



## Office of the Chief Inspector

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

Name of designated centre:	Lakeview Priorstate
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 June 2019
Centre ID:	OSV-0003647
Fieldwork ID:	MON-0022544

## About the designated centre

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

This is a service providing residential care and support to seven male residents with disabilities. The service comprises of a large detached two storey house in a rural setting in Co. Louth. It comprises of a large entrance hallway, a large well equipped kitchen cum dining room, a sun room, a large very well decorated sitting room, a staff office and a separate utility room. Each resident has their own bedroom (some en suite), which are decorated to their individual style and preference. The centre is staffed on a 24/7 basis with a person in charge, a house manager, a social care professional and a team of qualified nursing staff and health care assistants. Systems are in place so as residents assessed health and social care needs are provided for. Residents have access to GP services and a range of other allied healthcare professionals. Transport is also provided so as residents can access their community and go on social outings and trips. Day services are also made available to the residents where they can engage in a range of hobbies and interests of their choosing to include gardening, growing vegetables, meeting friends and going on social outings.

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

Number of residents on the date of inspection:	7
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## How we inspect

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
12 June 2019	09:30hrs to 16:00hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector met and spoke with five of the residents that live in this centre. Residents used hand gestures and objects of reference to communicate with the inspector. They appeared happy and content in their home and were seen to be relaxed and at ease in the presence of staff. Written feedback on the service by residents observed by the inspector informed that they were happy with the service provided, were happy with the staff team and the range of activities to engage in. Staff were seen to be attentive to and the needs of the residents and provided support in a caring, warm and professional manner. Residents were observed to smile when staff were interacting with and speaking to them. Residents liked to engage in a range of activities of interest and the inspector saw that staff facilitated this. For example, one resident liked music and this resident showed the inspector their guitar. Staff were also observed to understand and respect the communication style and preference of the residents.

## Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed, complex and changing needs. The model of care provided to the residents supported their autonomy and respected their individual choice. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by a full-time and experienced and qualified clinical nurse manager I (CNM I).

The person in charge was a qualified clinical nurse manager III (CNM III) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual assessed and complex needs of the residents were being comprehensively provided for as required by the regulations. She (along with the CNM I) also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way. At the time of this inspection the person in charge was also in the process of organising staff with specialised training to meet the changing needs of one resident in particular. This was to ensure staff had the skills required to respond to the assessed and changing needs of the resident as required. It was noted that there was a gap in refresher training for Dysphagia however, the CNM I had a plan of action in place to ensure this was addressed.

The person in charge and CNM I ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, a recent audit identified that some Health Assessments required review, the Risk Management Policy required updating, more detail was required with regard to the recording of complaints and two staff required refresher training in fire safety. All these issues had been addressed at the time of this inspection.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Residents meetings were held weekly so as to decide on what activities to engage in and plan menus. Written feedback from residents was complimentary about the service provided and staff team working in the house. Residents were also consulted with about their care plans and were satisfied as to how their needs were being provided for.

There were also systems in place to record and respond to any complaint arising in the service. The inspector observed where a complaint was made, it was being logged, responded to and addressed to the satisfaction of the complainant. However, one complaint made by the residents in October 2018 remained open. This was to do with the upkeep of the external premises, especially the driveway. The inspector observed it was in very poor condition and unsafe to walk on. Despite the management team of the centre escalating this issue on numerous to the Housing Association of the service (who have responsibility for maintaining the premises) it had not been addressed. This issue is dealt with and actioned under Regulation 17: Premises.

Overall, from spending time with the residents, from reviewing written feedback on the service and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed, complex and changing needs of the residents in a competent and effective manner. Residents also appeared relaxed in the presence of staff and happy and content in their home.

<b>Registration Regulation 5: Application for registration or renewal of registration</b>
At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
<p>The inspector found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager III) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management.</p> <p>She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</p> <p>She provided good supervision and support to her staff team and knew the needs of each individual resident very well.</p>
Judgment: Compliant
<b>Regulation 15: Staffing</b>
On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed, complex and changing needs of residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff were provided with all the required training so as to provide a safe and appropriate service. Staff had training in safeguarding of vulnerable adults,

safe administration of medication, positive behavioural support, fire safety, basic life saving and Children's First.

From speaking with three staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed, complex and changing needs in a competent manner.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured a contract of insurance was available in the centre on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced and qualified house manager (CNM I). At times over the course of this inspection the CNM I facilitated the inspection process and it was found that he had the skills,



knowledge and competence to do so.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. While one complaint remained open concerning the unacceptable conditions of the driveway into the centre, this was dealt with and actioned under Regulation 17: Premises.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being regularly monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. An issue was identified with the upkeep and maintenance of the external premises which was discussed in more detail in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also supported to go holidays, join local clubs and engage in a range of activities of interest such as horse riding, go to football matches, go to health clubs and go swimming, . Residents also accessed a local community-based amenities such as pubs, hotels, bowling centres, shopping centres, cinema and restaurants.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had access to GP services, dentist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had comprehensive access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if and where required. At the time of this inspection one resident was experiencing poor mental health however, they had very regular support and input from psychiatry services and a clinical nurse specialist in behaviour. Staff training was also being reviewed so as to ensure they had the skills required to better support this resident and the person in charge was organising (at the time of this inspection) additional training for staff based solely on the needs of the resident. From speaking with two staff members concerning this resident, the inspector was assured they had the training, skills and knowledge necessary to support them as required by their personal and behavioural plans.

Written feedback on the service informed that residents felt safe in their home and where required, they had access to independent advocacy services. Staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the confidence,

knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk due to having epilepsy, a comprehensive risk assessment and care plan was developed so as to promote their safety and ensure staff had the skills necessary to respond to the residents needs.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in April 2019. A sample of documentation informed the inspector that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in May 2019, informed that all residents left the premises promptly (98 seconds) when the alarm was sounded except two who needed prompting leave. In response to this their personal emergency evacuation plans had been updated so as to ensure staff knew that they might need some prompting in the event of a fire. From a sample of files viewed, the inspector observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre.

The premises were seen to be modern on the inside and maintained very well. Each resident had their own bedroom (some en suite) which were personalised to their individual style and preference. However, the grounds around the house required significant improvement. In particular, the driveway was in a very poor state of repair.

The residents living in this house presented with significant, complex and changing needs however, management and the staff team remained responsive to meeting those and ensured that they were comprehensively provided for. Written feedback from residents viewed by the inspector also informed that they were very happy with the service, they felt adequately supported and were happy with the staff team.

## Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in

their personal plans.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The internal premises were found to be clean and comfortable and provided for a homely environment for the residents. However, the grounds around the house required significant improvement. In particular, the driveway was in a very poor state of repair. This had been highlighted in the last HIQA inspection of the premises and in the centres own audits and complaints process.
Judgment: Not compliant
<b>Regulation 26: Risk management procedures</b>
The inspector was satisfied that the health and safety of resident and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.
There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.
Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

## Regulation 6: Health care

The inspector was satisfied that residents' health needs (to include emotional health and well being) were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents

had regular access to psychiatry support/clinical nurse specialist support and had positive behavioural support plans in place, which were updated and reviewed on a regular basis.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with some staff members, the inspector was assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Lakeview Priorstate OSV-0003647

Inspection ID: MON-0022544

Date of inspection: 12/06/2019

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Driveway of the property will be resurfaced there are 2 options being considered by the housing association.</p> <p>Option 1 - Tarmac finish throughout. Option 2 - gravel finish with a tarmac section to rear of property.</p> <p>whichever is selected it will be completed before 30th Nov 2019</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2019