



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

Name of designated centre:	Lakelodge Community Group Home
Name of provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	13 December 2018
Centre ID:	OSV-0001935
Fieldwork ID:	MON-0023323

About the designated centre

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

Lakelodge Community Group Home is a centre operated by North West Parents and Friends Association for Persons with Intellectual Disability. The centre is located on the outskirts of a town in Co. Sligo and provides residential care for up to four male and female residents, who present with a mild to moderate intellectual disability. 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:	4
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How we inspect

To prepare for this inspection the inspector or 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
13 December 2018	10:30hrs to 15:50hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with all four residents who live in this centre. All residents engaged with the inspector, with two choosing to speak about aspects of the care and support they receive.

Residents told the inspector that they were very happy in the centre and that they liked having their own bedroom. Some residents spoke of their involvement in the local day service and of the activities they were supported to participate in. They spoke of their plans to return home to their families for the Christmas period and of the celebrations they were attending in the lead up to Christmas.

The inspector also met with staff who regularly supported these residents, who spoke respectfully of each resident and were very knowledgeable of residents' needs and preferred routines.

Capacity and capability

The provider had ensured that there were systems and processes in place to effectively govern and oversee the quality and safety of this service.

A new person in charge was appointed to this centre two days prior to this inspection. The registered provider had notified the Chief Inspector of her appointment and the requirement to meet the criteria as set out in regulation 14 was in the process of review by the inspector at the time of this inspection. The person in charge met with the inspector and was found to have good knowledge of residents' needs, the needs of the service and of her regulatory responsibilities. The registered provider was also in the process of reviewing the support systems in place to further support her in the management of this centre. The person in charge told the inspector of how she planned to effectively support staff, oversee the care delivery to residents and that she felt the governance arrangements within the organisation would support her to have the capacity to fulfil their role. She planned to visit the centre regularly to meet with residents and staff and also to have regular communication and engagement with staff and residents during these visits.

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Staff had regular communication with the person in charge, which facilitated them to discuss and raise concerns about the care received by residents. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Rosters were found to be well-maintained and demonstrated the start and finish times worked by staff in the centre.

The centre was resourced to ensure the effective delivery of care and support to residents. The provider had effective monitoring systems in place, ensuring six

monthly provider-led audits and the annual review were completed and actions put in place to address any areas for improvement. Where adverse incidents occurred, the person in charge had a system in place to ensure all incidents were responded to and reported to the Chief Inspector, as required by the regulations.

Although there was a directory of residents in place, it required review to ensure it included all information as required by Schedule 3 of the regulations. Further review was also required to the Statement of Purpose to ensure it adequately described all information as required by Schedule 1 of the regulations.

Regulation 15: Staffing

The registered provider had ensured an adequate number and skill-mix of staff was in place to meet the needs of residents. A planned and actual roster was in place which clearly identified the names of staff working in the centre and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received up-to-date training and had refresher training available to them as required. Staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

Although there was a directory of residents in place, it did not contain all information as required by Schedule 3 of the regulations, including:

- Residents' addresses
- The name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured systems were in place to regularly monitor the service received by residents. The annual review and six monthly provider-led visits were occurring in line with requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it did not contain all information required by Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A system was in place to ensure all incidents were notified to the Chief Inspector in line with the requirements of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

No complaints were being actively managed at the time of this inspection. However, there was a system in place to ensure complaints received were recorded and appropriately responded to. Residents had access to an easy-to-read version of the complaints procedure.

Judgment: Compliant

Quality and safety

Residents had access to the transport arrangements and the staff support they required to take part in activities of interest to them, which had a positive impact on ensuring they enjoyed a good quality of life. Residents were consulted daily on how they wished to spend their time and staff were very knowledgeable of each resident's interests and preferences for their daily routine. Some residents were

involved local groups, training programmes, attended a local day centre and had access to the wider community around them.

The centre comprised of one bungalow, where residents had access to their own bedroom, spacious communal areas, a kitchen and dining area, bathroom facilities and a garden area. The centre was found to be clean, comfortable, in a good state of repair and provided residents with a comfortable environment to live in. Residents who met with the inspector said that they were very happy living in this centre.

No residents had assessed needs with regards to health care, behavioural support and restrictive practices. However, the inspector found the registered provider had systems in place to support residents who may present with these assessed needs in the future. There were no safeguarding concerns at the time of this inspection and all staff had received up-to-date training in safeguarding. Staff who met with the inspector spoke confidently about how they would identify, report and respond to any concerns regarding the safety and welfare of residents.

The provider had ensured effective fire safety precautions were in place, including, clear evacuation plans, regular fire checks and fire detection and containment measures. In response to the design and layout of the centre, the provider and ensured additional fire exits were available in the bedrooms of residents who required them. Fire drills were occurring on a regular basis, which ensured the timely evacuation of all residents from the centre. Staff received up-to-date training in fire safety were also guided on how to respond to fire in the centre by a clearly displayed fire procedure.

The registered provider had a system in place for the identification, assessment and monitoring of risks. Staff who spoke with the inspector were aware of their responsibility in keeping these residents safe at all times. However, the guidance available to staff on how to respond to risk in the centre did not clearly guided on the responsibility of local staff members for the identification and assessment of organisational risks. Furthermore, it did not clearly guide on the escalation pathway available to staff in response to high-rated risks

Regulation 10: Communication

Residents were supported by staff to express their wishes, as required. Residents had access to internet, television and radio.

Judgment: Compliant

Regulation 11: Visits

A system was in place to ensure residents were facilitated to receive visitors in the

centre, if they wished.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider had provided each resident with appropriate care and support in accordance with their assessed needs and own wishes. Residents were supported to participate in activities of interests to them and had opportunities for recreation, as they wished.
Judgment: Compliant
Regulation 17: Premises
The premises was found to be clean, in a good state of repair and provided residents with a homely environment to live in. The registered provider had ensured that the centre was laid out in a manner which met the needs of the residents living there.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had a system in place for the identification, assessment, management and monitoring of risks in the centre. However, the guidance available to staff did not clearly guided on: <ul style="list-style-type: none"> - the responsibility of some staff members for the identification and assessment of organisational risks - the escalation pathway available to staff for high-rated risks
Judgment: Substantially compliant
Regulation 28: Fire precautions
The registered provider had ensured fire safety precautions were in place in this centre, including, regular fire checks, emergency lighting, up-to-date staff training in

fire safety, evacuation plans and fire detection and containment systems. Regular fire drills were occurring, which demonstrated that staff could effectively evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of residents' health, social and personal care needs was carried out and regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

There were no residents with assessed health care needs at the time of inspection. However, the registered provider had a system in place to ensure that residents received appropriate health care, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no residents requiring behavioural support or restrictive practices at the time of inspection. However, the registered provider had a system in place to support residents should they require these supports in the future.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns being managed in the centre at the time of this inspection. All staff had received up-to-date training in safeguarding and were aware of how to report and respond to any concerns regarding the safety and welfare of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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

Compliance Plan for Lakelodge Community Group Home OSV-0001935

Inspection ID: MON-0023323

Date of inspection: 13/12/2018

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been reviewed and now includes all the information required in schedule 3, including the resident's address and the name of any authority, organisation or other body which arranged the residents admission to the designated centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been reviewed and now includes all information as set out in schedule 1</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk Management procedure will be reviewed by the risk management sub group on the 16/01/19 to ensure that there is clear guidance to staff in their role in identifying and assessing organisational risk and a clear escalation pathway to staff for risks that have been high rated.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	17/12/2018
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	16/01/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/12/2018