and sporting events. There was also many photographs of residents enjoying attendance at events in pursuit of their goals.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review.

Safeguarding of residents continued to be promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required.

There were systems in place for the ongoing review and management of risk in the centre. There were systems in place to ensure that the risk register was regularly reviewed and updated. The person in charge and team leader continued to complete regular reviews of risk including, weekly safety inspections, and quarterly reviews of incidents, medication errors and fire safety.

While there were fire safety management systems in place, further clarity was required regarding the information displayed on the fire alarm panel in the event of a fire. Daily and weekly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Regular fire drills continued to take place involving both staff and residents. Evacuation times recorded provided assurances that residents could be evacuated safely in a timely manner. Fire exits were observed to be free of obstructions. All staff had completed fire safety training.

## Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to receive visitors and to regularly visit family members at home.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental

activities. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area. The centre had its own car and bus which residents could use to attend events and activities. The centre was also located near to train and bus services, residents reported using these services to go on various outings and day trips.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre suited and met the needs of residents. It was maintained in a good state of repair, visibly clean and suitably decorated. Residents reported that they were comfortable, enjoyed living in the house and liked their bedrooms. Equipment used by residents including a hoist was regularly serviced. The ground floor of the house and garden area was accessible to residents with mobility issues.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, emergency plan, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection prevention and control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. There was a comprehensive cleaning manual in place and cleaning records reviewed showed that cleaning was completed on a regular on-going basis. The house and equipment in use were found to visibly clean. Staff working in the centre had received training in various aspects of infection

prevention and control and were observed to implement this training in practice.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place, however, further clarity was required in relation to the information displayed on the fire alarm panel in the event of a fire. There was no layout plan of the centre displayed to correspond with the identified locations displayed on the fire alarm panel in the event of a fire. This could lead to delay and confusion in locating the source of the fire.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents files were being maintained on a computerised documentation system which had been recently introduced. From a review of the computerised records, it was difficult to get a comprehensive overview of residents needs. Staff advised that the the system was being piloted and that recommendations regarding improvements were still under consideration.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives where appropriate and regular reviews took place to track progress of identified goals. Residents spoken with confirmed that they were supported to achieve their chosen goals. Files and photographs reviewed also showed that residents had been supported to achieve their goals.

Judgment: Substantially compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents files indicated that residents had been regularly reviewed by the psychologist, psychiatrist, physiotherapist, occupational therapist (OT), speech and language therapist, dentist, chiropodist and optician. Residents had been supported to avail of vaccination programmes.

Judgment: Compliant

### Regulation 8: Protection

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents were supported to exercise their religious and political rights. Residents had access to information in an appropriate format as well as access to televisions, radio, telephones, the Internet and newspapers. There was evidence that residents continued to be consulted with on an ongoing basis through daily consultation, ongoing communication, the personal planning process and regular house meetings.

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               |
| <b>Quality and safety</b>                             |                         |
| Regulation 11: Visits                                 | Compliant               |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Compliant               |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care                             | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Lark Services OSV-0005020

Inspection ID: MON-0036750

Date of inspection: 13/03/2023

## 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:**

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>           A request has been made by Person in Charge to the Facilities Manger on March 13th to request an update to the floor plans to ensure they correspond with the identified locations displayed on the fire alarm panel.</p> <p>This work will be completed by the 14th of April 2023.</p>   |                         |
| Regulation 5: Individual assessment and personal plan   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br/>           The Person In Charge has submitted a draft Assessment of Needs form to the Quality Enhancement Department for consideration. A follow up meeting with QED department/ members of Senior Management and Persons in Charge is scheduled for May 11th 2023. This will be an agenda item for the meeting.</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 28(4)(a) | The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents. | Substantially Compliant | Yellow      | 14/04/2023               |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social   | Substantially Compliant | Yellow      | 11/05/2023               |

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|  | care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. |  |  |  |
|--|---|--|--|--|