



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

Issued by the Chief Inspector

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:	11 March 2022
Centre ID:	OSV-0001935
Fieldwork ID:	MON-0031931

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 designated centre operated by North West Parents and Friends Association for Persons with Intellectual Disability. The centre consists of a five bedroom bungalow and is located on the outskirts of a town in Co. Sligo. Lakelodge Community Group Home provides full time residential care for up to four residents, both male and female, who present with a mild to moderate intellectual disability. Each resident has their own bedroom which is decorated in line with their wishes, and residents have access to a communal sitting-room and kitchen/dining room. The centre also consists of a front and rear garden and has it's own mode of transport for access to community activities. The centre is staffed by a team of care assistants and sleepover cover is provided at night time. There is an on-call system for staff including a nurse on-call during daytime hours Monday to Friday.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Friday 11 March 2022	09:00hrs to 16:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents in Lake Lodge were enjoying a good quality life and were supported to be active participants in the running of the centre and be involved in their communities.

On the morning of inspection, the inspector met with residents while adhering to public health guidance. The inspector observed residents rising from bed and preparing for the day. They were making choices about what to do and appeared relaxed with the staff support provided. One resident told the inspector that they felt "very happy here" and that they wanted to "stay here for good". They said that they attended the day centre four days per week. When at home, they said that they enjoyed listening to music and doing jigsaws on their electronic device. They said that contact with their family members was very important to them and they enjoyed meeting with their family and speaking by telephone.

The inspector spoke with a second resident who said that he worried about the risks presented by the COVID-19 pandemic. He said that he "got his injection and it was great". The resident told the inspector that he attended the day service but was not going on the day of inspection. He said that he had decided to do some colouring as it was too wet to go outside. The inspector discussed 'staying safe' with the resident and found that they had a good awareness of what to do if they felt at risk. However, they told the inspector that they did not 'get on with' or have a harmonious relationship with another resident living at the centre. They said that they were "not talking" and this was because their peer used "bad language". They told the inspector that this resident "didn't mean it", but they did not like to listen to bad language.

This designated centre was a bungalow located in a residential area on the bounds of a large town. The entrance hall was bright and welcoming and there was a spacious sitting room where personal items such as photographs were displayed. There was a combined kitchen and dining room which was well equipped. There was a utility room to the rear of the kitchen which was used for laundering and the storage of cleaning equipment and personal protective equipment (PPE). One resident offered to show the inspector their bedroom. It was light filled, personally decorated and cosy. There was a large garden at the rear of the property and the staff on duty told the inspector that there were plans in place to carry out maintenance work on this space. There was a shed for the storage of equipment.

Residents told the inspector that they were involved in activities in their local community. This included attending a day service, involvement in events, going out for dinner and going on trips. As previously referenced, residents were supported to have good contact with their families. This was evident during the inspection as a resident received a telephone call from a family member. This was facilitated by a staff member who showed courtesy and respect for the resident while assisting with

the conversation.

From observations in the centre and information viewed during the inspection, it was evident that residents had a good quality of life, where their choices were respected. Furthermore, it was clear that the person in charge and the staff present prioritised the wellbeing and independence of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The inspector found that residents received care and support that was person-centred in nature and facilitated them to enjoy activities of their choice. However, improvements were required in the of policies and procedures in place and the overall governance and management of the service, which would improve the quality and safety of the service provided.

The provider had a range of policies and procedures in place which were available to staff. The inspector found that some of these required review and updating to ensure that they were relevant to the service that was provided. For example, the risk management policy and the behaviour support policy provided guidance that was not in accordance with the processes in place at the designated centre.

A staff roster was available and the inspector found that this provided an accurate description of the staff on duty on that day. Furthermore, the number and skill-mix of staff available appeared sufficient to meet with the changing needs of the residents living at the centre. For example, the person in charge told the inspector that a resident required increased staff support due to the frequency of behaviours of concern. This support was in place on the day of inspection. On call arrangements were in place and the relief staff provided were familiar with the residents and this ensured that consistency of care was provided. Staff meetings were taking place regularly and communication in the centre was reported to be open and supportive.

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and found that training in fire safety required updating. This was completed on the next working day following the inspection.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

This designated centre was found to be appropriately resourced to ensure the

effectively delivery of care and support. There was a defined management structure in place which clear lines of authority identified. The annual review of the quality and safety of care was completed and up to date. An unannounced twice per year provider-led audit had taken place. However, the inspector found that improvements were required with the overall oversight and monitoring of the service provided for example, ensuring the policies, procedures and processes in place were up-to-date, relevant to the service provided and effective.

Later in the day, the inspector met with a staff member. They told the inspector that they were working at Lake Lodge for the past 10 years and that they enjoyed their work. They said that the person in charge was supportive and regularly available. They were knowledgeable about the care and support needs of the residents and about the importance of safeguarding, promoting choice and encouraging independence.

Regulation 15: Staffing

A staff roster was available and the inspector found that this provided an accurate description of the staff on duty on that day. Furthermore, the number and skill-mix of staff available appeared sufficient to meet with the changing needs of the residents living at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and found that training in fire safety required updating. This was completed on the next working day following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was resourced appropriately and that there was a clearly defined management structure in place. However, improvements were required with the oversight and monitoring of the service provided for example, ensuring the policies, procedures and processes in place were up-to-date,

relevant to the service provided and effective.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a range of policies and procedures in place which were available to staff. The inspector found that some of these required review and updating to ensure that they were relevant to the service that was provided.

Judgment: Substantially compliant

Quality and safety

The inspector found that a good standard of care and support provided was provided. However, improvements in policies and procedures, governance and management, positive behaviour support and the infection prevention and control measures used would further enhance the quality and safety of the service provided.

The residents at this designated centre had a range of healthcare needs. Discussions with the person in charge along with a documentation review showed that these needs were provided for appropriately and consistently. Care plans were in place and these were up-to-date and regularly reviewed. Access to the multidisciplinary team was facilitated with evidence of advice and support from the general practitioner (GP), audiology, optician, dentist and mental health and wellbeing. However, the inspector found that psychology support was recommended for a resident and this was not in place. The person in charge provided evidence of the work completed to progress this and the plans made to ensure that this was provided as soon as possible.

Residents had an up-to-date assessment of their personal and social care needs. One resident showed the inspector their person-centred. This plan was provided in

an easy-to-read version and the inspector saw that the resident enjoyed looking at and speaking about their plan. There was evidence that residents were involved in agreeing goals and that these were followed up on for example, going horse riding or returning to mass.

Residents who required support with behaviours of concern had a support plan in place which was completed by the person in charge and the staff in the designated centre. However, due to the high level of incidence that occurred, the plan was not effective. The person in charge told the inspector that plans to support the resident were ongoing. These included the referral to a positive behaviour support therapist. Furthermore it was evident that behavioural outbursts impacted on the quiet enjoyment of others living in the designated centre.

Residents in this designated centre were supported to understand the importance of self-care and protection. Discussions with the residents provided evidence that residents knew what to do if they had a concern. Staff had training in the safeguarding of vulnerable adult and this was up to date.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and a risk management and emergency planning policy. Risks that had been identified at service and resident level had been assessed and individual risk assessments were completed and up to date.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policy, audits, risk assessments and ongoing discussion with residents. Residents and staff spoken with had a good understanding of the infection prevention and control risks. However, the inspector found that the information available for staff was not in line with current public health guidance. Furthermore, posters on the outside of the house relating to visitor restrictions were out of date.

Overall, the inspector found that residents at Lake Lodge were supported with their individual needs and a good standard of care was provided. However, improvements in governance and management, positive behaviour support, risk management and the infection prevention and control measures used would further enhance the quality and safety of the service provided.

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the identification, assessment and management of risk. Risks that had been identified at service and

resident level had been assessed and individual risk assessments were completed and up to date.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points and a number of staff training courses were provided. However, the inspector found that the information available for staff was not in line with current public health guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an up-to-date assessment of their personal and social care needs and these were available in an easy-to-read version.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that healthcare needs were provided for appropriately and consistently. Delays in accessing the support of allied health professional services were acknowledged and a plan was in place to address this.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had a support plan in place. However, due to the high level of incidence that occurred, the plan was not effective. The person in charge told the inspector that plans to support the resident were ongoing. These included the referral to a positive behaviour support therapist.

Judgment: Substantially compliant

Regulation 8: Protection

Residents in this designated centre were supported to understand the importance of self-care and protection. Staff had training in the safeguarding of vulnerable adult and this was up to date.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lakelodge Community Group Home OSV-0001935

Inspection ID: MON-0031931

Date of inspection: 11/03/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All policies due for review were discussed at Quality, Safety and Risk Management committee on 12/04/22 and reviews will be completed by 30/04/22.</p> <p>Behaviour Support plan and the individual strategies plan reviewed by the Senior Clinical Psychologist is currently being followed for one service user .Follow up has been made with the HSE Adult referral committee and we have been informed by the HSE that this individual's referral from NWPf for input from Psychology and Behaviour Therapist is now in process.</p> <p>The strategies plan together with the additional staffing is currently effective as all safeguarding plans are now closed by The Safeguarding Team and no further incidents have occurred that merit reporting to safeguarding or HIQA.</p> <p>All travel arrangements have been reviewed to ensure the safety of everyone concerned.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The most up to date guidelines were provided to the centre on the 14/03/2022</p>	
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>The poster on visiting has been removed and the most up to date national guidelines were provided to the centre on the 14/03/2022</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The policy on Positive Behaviour Support will be reviewed by 30/04/2022. The individual strategies plan developed by the senior clinical psychologist is currently effective. Additional staffing has ensured the safety of all Service users. This individual has been reviewed on the 26/03/22 and the 25/04/22 by the MHID team with changes implemented, together with the recommendation of the input of a behavior therapist. This recommendation has been followed up by NWPf with the HSE and we have been assured that this referral is now in process.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	09/05/2022
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	Substantially Compliant	Yellow	14/03/2022

	published by the Authority.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	16/05/2022