



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

Issued by the Chief Inspector

Name of designated centre:	Lark Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	21 September 2021
Centre ID:	OSV-0005020
Fieldwork ID:	MON-0026798

About the designated centre

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

Lark Services provides a residential service to twelve individuals with a mild to moderate intellectual disability across two locations. This service can accommodate male and female residents from the age of 18 years to end of life. The service can support wheelchair users in both houses, although in one house this can be provided in the ground floor accommodation only. The centre is made up of two houses; one of which is situated close to a rural village, while the other is in a rural town. Residents at Lark Services are supported by a staff team which includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present and staff members sleeps in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Tuesday 21 September 2021	9:00 am to 4:30 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with five of the ten residents who resided in the centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

The residents were all up and about on the morning of inspection and going out for the day with either staff from the centre or the day service. The residents were in and out during the day and interacted with the inspector at various times. One resident was unable to respond verbally to the inspector but smiled and nodded positively when asked how they were and if they were happy in the centre. The provider had members of staff on the team who were from the same culture as this resident and they supported the resident to buy specific foods that they enjoyed from their culture. They had also helped develop a social story for the resident to provide reassurance around his home as he had anxiety around this, this was an excellent support system to him. The residents were very pleasant and welcoming and they seemed very proud of their home. Several residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. There was also a sensory relaxation room available for the residents if they wished to relax in it and listen to music.

The inspector observed the residents on the day and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they felt safe in their home and that the staff were really kind to them. One resident had some concerns about another resident's behaviour and had made a complaint previously. The provider had addressed this with the resident and was actively resolving the matter to the resident's satisfaction. The staff present were very knowledgeable about the residents' needs and preferences and were laughing and joking with the residents in a positive manner. The residents

were active on a video conferencing system during the pandemic, engaging with family and friends which residents said they enjoyed. Residents were observed to go out and enjoyed walks with staff and also went for trips to hurling matches, meals out and holidays. Residents enjoyed TV, having meals together, gardening in their vegetable patch and also enjoyed listening to music.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present 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 service being delivered to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents however the staff numbers were not in line with the statement of purpose and the size of the designated centre. The inspector reviewed

the actual and planned rota which indicated continuity of care from a core team of staff known to the residents but the staff numbers were not in line with the assessed needs of the residents. One staff member had gone on extended leave and this post had not been filled and also some positions were not full time but were in the statement of purpose as a whole time equivalent. The person in charge committed to addressing this staffing issue immediately and confirmed in later correspondence that the staffing deficit had been resolved. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the residents various diagnosis of Autism, Epilepsy, Shizophrenia and Parkinsons disease and the management of these conditions.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management (Studio 3).

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in June 2021 and 2020 and a review of the quality and safety of service was also carried out in 2020. The provider also carried out a survey with residents and family members to seek their views and opinions of the service. The annual report reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. In areas highlighted for improvements it was noted that the compatibility of residents within centres was to be reviewed. In line with a previous inspection where this issue was raised one resident had transitioned out to another service which was more suitable to their needs. One other resident still remained in the centre however progress had been made in resolving issues around compatibility. Others areas prioritised in the annual report were to support the residents to return to day service and to provide alternative day support for residents who have decided they don't want to return to day service. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

On a previous inspection issues were noted with regards to complaints however on this inspection there was an effective complaints procedure in place and it was in an accessible format. One complaint around compatibility of residents was viewed on the day and the inspector found that the person in charge and the team leader were actively addressing the matter and the resident was satisfied with this approach. The inspector was shown notes of weekly meetings the team leader had with the resident to address their concerns.

The registered provider had a written statement of purpose in place for the centre,

which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents however the staff numbers were not in line with the statement of purpose and the size of the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received all mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services
Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider had a statement of purpose which contained the information set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had an effective complaints procedure for residents in place which was accessible. There was one open complaint which was actively being resolved.
Judgment: Compliant
Quality and safety
The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the

COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of mental health and diagnosis such as Paranoid Schizophrenia and Parkinson's Disease. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who presented with paranoid schizophrenia was comprehensive and included a list of proactive strategies developed by the staff in conjunction with the consultant. This included how to manage this condition on a daily basis and also how to recognise when the resident required psychiatry review and possible medication amendment by the psychiatrist. Staff spoken with acknowledged that these support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. An example of a health care support plan noted by the inspector was in relation to high blood pressure experienced by one resident. A plan of care was in place which provided guidance to staff on how to support the resident with a healthy lifestyle plan in relation to this.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included a functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. It was communicated to the inspector that creating a positive image of one resident who presented with behaviours that challenge was very effective. As a result the team leader in the centre had devised a list of positive proactive strategies to support the development of a positive identity for this resident. This was noted by the inspector to be very effective in reducing behaviour incidents in the centre and supported a positive culture among residents. Staff were very familiar with the needs of the residents and the behaviour support strategies that were in place.

As part of the person centred planning process the person in charge had outlined goals that had been decided upon with the resident. However the goals were functional in nature and were very general, they needed to be specific to each resident. The PIC was committed to reviewing this area and supporting the residents in developing more person centred goals and to monitor the progress and achievement of same.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents went to either work or day service and were out at sporting events, for meals out, shopping and holidays.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. PPE in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control (IPC) were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national IPC guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. During the COVID-19 pandemic a protocol for visiting was developed in line with the Health Service Executive Covid-19 Guidance on Visitations to Long Term Residential Care Facilities. The residents families were communicated with in relation to the new visiting protocol and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment was maintained and there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 1 minute and 58 seconds. No issues were highlighted as part of the evacuation drill, however some residents required prompting to leave. Personal egress plans were in place for the residents and it was noted on one that staff were to be particularly vigilant once at the assembly point as the resident may wander back into the building. Fire doors were in place and automatic magnetic closers were on doors however they required to be checked by the fire engineer as one of them did not appear to close properly. The arm on the door seemed too loose and the door banged shut quickly and very loudly. This was an issue from a fire safety perspective but also it was very loud for residents with a sensory issue. The person in charge arranged a review with the fire engineer straight away.

The provider had ensured that the premises were laid out to meet the needs of the

resident and overall the centre was clean and warm. There was adequate communal and private space for residents. The centre was decorated to the residents personal taste and there were photographs and personal items around the house. The adjoining house in the centre was not as homely as the first and the residents seemed to spend a lot of time next door. The residents tended to have meals in the first house and spent a lot of time there, the person in charge and team leader were supporting the residents to add more of their personality and identity to the adjoining house.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine. There was evidence of regular house meetings where residents decided on activities for the week and discussed topics such as safeguarding.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV, Internet and had an electronic tablet for the purpose of video calls with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the

residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place however one of the fire doors did not appear to close properly. The arm on the door seemed too loose and the door banged shut quickly and very loudly. This was an issue from a fire safety perspective but also it was very loud for residents with a sensory issue. The person in charge contacted the fire engineer immediately to get this issue resolved.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. However residents goals were functional in nature and general. The goals were related to independent living skills such as doing household chores and personal care. The goals were general in that the residents had similar goals to each other and there were no individual personal aspirations.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre however one residents mental health support plan was out of date and had not been reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lark Services OSV-0005020

Inspection ID: MON-0026798

Date of inspection: 21/09/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Team leader has been supported to have her hour’s super-numery and in addition her hours have been backfilled on the rota. This allows Team leader duties to be carried out effectively across both houses in designated centre whilst also ensuring on the floor support levels are correct and in line with statement of purpose and size of designated centre. Also SCW on long term sick leave has returned to duty as of the 19th of November.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Team leader made arrangements with contractor to address the issue of Fire doors which with quick release system were closing quite rapidly creating a loud bang which could have sensory implications for people sensitive to the noise created by same. Contactor came and tightened closing arms of doors and issue has been resolved satisfactorily.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Following on from our recent inspection we held team meetings on the 28th of September and 26th of October where we discussed the issue of generalisation and functionality of Personal outcomes. Further training was provided via TBPM in Raheen Woods Hotel on 19th of October. Our Quality dept. as part of same will be conducting a supported review and Refresher of Personal outcomes and individual workbooks with Key workers on December 2nd and 6th 2021. In the New Year each resident will be supported to review their existing goals and set new goals for the year ahead. This provides an opportune time to ensure residents are leading the process and their choices reflect their individuality and aspirations for their life. We expect this work to be completed by the end of February 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	19/11/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	04/10/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the	Substantially Compliant	Yellow	28/02/2022

	resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
--	---	--	--	--