



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

Issued by the Chief Inspector

Name of designated centre:	Lakelands
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 February 2020
Centre ID:	OSV-0001990
Fieldwork ID:	MON-0028507

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 5 February 2020	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet all the residents during different times of the day. The inspector observed residents to be coming and going throughout the day to different activities such as their employment, their courses or relaxation and therapeutic activities in the community. All residents took time out of their day to sit down and speak with the inspector so that their views could be known.

Residents talked to the inspector about how they were supported to engage in meaningful roles. One resident informed the inspector of their involvement in numerous advocacy, rights and information sharing groups. They told the inspector that they had participated in policy informing research and made a presentation about it at a public venue. Other residents talked proudly to the inspector about their current employment and the importance of their duties with the role.

Overall, residents who spoke with the inspector said that they enjoyed living in the centre. A number of the residents were happy to show the inspector their bedroom and talked about how they had been consulted and involved in the décor. A number of residents told the inspector that their bedroom was decorated exactly how they wanted it.

Residents were encouraged to try out new experiences and live their lives to their full potential. Residents informed the inspector about the many different courses they had attended. One resident advised of an upcoming exam they had to complete so that they could progress to the next level of the course.

Residents were involved in the running of the house. There were a rota system in place in the house so that residents could take it in turn to cook dinner. Residents appeared happy with this rota and also informed the inspector about the other household chores they participated in such as keeping the house tidy and doing their laundry.

Residents advised the inspector that if they wanted to make a complaint that they knew who they could go to and that they would be listened to. One of the residents showed the inspector the photograph of the complaints officer on the wall and advised the inspector of their name and that they knew they could speak with them if they had a complaint.

Throughout the day the inspector observed friendly, jovial and caring interactions between staff and residents and it was evident that residents' needs were very well known to staff and the person in charge. The inspector observed that the residents appeared very comfortable in their home and relaxed in the company of staff.

Capacity and capability

The inspector found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships was promoted. The inspector reviewed the staff roster and saw that where relief staff were required, overall, the same staff members were included on the roster.

The inspector found evidence that staff had received mandatory training. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. Overall, the person in charge ensured that incidents were notified in the required format and with the specified timeframes.

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. The inspector noted that the complaints procedure was reviewed as part of the residents' monthly meetings.

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance.

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an easy to read information poster displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, the inspector found that an improvement was required to the fire precaution measures in place in the centre.

The inspector found that for the most part there were satisfactory systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and arrangements were in place for ensuring residents were aware of the procedure to follow. The emergency exit to the rear of the house was locked and the key was kept in the lock, however, there were no system in place to ensure ease of egress should the key be missing. Subsequent to the inspection, the provider provided assurances to state thumb-turn locks would be fitted to this door to mitigate any risk.

The physical environment of the house was clean and in good decorative and structural repair. The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way and ensured that each resident could enjoy living in an accessible and overall, safe environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The inspector looked at a sample of personal plans and found that residents had up-to-date plans which were developed and reviewed in consultation with the residents, relevant keyworker and where appropriate, allied health professionals and family members. The plans reflected the assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. Two of the residents were engaged in employment in their local town, one residents was working as a volunteer and another resident was enjoying their retirement.

Residents were encouraged and supported around active decision making and social inclusion. The inspector found that the centre promoted a culture where residents were supported to effectively exercise their right to independence, social integration and participation in the life of the community. A number of residents talked to the inspector about the upcoming general election and how they had been supported to register to vote and participate in the voting process.

The centre was proactive in identifying and facilitating initiatives for resident to participate in the wider community, and to get involved in local social , educational and professional networks. One of the residents talked to the inspector about their recent involvement in advocacy and rights based focus groups run by a national organisation and how they were supported to deliver a presentation at a public venue regarding the information.

Residents were provided with vocational guidance with a view to assist them in choosing and maintaining occupational opportunities in line with their interests. There was a facilitator assigned on a part-time basis to the centre who supported the residents seek employment. The facilitator also supported residents in maintaining their current employment through regular engagement and feedback with both the employer and the resident.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety.

Medication was reviewed at regular specified intervals as documented in resident's personal plans. The inspector found that the person in charge and staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had been assessed around suitability to self-medicate and at the time of inspection two residents were in receipt of effective and safe support to manage their own medicines.

Regulation 13: General welfare and development

The inspector found that the centre promoted a culture where residents were supported to effectively exercise their right to independence, social integration and participation in the life of the community. The centre was proactive in identifying and facilitating initiatives for resident to participate in the wider community , and to get involved in local social, educational and professional networks. Resident were assisted in finding opportunities to enrich their lives and maximises their strengths and abilities. Residents were encouraged to feel valued and supported to reach their potentials.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. There had been upgrades and improvements to the house since the last inspection which resulted in positive outcomes for the residents. There were a few decorative repairs required however, the person in charge had made arrangements for these to be completed within a timely manner.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there was effective fire safety management systems in place, overall all fire equipments was appropriately maintained and fire drills were occurring in line with regulation.

The emergency exit to the rear of the house was locked and the key was kept in the lock, however, there were no system in place to ensure ease of egress should the key be missing. Subsequent to the inspection, the provider provided assurances to state thumb-turn locks would be fitted to this door to mitigate any risk

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing. Overall, safe medical management practices were in place and were appropriately reviewed.

The inspector found that creative and innovative practices were in place to support residents self-administer medication and overall, the required documentation was in place to support this practice.

On the day of inspection a number of open medications were not labelled appropriately and medication that required refrigeration was stored in the communal food fridge.

Cleaning protocols, checks and guidelines were required for a resident's breathing apparatus which was used on a daily basis.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal care plans in place which were aimed at providing good and consistent support to residents based on their identified needs and preferences. However, the inspector found that not all residents were provided with an accessible format of their personal plan so that they could be easily understood by the resident.

Judgment: Substantially compliant

Regulation 8: Protection

Staff had up-to-date safeguarding training. The residents were provided with an accessible format of safeguarding information and there was a photograph and contact details of the designated officer displayed in the communal area of the house.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the centre was promoting the rights of the residents. There was information on how to access an independent advocate available to residents on the centre's notice board. Residents were being supported to understand their right to make a complaint on a regular basis and this was being highlighted in the monthly resident meetings. Residents were being supported to set personal goals with their keyworkers. The inspector also noted that residents were being supported to engage and participate in voting in the upcoming elections.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lakelands OSV-0001990

Inspection ID: MON-0028507

Date of inspection: 05/02/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has installed a thumb turn lock on the back door exit of the Designated Centre. This was completed on 11/02/2020	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge has installed a fridge specifically for storing the resident's medication. This was completed on 12/03/2020 The Person in Charge has reviewed the protocols for managing medication in the Designated Centre with the staff team. This was completed on 1/3/2020	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge has provided the two residents with a pictorial version of their goals. This was completed on 5/2/2020	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	11/02/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	12/03/2020
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where	Substantially Compliant	Yellow	05/02/2020

	appropriate, his or her representative.			
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