



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:	Short Notice Announced
Date of inspection:	08 September 2020
Centre ID:	OSV-0001935
Fieldwork ID:	MON-0030140

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:	3
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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 - 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 8 September 2020	11:15hrs to 15:35hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector spent time reviewing documentation and meeting with the person in charge in another location nearby the centre so as to ensure that public health guidelines could be adhered to throughout the day, and that residents would not be impacted by the inspector's presence in their home. The inspector then visited the centre towards the latter part of the day and met with staff and three residents who lived in the centre. The inspector was informed that one resident was at home with their family during the COVID-19 pandemic and that regular communication occurred with them, in order to offer them supports while at home.

Overall, residents were observed to be relaxed and comfortable in their home and with each other. One resident greeted the inspector outside the front of the house, and showed the inspector the entrance to their home. The inspector met with one resident initially, who was relaxing in the sitting room and the inspector spoke with them while adhering to the public health guidelines of social distancing and the wearing of a face mask. The resident was completing activities on their laptop and stopped to talk with the inspector for a few minutes. They told the inspector that they loved spending time on their laptop and they also spoke about the activities that they enjoyed while being at home from their day services during the COVID-19 pandemic. This included knitting, getting takeaways, listening to music and spending time on their laptop. When asked if they were missing their day services, they stated that they were not. They stated that they were happy in the centre and when asked, said that they would go to staff if they had any complaints.

The inspector then spent time with the other residents in the kitchen/dining area while maintaining physical distancing and the wearing of a face mask. One resident was observed to be colouring a picture in a colouring book and the other resident was sitting at the table having a beverage. Residents spoke about the activities that they were doing while at home; including going on day trips, having picnics, colouring, watching television and singing. One resident spoke about a recent visit that they had received from a family member, and appeared to have been very pleased about this. They told the inspector that they couldn't go home at the moment and that they missed this, but that they were keeping in contact with family through phone and video calls.

Another resident spoke about missing their day service and mentioned this a few times. They appeared to have an understanding of why they were not attending at present, as they stated that restaurants and Mass were closed also. They spoke about knowing their rights and their right to make choices. They also said that if they had a complaint they would speak up and that staff would help them. Residents appeared to have good awareness about the COVID-19 restrictions and confirmed that staff spoke to them about this, and they pointed out the hand gel that they used for hand hygiene.

In addition, the inspector got the opportunity to meet with a staff member who was

working on the day of inspection. The staff appeared knowledgeable about the needs of residents and residents were observed to be familiar and comfortable with staff supporting them.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in December 2018.

Overall, the inspector found that the management of the centre by the person in charge was good; however improvements were needed in the systems for oversight and monitoring by the provider and to ensure that the lines of accountability were clear with regard to regulatory responsibilities. Specific improvements were required in the management of risks, adherence to safeguarding procedures, notifications to the Chief Inspector of Social Services and the provider's role in monitoring the centre. These will be discussed throughout the report.

The person in charge had responsibility for two other designated centres and also covered the role of services manager and designated officer in the organisation. While the operational management of the centre by the person in charge was good, there was little evidence of the oversight and monitoring systems in place by the provider. For example, the regulations state that the provider, or person nominated by the provider, shall carry out an unannounced visit to the centre at least once every six months and provide a written report on the safety and quality of care and support provided in the centre. However, the inspector found that it was the person in charge of the centre, not the provider, who completed these visits and provided the report including the identification of actions for the quality improvement plan. This meant that the person in charge was auditing their own systems on behalf of the provider, and it was unclear how the provider was involved in monitoring the standard of care and support provided to residents and what their role was in ensuring that quality improvement actions were identified. In addition, the annual review of the quality and safety of care and support of residents was completed by the person in charge also. The person in charge stated that she would present findings from this review at the board of director meetings; however there was no evidence that the provider was actively involved in the monitoring of the centre on an ongoing basis.

The centre was resourced by a team of care staff who worked alone and provided sleep over cover each night. There was an on-call system in place for staff and there was a nursing staff available for support during week day hours who assisted with the clinical support for residents. Staff were provided with training as part of their ongoing professional development and staff training records were reviewed as part of the inspection. Staff had recently completed a range of online training in relation to infection prevention and control; including hand hygiene and the use of personal protective equipment (PPE). Staff had received training in positive behaviour support

in 2015, and the inspector was informed that a new training programme for staff to support residents with behaviours of concern had been identified, but had been postponed due to the COVID-19 pandemic. The person in charge stated that she was currently waiting to hear about a new date for this training. Staff spoken with said that they felt well supported in their role at this time. The person in charge was in regular contact with the centre and records of meetings with staff were maintained where there was evidence of support that was provided and induction topics that were discussed.

The person in charge maintained a folder of internal audits, which demonstrated that they carried out audits in a range of areas such as; health and safety, personal plans, medication management and fire management systems. In addition, a record of incidents that took place in the centre was maintained. On review of these incidents the inspector found that some adverse events that were required to be submitted to the Chief Inspector were not completed in line with the regulations. The person in charge undertook to submit these notifications retrospectively following the inspection.

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development. Staff who the inspector spoke with stated that they were supported in their role, and the person in charge ensured that regular meetings were carried out with staff.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and monitoring of the centre by the provider required improvements to ensure it was effective. The inspector found that the provider was not actively involved in the annual review of the quality of care and support in the centre and did not ensure that unannounced visits by a provider representative, other than the person in charge, took place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that notifications as required by regulation were submitted to the Chief Inspector.

Judgment: Not compliant

Quality and safety

The inspector found that residents safety and quality of care was maintained to a good standard and that residents' health and welfare were promoted. However, improvements were required in the area of safeguarding and risk management which would further enhance the quality of care and supports provided to residents.

Residents regular day activities had been curtailed since the COVID-19 pandemic and residents' access to their day services were postponed. Residents spoken with had mixed views about this, with one resident saying that they were happy to be at home and another resident stating that they were missing their day service at this time. The inspector was informed that one resident had been displaying anxiety type behaviours recently due to the impact of missing their day service, and as a result referrals had been made for multidisciplinary supports. The resident spoke to the inspector about missing their day service and appeared to have an understanding about COVID-19 and the restrictions on activities in the community that they previously enjoyed.

The inspector found that overall residents' general welfare and development were supported at this time, with residents offered opportunities for occupation and recreation both in house and in the community in line with their choices. Activities included; day trips, picnics, playing games on laptop, colouring, knitting, watching TV and singing karaoke. Residents were supported to maintain links with their families through visits to the centre, telephone and video calls and in line with public health guidelines and their personal choices.

Residents were supported to maintain the best possible health outcomes by being facilitated to attend a range of allied healthcare appointments where this need was identified. This included being supported to access national screening programmes as required. In addition, residents had access to on call nursing staff for clinical support during week days. The inspector found that residents were kept informed of COVID-19 public health guidance; including education about hand hygiene and the wearing of face masks when out in public. This helped ensure that residents health was optimised at this time.

Staff were trained in safeguarding and the national safeguarding procedures for vulnerable persons was adopted by the organisation. The inspector reviewed the incidents log, and found that a pattern of incidents involving alleged physical interactions between residents had been recorded over the last few months, which could impact on residents' safe enjoyment of their home. While these incidents were reviewed by the person in charge and measures put in place to support the resident who was displaying the behaviours, the safeguarding procedure had not been followed with regard to the completion of preliminary screenings to establish if

safeguarding plans were required for residents affected.

The inspector found that there were good systems in place for infection prevention and control; including hand hygiene equipment, posters, PPE, staff training and discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 that included contingency plans in the event of an outbreak of COVID-19. Residents had individual care plans and risk assessments in place in relation to risks associated with COVID-19.

There was a risk management policy and procedure in place, which had been recently reviewed. Risks that had been identified were assessed with control measures put in place to mitigate against these risks. There was evidence that these risks were kept under review and amended where required. However, the inspector found that a risk that was evident through a review of recent incidents had not been appropriately identified as a risk, and therefore had not been assessed and managed in line with the organisation's policy and procedures.

Regulation 13: General welfare and development

Residents' general welfare and development were supported during the COVID-19 pandemic. Residents were offered opportunities for recreation and occupation in their home and in the broader community in line with their individual preferences and the public health guidelines.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place, which was reviewed recently and contained all the requirements as set out in the regulations. However, the inspector found that not all risks had been appropriately identified and assessed in line with the organisation's procedures; such as the psychological impact that the government guidelines were having on one resident and the subsequent risks that this presented in recent months.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were arrangements in place for the prevention, management and control of COVID-19 infections; including staff and resident temperature checks, enhanced

cleaning schedules and information regarding public health guidance in relation to infection control available. Staff had received training in infection prevention and control measures including hand hygiene and the use of PPE. Residents were kept informed about the public health advice to prevent COVID-19, and there were posters about infection prevention on display around the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to attend medical appointments, including national screening programmes, where this was required. In addition, residents were kept informed about how to keep safe during the COVID-19 pandemic in order to support the best possible health outcomes.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the safeguarding procedures were not followed in relation to the completion of preliminary screenings to establish if alleged physical interactions between residents were grounds for concern. While measures were in place to support residents with recent incidents that could impact on their safety, the process for safeguarding was not followed to establish if safeguarding plans were required for affected residents.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Lakelodge Community Group Home OSV-0001935

Inspection ID: MON-0030140

Date of inspection: 08/09/2020

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Board of Directors have nominated Senior Manager other than the P.I.C. who is not involved in the day to day running of the designated Centre to carry out unannounced visits every six months together with and Annual Review of the Quality and Safety of Care in the Centre. This Senior Manager will prepare written reports to be approved by the Board of Directors.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The 3 day notification highlighted by the Inspector was notified to HIQA retrospectively on 11.09.2020. • The quarterly notifications highlighted by the Inspector was notified to HIQA retrospectively on 09.09.2020. • Going forward all notifications will be sent in as per notification of incidents regulations. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The appropriate risk assessments in relation to the psychological effect of COVID 19 restrictions was completed on 14.09.2020 for all residents. • Risk management will be discussed at all staff meetings going forward. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none">• The PIC will ensure that the Safeguarding Policy for Adults is followed in relation to any incidents/allegations or suspicions of abuse• Safeguarding has been discussed on 19.09.2020 at a staff meeting and will be on the Agenda for all future meetings.• Preliminary screenings have been carried out and formal safeguarding plans completed on 11.09.2020 and forwarded to Safeguarding Team, HSE. On 15.09.2020 we have received the formal safeguarding plans outcome and closure letters for all incidents.	

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	24/09/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/09/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing	Not Compliant	Orange	11/09/2020

	within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	09/09/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	11/09/2020