



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

Name of designated centre:	Lark Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	01 October 2018
Centre ID:	OSV-0005020
Fieldwork ID:	MON-0021936

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.

Current registration end date:	10/04/2019
Number of residents on the date of inspection:	8

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
01 October 2018	10:30hrs to 17:30hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with seven residents who used this service. Residents who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre and were comfortable there. They also stated that they all got on well together. They also stated that they enjoyed the activities that they took part in at their day services, in the centre, and talked of their involvement in the local community. Residents also told the inspector that they felt safe living in the centre, and that they trusted staff. They knew who was person in charge in the centre, and how to make a complaint. Throughout the inspection, the inspector observed that all residents were comfortable and relaxed in the company of staff and with each other. The inspector also read questionnaires completed by, or on behalf of residents, and these expressed a high level of satisfaction with the care and service they received.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspection's findings were addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge was not based in the centre, with he worked closely with the team leaders of the service, and with staff. The person in charge was suitably qualified and experienced, was known to residents and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that

staff were adequately supported when the person in charge was off duty.

The provider had ensured that suitable staffing were in place, and that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. Rosters confirmed that this was the normal staffing level and residents told the inspector that they were able to take part in activities that they enjoyed in the centre, at day services, and in the local community.

Since the last inspection, the provider and management team had address all issues that had been identified in the inspection report.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in an office adjacent to the centre and was very knowledgeable regarding his role and responsibilities, and of the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents and to support residents to take part in activities of their choice, both in the centre and in the local community.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff also received other training relevant to their roles such as safe administration of medication management, and feeding, eating and drinking. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided. such as the fees to be charged, what was included in the fees. The provider had clear criteria around the admission of residents to the service, which included assessments of care needs, support, and compatibility

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the statement were readily available in the centre.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and

safety of resident care. The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices.

Residents' quality of life was prioritised by the management team and staff in the centre, and their rights and choices were supported. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this. Residents told the inspector about things that they liked to do and how they were supported to do these. Residents talked of social events and outings, going to mass, doing cookery classes, swimming in a local leisure centre, voluntary and fund raising projects, community involvement and of being involved with an active retirement group. Residents also spoke of having good interaction with their families and friends. It was evident that residents had very active social lives and busy lifestyles.

The centre suited the needs of residents. As both houses were centrally located residents had very good access to the local amenities. All residents had their own bedrooms. The rooms were decorated to residents' preferences and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. The houses were warm, clean, comfortable, suitably furnished and personalised.

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. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own personal plans. In a sample of personal plans viewed, the inspector found that the goals identified were meaningful to residents, progress in achieving person goals was being well recorded, and that many of the goals had been achieved while others were in progress.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were accessed locally and arranged as required. Plans of care were developed for residents' which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered. Staff also ensured that residents had a good quality diet and meal plan to suit each person's individual needs, and were involved in choosing, shopping for, and preparing their own food.

Regulation 11: Visits
Residents could receive visitors in the centre in accordance with their own wishes, and there was sufficient rooms in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet, socialise with, and visit family and friends as they wished.
Judgment: Compliant
Regulation 13: General welfare and development
Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. For example, residents were taking part in training, household activities, sport, keeping in touch with friends and family, and attending social and leisure events.
Judgment: Compliant
Regulation 17: Premises
The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is made up of two houses, which were clean, comfortably furnished, well decorated and personalised.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Residents, who chose to, were also involved in meal preparation. Residents' nutritional needs had been assessed, and suitable

foods were provided to suit any identified special dietary needs.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Residents had identified person goals which were meaningful to them and staff were supporting residents to achieve these goals. These personal goals were also made available to residents in a user-friendly pictorial format.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant