



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

## Issued by the Chief Inspector

Name of designated centre:	The Lakehouse
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	15 April 2025
Centre ID:	OSV-0005334
Fieldwork ID:	MON-0038077

## About the designated centre

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

The Lakehouse is a service run by Nua Healthcare Services Limited. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises five self-contained apartments, four in the main building together with communal living and kitchen area, and one in an adjacent cottage. Each resident has their own bedroom, bathroom, hallway, kitchen and living space. There are well maintained garden areas, with private parking facilities to the front. The centre is located a few kilometres from a village in Co. Westmeath. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 15 April 2025	10:30hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were five residents on the day of the inspection, four living in apartments in the main house, and one in a self-contained apartment in the grounds of the designated centre. Together with the individual apartment there were communal living areas including a large kitchen, which was used by residents in accordance with their assessed needs, and private garden areas for residents attached to their apartments.

The resident who lived in the self-contained apartment invited the inspector into his home, and the inspector was accompanied by the person in charge (PIC). Following the introductions the PIC asked the resident if they would like to have a private conversation with the inspector, and the resident chose to have the PIC present. The inspector had met the resident on a previous occasion where they had explained an issue that they had on that occasion, so the inspector knew that they would raise any issues they wished to discuss. On this occasion, the resident said that they were happy in their home, and discussed their hobbies and interests at length with the inspector. It was clear throughout the conversation that they were very comfortable to have this discussion with the PIC present, in that they continually looked to the PIC for reassurance given that there was a stranger in their home.

They spoke about their job, which was gardening, both for the centre and for some customers in the local community. The resident remembered the inspector, and spoke about the topics discussed during a previous inspection, and gave the inspector an update. They had a new patio area in their section of the garden, and spoke about the plans to further improve the garden. They told the inspector that they were happy living in their apartment, that they felt safe, and that they would be perfectly comfortable to approach the PIC or any of the staff if they had any concerns.

The residents who lived in the main house of the designated centre had various different ways of communicating, and the inspector followed the lead of the staff in relation to ensuring that the meetings did not cause any distress to the residents. For example, it was explained that one resident spoke each day only to the two staff who were identified in the morning as being their support for the day, and became distressed if anyone else addressed them. The inspector therefore made discreet observations and did not address them directly.

Each of the residents had given permission for the inspector to visit their apartments, and each was decorated, furnished and laid out in accordance with their individual choices and preferences. Some resident had large murals on the walls of their apartments depicting their hobbies or interests. There were also

various items relating to hobbies and games enjoyed by residents throughout their home.

There were multiple aids to support communication throughout the apartments, including noticeboards with current information, social stories, and for one resident, a 'mood board'. This had been devised to assist the resident in self-regulating, and on entry to their apartment, staff called out to ask what colour the resident was at and they shouted out that they were 'green', which meant that they were settled and regulated at the time. The resident then met the inspector, and was seen to be laughing and smiling with staff.

Throughout the inspection it was clear that residents had a good relationship with staff and the PIC. One resident was observed to be having some banter with staff, and to tell the person in charge all about their outing. The inspector observed a 'sing-song' type conversation between the staff and resident, where the names of each were sung out to each other.

Residents had all been made aware of this inspection, and the inspector saw the social stories that had been developed to aid understanding, and the records of the discussions with residents' keyworkers around the purpose of the visit.

Two residents had completed questionnaires sent out by HIQA in advance of the inspection, one independently and one with the help of staff, and both had answered all questions positively indicating that they were happy in their home and with the care and support they were offered,

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

The next two sections of the 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 the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and

demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff. If additional staff were required, they came from another nearby designated centre operated by the provider, or from a relief panel, and were always known to residents.

Where residents required one-to-one staffing, or two-to-one staffing, this was facilitated. In addition, where a resident preferred to be supported by male staff, this was also facilitated.

The needs of residents in relation to staffing were clearly identified, for example one resident required two staff to accompany them in the community, and there was a requirement for there to be always two staff in the kitchen area.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including autism in intellectual disability and the provision of intimate care. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of two supervision conversations and found a clear agenda for discussion including learning from recent events that had not gone well and continual professional development. Any required actions were identified and recorded, and reviewed at the subsequent meeting. These records indicated a meaningful conversation, and it was evident that staff were appropriately supervised.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge currently had responsibility for two designated centres, and was supported by a shift lead manager in each centre. There was also a deputy shift lead manager in this designated centre, so that it was evident that the staff team were continually supervised.

There were various monitoring and oversight systems in place. An Annual Review of the care and support of residents had been prepared as required by the regulations, and six-monthly unannounced visits had been conducted on behalf of the provider. Any required actions were identified through these processes, and a root cause analysis and action plan was developed in order to identify the cause for any failings.

Any required actions identified during these processes were monitored until complete. The person in charge created an action plan for any failings or areas for improvement, with an identified timeframe for completion. The required actions were monitored until complete by the person in charge, quality assurance and senior management. A key event schedule was developed if actions were not completed within the agreed timeframe, or if further action was required.

Regular reports to senior management were made, including a daily report to the director of operations and a monthly Quality and Governance Assurance Report which was submitted to senior management.

Regular team meetings were held and minutes were maintained from each meeting. Items for discussion included rights, audits, safeguarding and any accidents or incidents. The records of these meetings indicated that they were useful and



meaningful discussions.

Overall while there were effective oversight strategies that ensured that any areas for improvement were addressed, and it was evident that staff were appropriately supervised.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. Residents were aware of how to make a complaint.

There were no current complaints, however, there was a method of recording and analysing complaints should they arise. The inspector reviewed a recent complaint which had been closed. The record included detail of the complaint, the actions taken, and a reply was made in writing to the complainant, together with information as to the next steps to take should the complainant not be satisfied with the outcome. On this occasion the complainant was satisfied.

It was clear that residents and their families and friends were supported to raise any concerns, that there was a transparent procedure for managing complaints, and that appropriate actions were taken to resolve any issues raised.

Judgment: Compliant

### Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the

residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Residents were protected from all forms of abuse and staff were knowledgeable about their role in ensuring the safety of residents.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

## Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicated. This was clear from the observations made by the inspector and from discussions with staff.

In addition there was a 'personal communication dictionary' in place for each resident, detailed information in risk assessments relating to communication, and further information in the positive behaviour support plans for residents.

The inspector reviewed the documentation for two residents, and found that although the information might have been better presented in one document rather than in different places, there was very detailed information available, and that staff were familiar with the information in all of them.

For example, there was guidance for staff in relation to one resident that they should allow the resident time to express themselves, and not ask for clarification. Another resident was known to say 'don't say that' if they disliked the way a question was put to them.

There was evidence throughout the centre of different communication strategies, for example the use of social stories and pictorial representations of activities, events of objects. It was evident that all efforts were being made to ensure that information was made available to residents, and to ensure that their voices were heard.

Judgment: Compliant

## Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans in the form of a list of items, any additional items purchased or acquired, and any items disposed of, so that it was clear that there was up-to-date

information available.

There was a section in the personal plan for each resident in relation to financial management which outlined the supports each required. For example, there was detailed information about the tasks the resident could complete themselves. One resident could use their own bank card, was aware of the PIN and could request a receipt for any purchases, and was furthermore learning how to take cash out of the ATM.

The inspector reviewed the financial management records for one resident, and found that they were supported to be as independent as possible, and where staff were supporting them there were clearly defined processes whereby each interaction was checked and signed by two staff members and that there was clear oversight. It was evident that the systems were robust, and that residents were supported to be independent in this area, while being protected from the risk of financial abuse.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector found that there was an emphasis on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

There was a monitored system of personal planning, and the inspector reviewed two of the person centred plans in detail and samples of the others. Goals were set for residents, for example there was a goal for one of the residents whereby they were learning independence in making their own snacks, and for another who was learning to make purchases independently.

Some residents had a weekly planner which was developed together with their supporting staff, and others chose not to. For example the resident who lived in the self-contained apartment managed their time and activities completely independently, and would just ring staff on their mobile to say they were going out, or for a catch-up on what they were up to.

Weekly planners were devised in various ways to suit the communication needs of each resident, for example, some residents used pictures. One resident planned their activities using stick-on pictures, and removed the picture themselves when each activity was complete.

There were clear records maintained of each activity for residents, and these documents included a record of the level of engagement of the resident as a way of informing future planning. The inspector reviewed these records for two residents, and found a clear description of whether the activity was 'in-house' or in the community, and each included a description in relation to whether the resident

enjoyed the activity.

Multiple activities were made available to residents, for example play or activities in their gardens, games and skills development at home, and in the community residents were involved in horse care, holidays, trips to museums and meals and snacks out. One of the residents had a tutor to support their further education, and two residents were members of their local library.

It was evident that each resident was well supported in choosing activities, in making their own decisions and in personal development.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to interactions with other residents, behaviours of concern communication and the risk of failure of technology, which was particularly important to one resident. The inspector reviewed the risk assessments and management plans for three residents and found them to be detailed with appropriate control measures identified.

For example, there was a risk assessment in place for a resident in relation to meeting and maintaining a relationship with a very young relative, which included the supports required by staff during meetings, and the interventions required if the meetings did not go well. The implementation of this risk management plan meant that the resident had met their young relative four times to date.

General risks were identified, and each of these also had detailed management plans, included injury, sudden illness, falls, and the risks associated with infection prevention and control.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There

were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate.

All staff had received training in fire safety, and this included on-site training in the use of the equipment in the centre. Staff accurately described the ways in which to support each resident to evacuate in the eventuality of an emergency, in accordance with the information in the personal evacuation plans.

The inspector reviewed the records of three fire drills and found a clear record of the event, and of any observations, learning or required actions.

These discussions and the documentation in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

## Regulation 6: Health care

Healthcare was well managed, with both long term conditions and changing needs being responded to appropriately. For example, the changing mental health needs for one resident were monitored closely, with appropriate interventions being implemented. There was a detailed care plan in place, and staff were familiar with their role in implementing and recording care.

Regular and detailed healthcare assessments were conducted, and residents had access to various members of the multi-disciplinary team, including their general practitioners, dentists and optician, and a dietician, psychiatrist and behaviour support specialist as required.

The inspector reviewed a healthcare plan in relation to epilepsy for one resident, and found that it lacked sufficient detail as to guide staff in the event of an emergency. However the staff explained that the resident had not had a seizure in over ten years, and before the end of the inspection presented an updated care plan which included all the required information.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: Compliant

## Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in safeguarding.

Staff were familiar with any safeguarding plans in the designated centre, and there was clear evidence that the plans were implemented. There was a clearly formatted safeguarding planning system, where the detail of the issue was recorded, the expected response, the recording and reporting required and the actions required to minimise the likelihood of recurrence.

A recent safeguarding risk relating to the impact of the behaviour of one resident on others in the house had been mitigated by the provision of an enclosed garden area for the sole use of the resident, and this had helped them to settle, and provided an area where there was a much reduced noise disturbance to others.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

All staff had received training in human rights and in assisted decision making, and three staff spoke about the learning from this training, and about the ways in which they ensured that the rights of each resident were supported.

There were examples of staff supporting the rights of residents to make their own choices, for example, where a resident was trying to manage their weight, the staff made sure that all relevant information was made available to them, and that healthy options were always available, but then supported the resident to make their own choice, even if it was not the healthiest option.

Staff spoke about the importance of supporting residents to make choices about their preferred ways of communicating, for example one resident chose only to be addressed by the two staff who were supporting them each day. In addition, one of the staff members agreed to be addressed by a shortened version of their name, as they had the same name as a resident who did not like anyone else having their name.

Staff were observed throughout the inspection to be communicating with residents in their preferred ways, and with respect, and it was evident the the rights of residents were given high priority in the designated centre.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant