



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:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0005334
Fieldwork ID:	MON-0032678

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 of two houses located within close proximity to each other, situated a few kilometres from a village in Co. Westmeath. Each resident has their own bedroom, bathroom, hallway, kitchen and living space. Both houses have well maintained garden areas, with private parking facilities to the front. 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 - 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 27 May 2021	09:30hrs to 13:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents were provided with the care and support that they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of two houses located within close proximity to each other, a few kilometres from a village in Co. Westmeath. One house was occupied by one resident, who had their own bedroom, bathroom and living area. The other house comprised of four separate apartments, giving each resident their own living space. They each had their own bedroom, bathroom, hallway and kitchen and living area. Two residents sometimes shared a kitchen area and all residents had access to a large enclosed garden area, which they could avail of as they wished. This garden area provided residents with ample outdoor seating and recreational space. Each apartment was well-maintained, tastefully decorated and provided residents with a comfortable living space.

The inspector met briefly with three residents but due to their assessed needs, they were unable to communicate directly with the inspector about the care and support they received. One resident was relaxing in their living area, while watching television. Another resident was being supported by staff to do their laundry. The inspector met briefly with a number of staff who were on duty that morning and they told the inspector that residents' individualised living arrangement worked very well. Staff were assigned to each apartment on a daily basis, affording residents to have access to the number of staff they required with regards to their assessed needs.

Prior to the introduction of public health safety guidelines, the person in charge told the inspector that these residents led very active lifestyles. Since then, much effort was made by staff to ensure these residents still engaged in meaningful activities. Some residents enjoyed gardening, with many having access from their apartment to the garden area. Their individual living arrangement meant that they could engage in activities and down time, independent of their peers. Many engaged in day services, with some of these services now available to residents online, including, quizzes, cookery classes, yoga and bingo. One resident had a fish tank in their apartment and were supported by staff in feeding and cleaning of this.

The adequacy of this centre's specific staffing arrangement largely attributed to the quality and consistency of care that residents received. Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Staff had worked with these residents for a number of years and

knew them and their assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to. Furthermore, in response to the behavioural support needs of some residents, she had also ensured adequate safety arrangements were in place to ensure staff safety while supporting these residents.

In summary, the inspector found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of their home.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Although, for the most part, this centre was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of fire safety and risk management.

The person in charge held the overall responsibility for this service and she was regularly present at the centre, which allowed her to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager and staff team in the running and management of this centre. She was responsible for the running of another designated centre operated by this provider and current support arrangements gave her the capacity to also effectively manage this service.

Staffing arrangements were subject to regular review by the person in charge, ensuring a suitable number and skill-mix of staff were at all times on duty to support the residents. Arrangements were also in place, should this centre required additional staffing resources. In respect of residents' social care needs, the adequacy of this centre's staffing arrangement meant that residents always had access to the level of staff support they required to engage in activities of their choice. One resident, who lived on their own, was supported by staff during the day and only required minimal staff support at night. This particular staffing arrangement was subject to regular review and risk assessment by the person in charge to ensure it's continued adequacy in meeting the support needs of this resident. Many of the staff working at this centre had supported these residents for a number of years, which had a positive impact for residents as they were always supported by staff who knew them very well. Due to the specific needs of some residents residing in this centre, where newly recruited staff were appointed to this service, a robust induction programme was in place to support these new staff members to get to know these residents and their needs prior to working directly

with them. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular meetings with her staff team, which allowed for resident related care issues to be regularly discussed. She also had regular contact with her line manager to review operational related matters. The oversight of the quality and safety of care at this centre was greatly enhanced by the submission of regular reports from the person in charge to senior management, which meant incidents occurring at the centre along with any other issues arising within the service were subject to additional review. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present to meet with staff and residents. She held strong knowledge of residents' needs and of the operational needs of the service delivered to them. She was responsible for another centre operated by this provider and current support arrangements gave her the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable skill-mix and number of staff were at all times on duty to support residents. Arrangements were also in place, should additional staffing resources be required.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place to ensure all staff had access to the training they required suitable to their role. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met with her staff team to discuss resident care related issues. She also held regular contact with her line manager to review all operational matters. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

The centre comprised of two houses located within close proximity to each other. One resident lived in one house and had their own bedroom, bathroom and living space. The other house comprised of four separate apartments, which gave each resident their own individual living space. Here, residents had their own bedroom, living space, hallway and bathroom. Two residents sometimes shared a kitchen area and staff told the inspector that this arrangement worked very well. A large garden area was available to all residents to use as they wished and gave ample seating and outdoor recreational space. Overall, the centre was found to be well-maintained, tastefully decorated and had a lovely homely feel to it.

Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. For example, in response to the nutritional care needs of one resident, they were being supported by staff to review their dietary intake and work towards their weight loss goal. The inspector reviewed the personal plan supporting this process and found it contained very good guidance for staff to follow when supporting this resident. The provider also had adequate arrangements in place to ensure residents had access to a wide variety of allied health care professionals, as and when required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. In addition to this, the person in charge regularly prepared a report for senior management to review, giving an overview of the incidents which had occurred at the centre. This meant that where additional measures were required in

response to these incidents, senior management were available to guide and support the person in charge in doing so. Furthermore, along with her on-going engagement with staff, the effective monitoring of organisational risks was largely attributed to the regular presence of the the person in charge at the centre. However, the inspector did identify where minor improvement was required to the overall assessment of risk, to ensure risk assessments gave clearer hazard identification and additional clarity on the specific control measures that the provider had put in place in response to identified risk. In addition, although the person in charge was closely monitoring risks relating to potential injury to staff, there was no supporting risk assessment in place to support her in this process.

Positive behaviour support was very much promoted at this centre. For example, through the effective implementation of interventions and on-going multi-disciplinary review for one resident in recent months, the person in charge told the inspector that this resident was responding very well and was working with staff in promoting their own positive behaviour support. The person in charge told the inspector of the plans in place to continue to work with the multi-disciplinary team in the review of care interventions in the coming months to ensure their overall effectiveness. A sample of behaviour support plans were reviewed by the inspector and these were found to give very clear guidance to staff on the types of behaviours that residents presented with, along with the reactive and proactive strategies to be implemented, as and when required. There were restrictive practices in use at the time of this inspection and the provider had arrangements in place to ensure that these were subject to regular review to ensure the least restrictive practice was at all times used.

Effective fire safety precautions were in place, including, fire detection and containment arrangements, fire safety checks, emergency lighting arrangements and multiple fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A waking staff arrangement was also in place, meaning that should a fire occur at night, staff were available to quickly respond to it. A personal evacuation plan was in place for each resident; however, these required further review to ensure they gave clarity on the specific support each resident required to evacuate. Furthermore, although there was a fire procedure available at the centre, it also required further review to ensure it gave additional clarity on how staff were to respond to fire at the centre.

The provider had procedures in place to support staff in the identification, response and review of any concerns relating to the safety and welfare of residents. In response to safeguarding concerns that were previously raised at this centre, the provider put in place additional measures to safeguard residents. These measures were very effective in responding to this concern, resulting in no active safeguarding concern in this centre at the time of this inspection.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate PPE when supporting residents. The provider had

contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staffing numbers.

Regulation 17: Premises

The centre comprised of two buildings located within close proximity to each other. One house was occupied by one resident, while four other residents occupied the second premises. These four residents had their own apartment area, providing them with their own bedroom, bathroom, kitchen and dining area and hallway. A large garden area was available to all residents to use as they wished. Overall, the centre was found to be nicely decorated, well-maintained and had a homely feel to it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at the centre. However, some improvement was required to some risk assessments to ensure these gave clear hazard identification and additional clarity on the specific measures that were put in place in response to certain risks. In addition, although the person in charge was closely monitoring risks relating to potential injury to staff, there was no supporting risk assessment in place to support her in this monitoring process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to protect the safety and welfare of all staff and residents. Regular temperature checking, wearing of appropriate PPE and social distancing was regularly practiced. The provider had contingency plans in place to guide staff on what to do, should an outbreak of infection occur at this centre and these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents and records demonstrated that staff could effectively support residents to evacuate the centre in a timely manner. A personal evacuation plan was in place for each resident; however, these required further review to ensure they gave clarity on the specific support each resident required to evacuate. Furthermore, although there was a fire procedure available at the centre, it also required further review to ensure it gave additional clarity on how staff were to respond to fire at the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were subject to regular re-assessment and that personal plans were put in place to guide staff on the specific supports that residents required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents received the care and support that they required, particularly in the area of nutritional care and elimination needs. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Effective systems were in place to ensure residents received the care and support they required in response to their behavioural support needs. Clear behaviour support plans were in place to guide staff on how best to respond to specific residents' behaviours and this centre was suitably supported by a behavioural support therapist in the review and monitoring of all care interventions. There were some restrictions in use at the time of this inspection and the provider had ensured

that these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in the identification, response and review of any concerns relating to the safety and welfare of residents. Prior to this inspection, the provider had put effective measures in place in response to safeguarding concerns that had previously arisen, resulting in no active safeguarding concern in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre. Residents' individualised living arrangements promoted them to have independence from their peers and to spend their time as they wished. Residents were very much encouraged to be part of the running of the centre and their needs and wishes were paramount to all aspects of the service delivered to them.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Lakehouse OSV-0005334

Inspection ID: MON-0032678

Date of inspection: 27/05/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1) Risk assessments have undergone a full review to ensure that all hazard identification and control measures are in place. (Completed 31/05/2021) 2) Person in Charge will review risk assessments in full on a monthly basis or as required. (30/06/2021) 3) Workplace violence and aggression risk assessment in place and discussed at handovers daily. (Completed 31/05/2021) 4) Centre specific risk register has undergone a review to reflect the measures in place for the PIC to support staff. (Completed 03/06/2021) 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1) The Person in Charge reviewed all personal emergency evacuation assessments and plans to ensure that all assessed needs relating to evacuation of the Centre are reflective within. (Completed 03/06/2021) 2) The Person in Charge reviewed the fire evacuation procedure in place to ensure that it is reflective of all required information to respond to fire in the Centre. (03/06/2021) 3) Fire precautions continue to be discussed at monthly team meetings. (30/06/2021) 	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	30/06/2021

	prominent place and/or are readily available as appropriate in the designated centre.			
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