



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

Issued by the Chief Inspector

Name of designated centre:	Lakelands
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	15 April 2021
Centre ID:	OSV-0001990
Fieldwork ID:	MON-0032166

About the designated centre

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

This designated centre is a two-storey house situated in a large town in Co. Kildare. The designated centre provides full-time residential services for four adults over the age of eighteen years with an intellectual disability. The layout of the building includes a sitting room, a kitchen and a sun room which is set up for residents to dine in. There is a utility room and toilet downstairs. There are four bedrooms, three upstairs and one downstairs which includes an en-suite. There is a bathroom with toilet upstairs. There is a small garden and patio area out the back of the house. The residents are supported by social care workers during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 April 2021	10:30hrs to 15:15hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Through speaking with the residents, their families and direct support workers, the inspector found evidence indicating that the residents living in this designated centre were supported to be safe and happy in their home, had a strong and caring relationship with each other and with staff, and were empowered to pursue their own routines and choices, and get involved in projects and opportunities which were meaningful and interesting to them.

The residents were advised that somebody would be visiting their home, and they welcomed the inspector in and were happy to show them around the house. Each resident spent time speaking with the inspector and were excited to share what they had been doing to stay busy during the social restrictions. One resident had been involved in a photography course and showed the inspector their portfolio of photographs of the local scenery. Another resident explained how they enjoyed watching and betting on the horse racing, and how, with the bookmakers closed, the staff arranged an event in the house for everyone to enjoy the Grand National and place in-house bets. One resident had recently celebrated their birthday and planned to have a big party on their next one when restrictions are eased. The residents noted that they enjoyed watching sports and TV shows together and enjoyed walks in the local countryside and lake areas.

Two of the residents were in paid employment in the hospitality and clerical sectors, and one resident was enjoying their recent retirement. Residents were also involved in community activities and volunteering. One resident was the house representative of the "Voice for KARE" programme and had presented on inclusivity projects and advocacy work for service users with this provider. One resident was heavily involved in the Special Olympics, with events including golf and basketball, and had recently won an award which they showed the inspector. One resident had recently won an award for their work in drama. Some residents had attended a computer course and one resident was learning to use a PC tablet with assistance from staff. Residents were looking forward to when they might return to social and community activities including choir, card games and going to the pub.

The house was designed and decorated with a comfortable and homely aesthetic and residents were supported to personalise their home to their preference. Photos of residents, their families, and events they enjoyed were on the walls. Some residents had been supported to redecorate parts of their bedrooms and they liked the changes they had chosen. The house was accessible to all residents and had sufficient space in which residents and staff could relax, socialise and eat together. The back garden was nicely featured with flower planters, a putting green and a basketball hoop.

All of the residents filled in a questionnaire before the inspection in which they commented positively on the staff, the house and how they have been empowered to get involved with what they enjoy and want to do, including education,

recreation, employment and social opportunities. Residents commented that they and their choices were treated with dignity and respect, and commented that staff listened to them and supported them with their projects. The inspector observed a friendly and trusting relationship between residents and staff, and staff provided an appropriate level of support for residents to relay their views to the inspector rather than speaking on their behalf. The inspector spoke by telephone to families, who commented positively on staff "going above and beyond the call of duty" to ensure residents were safe, happy and continued to be involved in meaningful, mentally stimulating activities at home, online and in the community during the pandemic.

The four residents in this house had lived together for more than twenty years and throughout the day, the inspector observed a caring atmosphere in which the residents enjoyed each others company and looked out for one another. Residents told the inspector that while they occasionally argued like any household does, they got along well together while being supported to also follow their individual interests. In feedback questionnaires and when speaking with the inspector, the residents commented that they "love living here with their friends".

The next two sections of this report 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 delivered.

Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a strong team of staff who were appropriately trained and familiar with the residents' needs. The person in charge and staff team commented that they felt appropriately supported by each other and by the provider-level management, and the inspector found evidence indicating that the service provider was continuously monitoring and enhancing the operations of the designated centre.

The residents were supported by a small team of social care workers and social care assistants who exhibited a good knowledge of the residents' personalities, interests and goals. To ensure continuity of staffing resources, relief staff members and personnel redeployed from other services were specifically allocated to this house team, and residents commented that they had ample opportunity to get to know them. The number and skill-mix of staffing corresponded to the statement of purpose, and rosters were clear on who worked on which shifts, including clarifying when the person in charge was based in the house. Staff commented that they felt supported by their line management to carry out their duties during the COVID-19 health emergency. The inspector found that staff had been supported through regular performance management meetings in which opportunities for development and upskilling were discussed, as well as how the management can support them to

best assist the residents to achieve their personal objectives. Staff were kept up to date on their mandatory and supplementary training, including safeguarding of vulnerable adults, safe administration of medication, and breaking the chain of infection.

The service provider maintained operational oversight of the service and had completed the annual review of the designated centre for 2020. This report contained and reflected on commentary directly from the residents, ensured that residents continued to receive support to progress their personal development goals, and that routine requirements such as medical appointments, staff training and fire drills continued to occur in line with policies and procedures. An action plan was created for objectives to address improvements required in the house, and many of these were in progress or completed at the time of inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this designated centre, and associated documentation.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill-mix of staff personnel to meet the number and needs of residents in this designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff personnel were up to date on their mandatory and supplementary training. Structures were in effect to facilitate staff supervision and professional development.

Judgment: Compliant

Regulation 22: Insurance

The provider had evidence of the required insurance in place against property

damage and personal injury.

Judgment: Compliant

Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided suitable and person-centred support and where areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose describing the service provided to residents which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of events in the designated centre within the required timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the residents' wellbeing and welfare was supported in this house and that their care and support from staff was led by their choices, objectives and interests. Some non-residential areas were in need of maintenance, and improvement on fire containment was required, however the inspector was provided evidence that funding for these works had been secured and the work was scheduled for completion.

Residents had sufficient space in which to personalise their living space and store their clothes and belongings. Some residents had recently redecorated their bedrooms and others wished to do the same. Overall the house was in good condition and areas used by residents such as bedrooms, bathrooms and living rooms were well maintained, though the staff office and sleepover room required work to replace a damaged floor. The residents had use of a pleasant garden which was designed and featured based on their choices.

Fire evacuation drills took place every few months and included evacuations during night hours. The staff and residents consistently achieved low evacuation times with no major delays. The centre was equipped with directional signage and emergency lighting to facilitate a swift exit, and all equipment was serviced regularly. Improvement was required in containing fire and smoke in high risk zones, including a laundry room requiring a fire containment door, and the kitchen door needing to be equipped to close automatically in the event of emergency. Fire containment works were in the process of being funded and addressed based on evidence provided on the day of inspection.

The residents in this designated centre were supported to get involved in many opportunities for social, advocacy, education, employment and personal development. In instances in which progression towards goals was halted due to social restrictions, residents spoke to the inspector about the projects and activities they had engaged in as alternatives, as well as how they were being supported to get ready for when their jobs, sports, training and social clubs recommenced. House meetings took place regularly in which residents were provided news on the pandemic, upcoming events and social invitations, congratulations on residents who had completed awards or projects, and reminders on staying safe and how to make a complaint or disclosure if needed. The inspector found examples of how feedback and suggestions from these meetings and from satisfaction surveys were incorporated into the improvement plan for the designated centre.

The provider maintained a risk register specific to the house and the residents as well as a detailed log of incidents and accidents. A COVID-19 contingency plan was completed for the house, providing assurance that management and staff were prepared to respond to an actual or potential outbreak, including how staff absence would be covered, who deputised the person in charge, and how each resident would be supported if they became ill and needed to isolate. Staff and residents were provided appropriate supports and guidance on staying safe during the

pandemic.

All residents were assessed to determine levels of independence for managing finances and medication, with corresponding risk controls and staff supports clearly outlined. Medication being managed by the staff team was stored, recorded, separated, refrigerated and prepared for disposal in line with good practice.

Regulation 12: Personal possessions

Residents were supported to personalise their home and had sufficient space for their belongings. Residents were facilitated to access and control their finances in line with their assessed support needs.

Judgment: Compliant

Regulation 13: General welfare and development

Resident were supported to pursue meaningful social, recreational and employment opportunities which had continued as much as was practicable during the ongoing health emergency.

Judgment: Compliant

Regulation 17: Premises

The house was designed and laid out to be suitable and accessible for the number and needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a risk register for the house and residents and kept a record of incidents in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection
Measures were in effect to support residents and staff to stay safe during the COVID-19 pandemic, and to ensure continuity of support and oversight in the event staff or management are required to go off-duty.
Judgment: Compliant
Regulation 28: Fire precautions
Some improvement was required to ensure high risk zones such as kitchen and laundry rooms were adequately contained in the event of fire.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
Medicines were stored, recorded and separated in line with good practice. Assessments for resident self-administration were carried out with suitable supports in place.
Judgment: Compliant
Regulation 9: Residents' rights
The inspector found examples of how residents' independence, dignity, choice and feedback was respected and taken into account when assessing the service.
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 - 2015 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	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 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lakelands OSV-0001990

Inspection ID: MON-0032166

Date of inspection: 15/04/2021

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
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Additional fire containment measures will be completed prior to the end of June 2021.	

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(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2021