



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

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:	10 April 2018
Centre ID:	OSV-0001990
Fieldwork ID:	MON-0021400

## About the designated centre

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

This centre is a two story house situated in a large town in Co. Kildare. It accommodates four residents. The layout of the building includes a sitting room, a kitchen and a sun room which is set up for residents to dine in. The dining room is currently used as a sitting room. There is a utility room and toilet downstairs. There are four bedrooms, three upstairs and one downstairs which includes an ensuite. There is a bathroom with toilet upstairs. There is a small garden and patio area out the back of the house.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/08/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
10 April 2018	10:00hrs to 17:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with four of the residents throughout different times of the day. During these engagements the residents relayed their views to the inspector. Residents' views were also taken from observations, minutes of residents' meetings and various other records that endeavoured to voice the resident's opinion.

At the end of the day the inspector sat down with all of the residents and gave feedback on the days' inspection. The residents appeared happy and satisfied with the inspectors findings.

The residents advised the inspector that they were very happy living in this house. All of the residents showed the inspector their rooms and pointed out where they had been involved in the layout and décor of the room. The residents seemed happy and proud to show the inspector family photographs, memorabilia and music collections contained in their rooms.

Residents advised the inspector that they knew who to go to should they have a concern. One of the residents advised the inspector about her role as a representative in the organisation's advocacy service.

Residents advised the inspector that they enjoyed each others company and that they all helped each other out with the household tasks. For example when it came to dinner-time residents shared out the role of cooking the meal and clean-up after the meal.

The residents talked to the inspector about their participation in a fun and competitive healthy living challenge that was occurring in the house and how everyone, including staff, were involved in it.

Through the continuity of the workforce, relationships between residents and staff were being maintained. The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents.

This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken in to account.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a continuity of staffing so that attachments were not disrupted. The person in charge informed the inspector that no agency staff were employed and where relief staff were required, the same two relief staff members were requested.

The inspector saw that staff mandatory training was up to date and that staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents. Performance management planning, interval and outcome meetings to support staff perform their duties to the best of their ability, took place four times throughout the year. Staff advised the inspector that they found these meetings to be beneficial to their practice.

Staff informed the inspector that they felt supported by the person in charge and management and that they could approach them at any time in relation to concerns or matters that arose. The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that she was due to commence a six week leadership course.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Following on from the six monthly unannounced reviews, a team action plan was implemented to support the person in charge ensure ongoing positive outcomes for residents.

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found evidence that all staff had received mandatory training including safeguarding, medication management, manual handling and fire safety.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Judgment: Compliant

### Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose .

Judgment: Compliant

## Quality and safety

The inspector found that the resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for residents.

Residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health care professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. The residents were engaged in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations.

Residents were supported to engage in goals that promoted community inclusion such as attending courses in the local education and training centre, volunteering in one of the town's charity shops and dining in nearby restaurants, pubs

and Cafés.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. Residents were engaged in various forms of supported employment. One of the residents spoke with great pride about her employment; how long she had worked in the job and the many significant tasks she carried out.

Residents were encouraged and supported around active decision making and social inclusion. Residents had been involved in organising a number of charity events to raise monies for charities of their choice.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. Residents were supported to develop their knowledge, self-awareness understanding and skills required for self care and protection through accessible information and monthly residents' meetings promoting safeguarding information.

On the day of inspection the inspector found that improvements were required to practices relating to a resident's one to one overnight break. However, further information was provided post inspection to ensure appropriate and transparent safeguarding practices were considered in order to support this resident on the overnight break.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair with newly laid floors, new bathroom tiling and paint work jobs recently completed.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and arrangements were in place for ensuring residents were aware of the procedure to follow.

Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. The inspector found that staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had been assessed around suitability to self-medicate and at the time of inspection one resident was responsible for her own medication management with a second resident currently being facilitated to do the same.

## Regulation 17: Premises

The premises met the needs of the resident and a number of upgrades had been



carried out resulting in positive outcomes for the residents.

Judgment: Compliant

### Regulation 28: Fire precautions

On the day of inspection the annual fire fighting equipment service was slightly overdue however, the inspector saw documental evidence that the service had been arranged for the following week.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

### Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant