



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:	Short Notice Announced
Date of inspection:	13 October 2020
Centre ID:	OSV-0005020
Fieldwork ID:	MON-0030667

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:	11
--	----

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 13 October 2020	10:00hrs to 16:55hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Due to COVID-19 restrictions, and to reduce risk, the inspector carried out the inspection in one house in the designated centre as a sample of the service being provided. The inspector met with four residents who used this service. Some residents indicated that they liked living in the centre and that they enjoyed their lives there. Some residents did not discuss their lives in the centre with the inspector, but they appeared to be comfortable and relaxed in the company of staff and with each other. These residents were enjoying the activities that they were involved in.

Capacity and capability

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

The provider ensured that the service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided to residents who lived at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits and that any audit findings had been addressed. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Some governance arrangements in the centre, however, had not ensured that the privacy and choices of residents were suitably managed. There was evidence that the compatibility of residents in this service required further review. Due to the diverse mix of residents in this service, it was noted that the compatibility of residents may not be appropriate to all residents' needs. As a result, some negative outcomes to residents were noted. The management team acknowledged this and stated that it was being reviewed.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, understanding autism and supported decision making, in addition to mandatory training. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector

were up to date.

The provider had ensured that records were well managed. Records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested. Some of the documentation viewed included auditing records, an up-to-date statement of purpose, a residents' guide, records of incidents that had occurred in the centre and an up-to-date directory of residents.

There were arrangements in the centre for the management of complaints. There was evidence that complaints had been taken seriously and had been investigated by the management team. However, the record keeping for some complaints required improvement as the final outcomes were not recorded in line with the requirements of the regulations and the organisation's own policy.

Regulation 16: Training and staff development

Staff had been suitably trained. All staff had received a range of training relevant to their roles in addition to mandatory training in fire safety, behaviour support and safeguarding.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

Records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion, were suitably stored and were supplied as required during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, the compatibility of residents in the centre required review to ensure that best possible outcomes for all residents were being achieved. Improvement to the management of complaints was also required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider's complaints management process required improvement. While it was evident that any complaints had been taken seriously by the management team, records of the investigation and outcomes of some complaints had not been clearly recorded in line with the requirements of the regulations and the provider's policy.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

There were a range of operational policies and procedures available to guide staff. A sample of policies viewed during the inspection were up to date.

Judgment: Compliant

Quality and safety

Residents living at the centre received care and support, which allowed them to enjoy activities and lifestyles of their choice and to receive a good level of healthcare. However, there were some compatibility issues that impacted negatively on residents' privacy and choices in their daily lives.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met.

There was evidence that residents were out and about in the community and were involved in activities that they enjoyed, such as community outings, day

services, visiting their families and entertainment events. An individualised home-based service was also provided to meet residents' needs during the COVID-19 pandemic. Residents were involved in gardening projects at the centre, taking care of the centre's hens, taking exercise both in the centre and outdoors, music in the centre, and crafts, board games and baking.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Healthcare services including speech and language therapy and psychology, were supplied by the provider. Residents' nutritional needs were well met and suitable foods were provided to meet any identified nutritional needs.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider also had measures in place to support any resident with a behaviour of concern. All staff had received up-to-date training in this area and there were interventions in place to support and reduce risk associated with identified behaviour of concern.

Improvement was required, however, to the management of residents' rights. There were issues in the centre which impacted on residents' right to privacy, dignity and choice and the process for recording residents' consent for sharing any personal information with any nominated representatives required improvement.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and assessed needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Wholesome and varied meals were supplied to residents, and suitable foods were provided to suit any special dietary

needs.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place to ensure that the spread of infection in the centre was well managed. Additional practices and procedures had been introduced and implemented to reduce the risk of COVID-19 infection entering the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had put suitable measures in place for the support and management of behaviour of concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' civil, political and religious rights were well supported and, overall, residents had freedom to exercise choice and control in their daily lives. However, there were some aspects of the current living arrangements which could, at times, impact negatively on the choices of other residents. Furthermore, in some instances the provider had not ensured that consent for sharing residents' personal information with any nominated representatives had been suitably recorded.

Judgment: Not 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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lark Services OSV-0005020

Inspection ID: MON-0030667

Date of inspection: 13/10/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: a) The PIC along with senior management will continue to examine how compatibility of residents within the Centre is addressed to ensure that the best outcomes for all residents is achieved. A plan is currently in place to accommodate one resident within a new service. This is currently at build phase and will be completed by end of 2021. In the meantime we will continue to liaise with the Multi-disciplinary team to manage the current compatibility. b) The PIC will ensure that all complaints are dealt with as per the Brothers of Charity Complaints Policy. Complaints will continue to be taken seriously; investigated, fully closed off and accurately documented.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The PIC will ensure that all complaints are dealt with as per the Brothers of Charity Complaints Policy. Complaints will continue to be taken seriously; investigated, fully closed off and accurately documented.	

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Where it is necessary to share personal information with a nominated next of kin regarding a person's finances, where possible, the person's consent will be sought and evidenced in writing and formally recorded.	

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	30/11/2021
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	01/12/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation	Substantially Compliant	Yellow	01/12/2020

	into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	01/12/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	01/12/2020