



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

## Issued by the Chief Inspector

Name of designated centre:	Lakeshore Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 May 2023
Centre ID:	OSV-0008333
Fieldwork ID:	MON-0038304

## About the designated centre

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

Lakeshore Services is a designated centre operated by Brothers of Charity Services CLG, which intends to provide residential care for up to two male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is situated in a lakeside area, on the outskirts of a town in Co. Galway. Here, residents have their own apartment, comprising of an open plan kitchen, living and dining area, bedrooms, bathrooms, utility, hallway, with a garden to the rear. 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:

2

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 30 May 2023	10:45hrs to 13:50hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was the first inspection of this centre, since it was registered in October 2022, and was facilitated by the person in charge. Over the course of the day, the inspector had the opportunity to meet with both residents who lived here, one of whom had only recently transitioned. Overall, the provider was found to provide a very individualised service, in which residents stated they were very happy living in.

This designated centre was located on the outskirts of a town in Co. Galway, comprising of one building which contained two separate apartments. Each apartment was home to one resident and the layout consisted of an open plan kitchen, dining and living area, bedrooms, some of which were en-suite, a utility, hallway and bathroom. At the back of both apartments, residents had their own garden area, as well as patio space to the front, which gave way to local lakeside views. Both apartments were well-maintained, nicely decorated and comfortably furnished.

Upon the inspector's arrival, they were greeted by the person in charge, one resident and their supporting staff member. This resident was sitting at the kitchen table, enjoying an iced coffee, and took time to speak directly with the inspector about the care and support they received. They said they were very happy since they moved to the centre and were able to participate in multiple activities, thanks to the staff support provided to them. They attended day service during the week, and showed the inspector the daily schedule of activities that they took part in at their day service. They spoke of their chosen goals which they were working towards, one of which included a trip to Kerry, and this was due to happen in the coming months. They gave the inspector a tour of their apartment, which they were fully involved in the decoration of, and as they had a keen interest in butterflies, they showed the inspector various hand-painted butterfly features they had in their bedroom. In the hallway of this apartment, were many photographs of trips and activities that this resident had taken part in. They told of how they liked baking, had gone on lots of day-trips to nearby attractions and spoke of their love for shopping. They told the inspector they took part in cleaning of their apartment, and of how they were independent with doing their own laundry. Their plan for day was to relax at home for the morning, and to then later head out to an appointment with their supporting staff member.

The second resident, who was out and about when the inspector arrived, later returned to their apartment and met briefly with the inspector. They had recently moved to the centre and voiced their overall satisfaction with the service, since their transition. They had good family involvement and regularly welcomed visitors to their home, as well as going home to visit family. They told the inspector they attended a pottery class that morning, and had displayed some other pieces in their apartment that they had made in various other craft workshops. This resident didn't require full-time staff support in the evening and at night, and told the inspector of the arrangements that were in place for them to contact staff in the adjoining

apartment, should they need any assistance. This resident was currently focusing on improving various life skills, to include cooking and looking after the day-to-day upkeep of their apartment. During this chat with the inspector, this resident's supporting staff member encouraged and reassured this resident of the progress they had already made in these areas.

Both residents led very active lifestyles and required a certain level of staff support, when out and about in the community, which the provider ensured was consistently provided to them. In addition to this, additional staff support was available to the centre at weekends, if so required. Although for the most part, these residents had their own daily schedules, they had gone shopping and on some day trips together and the person in charge said that the plan was to continue with some shared activities, as long as both residents were happy with this. Suitable transport was available to both residents to enable them to get out and about as much as they did, and they also had access local private and public transport services, if so desired.

The staff who were working in this centre were very familiar with these residents and with their assessed needs. Residents appeared very comfortable in the company of the staff who were on duty, and spoke highly of the staff support and care they did receive. The person in charge was regularly present at the centre and also maintained regular contact with their staff team, outside of their on-site visits.

Overall, this was a very positive inspection, whereby, residents were found to receive good quality and safe care, in accordance with their assessed needs. The specific findings of the inspection will now be discussed in the next two sections of this report.

## Capacity and capability

The purpose of this inspection was to assess the provider's compliance with the regulations. Good areas of practice were observed by the inspector to be implemented in this centre, and the provider had effective processes in place to ensure that the quality and safety of care was regularly overseen. Of the regulations inspected against as part of of this inspection, the provider was found to be in compliance with them.

The person in charge held the overall responsibility for this centre was was regularly present to meet with the residents and with their staff team. They knew the residents well and were familiar with the supports in place to meet their assessed needs. They held regular meetings with their staff team to discuss resident related care, and engaged frequently with their line manager to review operational matters. Although the centre was well-resourced, should additional resources or supports be required by the service, a system was in place for the person in charge to request this.

Staffing levels were subject to regular review, with many of whom were familiar with these residents, prior to their transition. Staff reported that residents' transitions had gone very well and that they were in the process of completing the admission process for one resident, who had recently moved in. The provider had assessed each resident's staffing requirements and had ensured that both residents were receiving the staff support they were assessed as requiring. Staff training was subject to on-going review, ensuring all staff received the training that they required, appropriate to their role. Furthermore, supervision arrangements were also in place, and the person in charge was in the process of implementing this at the time of this inspection.

The quality and safety of care in this centre was largely attributed to the regular presence of the person in charge, who maintained good oversight of the delivery of care to residents. They told the inspector that where any improvements had been required since both residents transitioned, the provider was responsive to ensuring these were addressed. Staff were also vigilant in reporting any concerns they had to the person in charge, which also assisted in ensuring that any issues were quickly rectified. At the time of this inspection, the provider was recruiting for a Team Leader for the service, with the view that this role would further support the oversight and monitoring of the quality and safety of care in this centre. Furthermore, subsequent to this inspection, the provider had plans to complete the first six monthly provider-led audit for the service, along with the annual review of the service, in accordance with the requirements of the regulations. Should these identify any specific improvement needed within this centre, action plans would then be developed to address.

#### Regulation 14: Persons in charge

The person in charge held a full-time position and was frequently present in the centre to meet with both residents and with their staff team. They were very familiar with the residents and with the operational needs of the service delivered to them. They held responsibility for other centres operated by this provider and current arrangements ensured they also had the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

This centre's staffing arrangement was subject to on-going review, ensuring a suitable number and skill-mix of staff were at all times on duty to support the residents who lived here. Where residents were assessed as requiring a specific level of staff support, this was consistently provided to them. There was a planned and

actual roster developed for this centre, and where additional staffing resources were required from time to time, the provider had suitable arrangements in place to provide this.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring all staff received the training that they required, appropriate to their role, in areas such as, fire safety, behavioural support and safeguarding. Where refresher training was required, this was scheduled accordingly. The person in charge had a system in place for the supervision of all staff, and was in the process of implementing this system at the time of this inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held meetings with their staff team to review and discuss resident related care matters and also maintained regular contact with their line manager to review any operational issues.

At the time of this inspection, the provider had plans in place to conduct six monthly provider-led audits and to complete the annual review of the service, in line with the requirements of the regulations. In the interim, the quality and safety of care was continually overseen by the person in charge and where any improvements were identified, these were quickly responded to. Furthermore, residents were consistently encourage to provide their feedback on the service delivered to them, to inform any additional improvements required by this service.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had a system in place to ensure all incidents were reported to the Chief Inspector, as required by the regulations. Where incidents did occur in this centre, these were recorded by staff for review by the person in charge.



Judgment: Compliant

## Quality and safety

The provider had ensured that residents were receiving the care and support that they required, in accordance with their assessed needs. The daily operations of this centre were reflective of resident's wishes, both of whom, were continually consulted by staff about all arrangements surrounding their care.

As previously mentioned, since the centre opened, both residents had transitioned at various times, with one resident only having moved in, a few weeks prior to this inspection. Transition plans were developed prior to each resident's admission, and staff reported that these had worked very well, with residents transitioning without any issue. Both residents told the inspector about how they were afforded the opportunity to visit the centre prior to their move, and also said that they were fully involved in choosing and buying soft furnishings and other items for their apartment. Personal goal setting was very important to these residents, with each having chosen what they wanted to accomplish over the coming months. Residents very much led this aspect of their care, and often met with their key-worker staff to discuss the next steps that needed to be taken, to progress towards achievement.

Where risk was identified, the person in charge ensured that all staff were made aware of the control measures that were to be implemented to mitigate against it. Although risk was minimal in this centre, staff ensured that where any incident had occurred, it was reported to the person in charge for review, and that appropriate follow-up was completed. Positive risk-taking was promoted, with one resident being independent of staff support in the evening and at night. The provider had put measures in place to ensure this resident's safety during these times, and this particular resident spoke confidently with the inspector about how they would contact a staff member, should they require any assistance. The person in charge reported that, to date, this arrangement was working well and that should any issue arise, this arrangement would be subject to immediate review.

The provider had fire safety precautions in place, including, fire detection and containment systems, emergency lighting, staff had up-to-date training in fire safety and there were multiple fire exits available to residents within their apartment. Fire drills were occurring and of those completed, staff were able to support these residents to evacuate in a timely manner. Both residents had a good understanding of the fire procedure, with one resident telling the inspector exactly what they would do, should the fire alarm sound. Each resident had a personal evacuation plan and there was also a fire procedure for the centre, which clearly guided staff on how to respond, should a fire occur.

Positive behaviour support was an important aspect of the care that both of these residents received. Staff were fully supported by a team of multi-disciplinary professionals, who regularly engaged with staff in the review of residents' behaviour

support plans. Staff were aware of the behaviours exhibited by these residents and knew what specific interventions to implement, to promote positive behaviour support to each individual resident.

Overall, there were very positive findings from this inspection, whereby, care practices were observed to be kind and respectful, considerate of residents' wishes, age and capacities, providing residents with a home they both said they were very happy living in.

### Regulation 11: Visits

The provider had ensured that the premises provided residents with appropriate spaces to receive visitors, if they so wished. Equally, residents were encouraged and supported to have regular visits to their families.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that these residents were supported and encouraged to pursue their personal interests and to participate in activities of interest to them. Life skill development was an integral part of both residents' daily activities and staff were available to assist them to maximise their potential. Daily activity programmes were developed in consultation with each resident and both residents spoke highly of the social support that they received in this service. Furthermore, staff regularly engaged with these residents to support them to understand various practices around money management, safe online practices, fire safety and safeguarding.

Judgment: Compliant

### Regulation 17: Premises

This designated centre comprised of one building, which contained two separate apartments. Each apartment consisted of a kitchen, dining and living area, bedrooms, some of which were en-suite, a hallway, utility and bathroom. The rear of each apartment opened out to a garden area, for residents to use as they wished. Both apartments were nicely decorated, in a good state of repair and provided ample space for these residents to live in.

Judgment: Compliant

### Regulation 18: Food and nutrition

Both apartments had a fully fitted kitchen, which allowed these residents to participate in meal prepping if they so wished. Both residents were fully involved in meal planning and often also dined out from time to time. Although neither resident had any specific dietary requirement, staff were vigilant in ensuring any changes to their nutritional care, were quickly identified and responded to.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management system in place in this centre, which informed the identification, assessment, response and monitoring of specific risks. The person in charge was very clear on what specific risks were occurring in this centre and had ensured suitable control measures were in place to mitigate these. At the time of this inspection, following the most recent resident admission, the person in charge was in the process of updating all relevant risk assessments.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had various infection prevention and control measures in place to protect the safety and welfare of all residents and staff. Clear procedures were in place for the cleaning of the centre, maintenance works, laundry and waste management. The person in charge also spoke confidently about what the current process was in the centre, should a resident become symptomatic of COVID-19. At the time of this inspection, neither resident had an associated health care infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had various fire safety precautions in place, to include, fire detection and containment arrangements, multiple fire exits were available in each apartment,

all staff had up-to-date fire safety training and regular fire safety checks were occurring in each apartment. Of the fire drills completed, the records of these demonstrated that staff could effectively support these residents to safely evacuate. Each resident also had a personal evacuation plan, which informed on the level of support they would required to evacuate. Furthermore, there was a clear fire procedure in place, which guided staff on what to do, should a fire occur.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for and personal plans put in place, to guide staff on how best to support each resident with their individual needs. Residents were encouraged to be fully involved in this process and had a nominated key-worker who maintained oversight of any updates required to residents' personal plans. Personal goal setting is an important aspect of these residents' care, with both having identified their own goals that they wished to work towards achieving.

Judgment: Compliant

### Regulation 6: Health care

The provider had a system in place to ensure residents' health care needs were subject to regular assessment. A team of multi-disciplinary professionals were available to residents, should they require review with this aspect of their care. At the time of this inspection, neither resident had specific health care requirements.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support, the provider had ensured that this support was consistently available to them. Behaviour support plans were in place and were subject to regular multi-disciplinary review. Staff who supported these residents were aware of the specific behaviours exhibited, and of the specific reactive and proactive strategies to implement, in order to provide these residents with the care they required.

Judgment: Compliant

## Regulation 8: Protection

The provider had procedures in place for the identification, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received training in safeguarding and this topic was regularly discussed with both residents. At the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents at the forefront of all decisions around their care and with regards to many of the operational aspects of the service delivered to them. Staff were respectful of residents' wishes and capacities and endeavoured to promote residents' independence, where safe to do so. Residents were afforded privacy within their home, and consulted with on how they wished to spend their time.

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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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