



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:	21 June 2022
Centre ID:	OSV-0001990
Fieldwork ID:	MON-0035931

About the designated centre

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

This designated centre is a two-storey 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. 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 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

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 21 June 2022	10:50hrs to 15:50hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

During the course of the inspection, the inspector met with all four residents, and members of support staff, and had an opportunity to observe some of the daily lives of residents in the centre. Staff members let residents know that an inspection was taking place in their home, and the residents chatted with the inspector as they went about their day.

The four residents have lived together in this location for a long time and there was a good camaraderie between them. Residents knew what their housemates were interested in and they had gone on outings and breaks away together. However the residents were also comfortably able to spend time in their own company and travel and take holidays on their own if preferred.

All of the residents had received their vaccination against COVID-19 and were supported to optimise their community access. Two of the residents had continued to attend their paid employment in the clerical and hospitality sectors. Residents talked to the inspector about upcoming trips and outings, including a hotel break away, tickets to a concert that weekend, trips with social clubs, spa breaks, and planned visits to and from their family and friends. Residents also trained in sports such as golf and bowling. One resident acted in the role as an advocate for their fellow service users in this provider group, and the inspector found evidence of where they had raised matters for discussion at team meetings.

The residents lived in a comfortable two-storey suburban house and each had their own bedroom and suitable bathroom access. Some areas of the house required maintenance work, as will be referenced later in this report, however, in the main, the provider was working to provide a pleasant and homely living environment. Some areas of the house had recently been repainted to brighten the house up, and residents told the inspector they were pleased with comfy new couches in their main living room. Residents also had access to a private garden space.

There had been an outbreak of COVID-19 in the house around Christmas time, and the residents told the inspector how they got on when they had to spend time in isolation, noting that it was difficult at times, but they understood why it was necessary. Residents spent their isolation time working on puzzles, jigsaws and watching movies. The residents were disappointed that they had missed some Christmas events, and discussed in house meetings what they would like to do when they were able. Residents were well-informed on what to expect and were praised on following good practice in keeping themselves and their housemates safe and

being able to get back to normal soon after.

Residents were observed to have a good rapport with the front-line team, and were kept up to date on people joining or leaving the team. A relatively new member of staff was working with the residents on the day of inspection and the inspector observed mutually respectful interactions, chat and joking. Residents were also aware of somebody new who would be joining the team soon and how they had been introduced to them before they officially started.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

Capacity and capability

The inspector found evidence demonstrating how the registered provider had ensured the service was appropriately resourced and overseen to protect residents and staff from risks related to infection, and to support operational continuity in the event that the service has an active infection risk.

The front-line staff team had access to information and contact details if clinical or managerial advice or input was sought out of hours, such as if a resident presented with an infection. There were contingency arrangements in place to ensure that if staff were unavailable to work, that the impact on support continuity would be mitigated. Records reviewed indicated that where relief personnel were used, they were consistent and were kept up to date with the same knowledge and skills required by the core team. The provider had a means of ensuring that staff were staying up to date in training related to infection control, including proper hand hygiene, use of personal protective equipment (PPE), effective cleaning and sanitising techniques in a residential care setting. Staff were mostly up to date in these training sessions, with a minority of staff members not having attended some of these courses.

An infection prevention and control steering group met weekly to discuss infection control strategy, and this included input from a clinical nurse specialist on the subject. The inspector was provided evidence indicating how the centre policies and procedures were continuously updated to incorporate changes related to the national standards, vaccination and booster roll-out, and the current recommendations on good infection control practices. One member of the team was given the role of infection control lead, whose primary duty consisted of communicating these updates to practices and procedures from management level to the rest of the front-line team.

Monthly audits on infection control took place in the designated centre. In the main, areas for development identified by the inspector were also identified by the

registered provider, including areas of the premises which were worn or damaged, and there being no reference to infection risk for residents in the information travelling with them if attending hospital.

The provider maintained their risk register which set out the risk controls related to infection, both in general and specifically related to COVID-19. Evidence was available that this was kept under continuous review, with examples of risk controls such as restricted access by visitors to the house, or frequent temperature monitoring of staff, having been ceased in accordance with the reduction in assessed risk.

Quality and safety

On the whole, the practices and procedures followed by the staff team and residents were effective in keeping themselves safe, with some minor improvement required in ensuring environments and equipment could be effectively cleaned and sanitised.

The front-line team utilised a cleaning checklist which indicated how frequently items were cleaned and sanitised and when they were last attended to. Staff checked off the three periods during the day in which a cleaning round was scheduled, and this list separated out rooms of the same type such as bathrooms, and accounted for items which would be touched frequently such as computer mice and keyboards, door handles and light switches. The schedule also accounted for routine flushing out of drains and outlets to reduce risk related to waterborne bacteria risk. Some items identified as not properly managed on this inspection were not covered by the checklist, such as the medication fridge and some housekeeping equipment.

In the main, the house was clean and suitably decorated. In some areas of the house, new furniture had been purchased for residents and flooring had been replaced. Bathrooms, bedrooms and communal areas were generally clean and tidy. The external premises had features installed for pest control. Parts of the house had been recently painted to brighten up and refresh the look of the residents' home. The floor of the dining room was moderately damaged with chunks cracked out of it. There was some damage to the floor of a resident bedroom too, as well as general wear and tear to the flooring and cabinets in the kitchen, and a sofa in a communal area. In addition to impacting on the homely appearance of the designated centre it also compromised some surfaces' ability to be effectively cleaned and sanitised.

Cleaning equipment was generally well-managed. Staff were familiar and consistent with how they would compose chemicals for cleaning surfaces and floors as well as spraying and wiping down items to disinfect them. Mops and buckets were colour-coded based on their area of use, and mops were clean and stored clipped up on a wall to properly dry out. Some review was required to ensure that containers could be themselves effectively cleaned, as mop buckets and reusable spray bottles had adhesive labels and tape on them which meant they picked up dirt and sticky

residue as they were used, and could not be properly cleaned and rinsed.

Staff were provided guidance and procedures on effective waste management, food preparation, laundry, handling dangerous substances, and responding to potential or actual risk of infection among the staff or residents. There was also a plan for what practices to follow in the event of an infection outbreak. The designated centre had had an outbreak of COVID-19, and accounts of how each resident was affected and handled isolation were well-documented. A post-outbreak review commented that the risk register would be amended following the outbreak, however it was unclear what these amendments would be; there was limited discussion or evaluation of what parts of the plan worked well and what needed to change, following the experience of putting the plan into action.

The information which would travel with a service user in the event they had to transfer to hospital did not contain any information on their infection or vaccination status or history. However, the provider had already identified this and planned action to amend documents to include this data.

Regulation 27: Protection against infection

Overall, the management, front-line staff and service users had been supported and educated on their respective roles in effectively managing risks related to infection prevention and control, and in what to do in the event of an actual infection outbreak. The provider had continuously updated risk assessments and control measures to reflect the circumstances of the house and residents, as well as national recommendations. The inspector found examples of where restrictions such as enhanced PPE and limits on visitors were reduced or eliminated based on the current level of risk.

The lived environment was clean and staff were diligently signing a checklist for routine cleaning around the house. Some items which were not identified on this schedule were not observed to be in line with good cleaning and disinfecting practices. There was some maintenance work required in the house to facilitate effective surface cleaning.

The residents and front-line staff commented on their experiences during an infection outbreak event and this was mostly positive with residents being well-informed on what to do and what to expect. Following the outbreak, there was some review of the residents' experiences, however it was not clear what worked well from the outbreak plan, and where changes to the risk controls needed to be made following the event.

The provider audits had been effective in identifying where developments and improvements could be made to enhance standards related to infection prevention and control, including gaps in resident information and staff training, and areas of the house requiring maintenance or repair.

Judgment: Substantially 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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Lakelands OSV-0001990

Inspection ID: MON-0035931

Date of inspection: 21/06/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Training gaps related to Infection prevention and control were completed by the 26th of July 2022.</p> <p>Hospital passport updated with relevant COVID vaccination status for all residents by the end of August 2022.</p> <p>Cleaning schedule updated to reflect any missing items by the 26th July 2022.</p> <p>Flooring scheduled to be repaired by the end of December 2022.</p> <p>New sofa ordered and due for delivery by the end of August 2022.</p> <p>New containers for cleaning materials ordered and due for delivery by the end of August 2022.</p> <p>It was documented on the outbreak management plan for the outbreak August 2021 that the risk rating was decreased post outbreak on the 26th July 2022.</p> <p>The outbreak management plan template review box has been updated to ensure learning is captured on what went well and what may need to change from the 30th July 2022.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022