



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

Issued by the Chief Inspector

Name of designated centre:	Lakeview Priorstate
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0003647
Fieldwork ID:	MON-0031530

About the designated centre

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

This is a service providing full-time residential care and support to seven residents with disabilities. The service comprises of a large detached two storey house in a rural setting in Co. Louth. It comprises of a large entrance hallway, a large well equipped kitchen cum dining room, a sun room, a large tastefully furnished sitting room, a staff office and a separate utility room. Each resident has their own bedroom (some en suite), which are decorated to their individual style and preference. The centre is staffed on a 24/7 basis with a person in charge, a house manager and a team of qualified nursing staff and health care assistants. Systems are in place so as residents assessed health and social care needs are provided for. Residents have access to GP services and a range of other allied healthcare professionals. Transport is also provided so as residents can access their community and go on social outings and trips. Day services are also made available to the residents where they can engage in a range of hobbies and interests of their choosing to include gardening, growing vegetables, meeting friends and going on social outings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 12 May 2021	10:00hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached two story house, on its own land and in a tranquil rural setting, in County Louth.

The inspector met with five residents and spoke with one of them for a short time, so as to get their feedback on the service provided. A family representative was also spoken with over the phone. Written feedback on the quality and safety of care from four residents and five family representatives was also reviewed as part of this inspection process.

The residents met with, appeared happy and content in their home and smiled at the inspector on arrival to the house. The inspector observed that they were relaxed and comfortable in the presence of staff and, staff were observed to be professional, attentive and caring in their interactions with the residents.

Prior to COVID-19, residents were attending day services, attending social and sports clubs, going swimming and horse riding, visiting family members and community-based amenities, such as shops, bowling, restaurants, pubs, hotels and barbers. The inspector also saw photographs of residents on holidays in the west of Ireland and attending concerts prior to lock down. The person in charge informed the inspector they were looking forward to getting back to their various clubs once the restrictions were lifted and it was safe to do so.

The inspector observed, that during lock down, the staff team facilitated a number of recreational and learning activities for residents to avail of in their own home. For example, some residents had taken up gardening and, the service built a large poly-tunnel in the back garden area. Residents were growing their own fruit and vegetables and one informed the inspector that they loved this activity. Raised flower beds were also available to residents, where they grew and tended to, their own flowers and plants.

One resident liked to play football from time to time, and the inspector saw in another part of the garden, a football net and footballs were available to the resident. Other activities available in house included baking, table top activities and arts and crafts. Some residents had made Easter decorations and the inspector saw pictures of these decorations around the house during the inspection. Two modes of transport were also available to residents that liked to go for scenic drives and walks in the nearby countryside.

A sample of written feedback from residents, on the quality and safety of care, was viewed by the inspector. In general, residents reported that they were happy in their home, happy with the food options available, satisfied with the range of activities available and happy with the care and support provided. Residents also reported that they were happy with their bedrooms. The inspector saw some of these rooms and observed that they were spacious, clean and decorated to take into account

each residents' individual style and preferences.

Written feedback from family members was also found to be positive and complimentary on the quality and safety of care provided in the house. Family members reported that staff were supportive, kind and caring, they were satisfied with the care provided to their loved ones and with the range of activities available to them. Some family members also reported that they thought the service was excellent.

One family representative spoken with over the phone, informed the inspector that the care provided in the house was brilliant and their relative loved living there. They also said that the staff team were excellent and very kind to the residents. For example, they reported that their relative reached a milestone birthday during lock down and, the staff team ensured this day was celebrated and made special for the resident. The inspector saw pictures of the party that was held for the resident and observed, that they appeared to have enjoyed their special day very much.

The family member also reported that their relative was very much at home in the house, it was their home and they felt safe and secure living there. When asked if they had any complaints about the service, the family member responded that they couldn't fault any aspect of the service and overall, they thought it was excellent.

Over the course of the day, the inspector observed that residents were relaxed and comfortable in the presence of staff and staff were kind and caring in their interactions with the residents. For example, the inspector observed residents and staff having a cup of tea and talking together in the kitchen while preparing lunch. Other residents were enjoying spending time in the garden with staff, while others went for a drive in the countryside.

Staff also ensured that where a resident had a particular interest in a hobby, they were supported to pursue that interest. For example, one resident loved tractors and prior to lock down, staff had supported the resident to attend a number of tractor road shows. The resident also liked to collect tractors, watch TV programmes and documentaries about them and was very knowledgeable on this topic. The inspector also observed that the resident liked to keep pictures of their trips to the road shows. These pictures were important to the resident as they invoked nice memories for them and, were a mechanism to enable the resident to visually communicate their likes and interests to the inspector. Another resident liked to listen to, and play music and the inspector observed, they had their own guitar which they liked to play from time to time.

Staff were also supportive in ensuring the rights of the residents were respected and supported. For example, on the day of this inspection, the inspector observed that residents chose their own daily routines and staff were respectful of their decisions. Residents also held regular meetings where they agreed menus for the week and what social activities to engage in.

Information in an easy to read format was also available to the residents on their rights, and, information was available in an easy to read format on how to make a complaint about the service. However, the inspector observed that there were no

complaints about this service for 2021, residents appeared very much at home in the house and, a family member spoken with, reported the service was excellent.

A minor issue was identified with the process of notifications which is discussed in section 1 of this report: Capacity and Capability. Issues were also found with the premises (which were not impacting on the quality of care provided to the residents) and are discussed in section 2 of this report: Quality and Safety.

Capacity and capability

Residents appeared very much at home in this house and, the provider ensured that adequate supports and resources were in place to meet their assessed needs. Feedback from family members and residents was also positive on the quality and safety of care provided in the centre.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection control. It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic, however, there were plans in place to address this issue.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required. However, it was observed that an adverse incident that occurred in February 2021, had not been reported to the Chief Inspector in a timely manner.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be

provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in April 2021, found that the Statement of Purpose required review, the person in charge was to attend a training session and, a COVID-19 risk assessment required updating. All these issues had been addressed at the time of this inspection.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue to the current COVID-19 pandemic. However, there were plans in place to address this issue.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents

were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. However, it was observed one adverse incident that occurred in February 2021 had not been reported to the Chief Inspector in a timely manner.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain strong and regular links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives and walks on the beach.

The inspector met with all the residents over the course of this inspection and observed that prior to the COVID-19 pandemic, they had gone on social outings and holidays to the west of Ireland, of which they very much enjoyed. They were also well known in, and connected to, their local community. For example, they were

members of the local GGA club, the local health and fitness club, attended swimming classes and were customers of the local shops, pubs and restaurants. The house manager informed the inspector that residents were looking forward to going back to their various clubs, classes and other community based activities once the restrictions were lifted, and it was safe to do so.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents were provided with an annual medical review and had access to a range of allied healthcare professional services as required. This included speech and language therapy, physiotherapy, occupational therapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support techniques.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were some safeguarding issues at the time of this inspection however, they had been reported and responded to, as required by the organisations policies and procedures. Staff also had training in safeguarding of vulnerable persons and Open Disclosure and, information on how to contact the safeguarding officer was available in the centre. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, adequate staffing support was provided in order to maximise their safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The house manager also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

While the premises were clean, warm and welcoming on the day of this inspection and for the most part, in a good state of repair, aspects of them required repair and upgrading. For example, some flooring and tiling required upgrading and/or replacing in the house and the external driveway to the front and side of the property required upgrading. However, these issues as found with the premises, were not impacting on the quality of care provided to the residents.

Systems were in place to support the rights of the residents and their individual

choices were promoted and respected (with support where required). For example, residents chose their own individual daily routines, which were respected by the staff team. Residents also held weekly meetings where they agreed on social outings and meal plans for the week. The inspector observed that information was available to the residents, in an easy to read format, on their rights and who to go to, if they had any issues in their home. However, there were no complaints on file from residents and feedback from family representatives reported the service was excellent.

Regulation 17: Premises

Parts of the premises required repair and upgrading. For example, some flooring and tiling required upgrading and/or replacing in the house and the external driveway to the front and side of the property required upgrading.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were

being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available to the residents and staff team on how to access to access safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required).

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lakeview Priorstate OSV-0003647

Inspection ID: MON-0031530

Date of inspection: 12/05/2021

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The incident of Feb 2021 will be submitted to the Chief Inspector by the PIC	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Schedule of internal works agreed and to be completed by 31.10.2021 Schedule of external works agreed and to be completed by 30.09.2021	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/07/2021