



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

Issued by the Chief Inspector

Name of designated centre:	Lakeview Priorstate
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0003647
Fieldwork ID:	MON-0041107

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 full-time residential care and support to five 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 tastefully furnished 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 team of qualified nursing staff, a social care worker 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 further trips afield.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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
Wednesday 9 August 2023	10:30hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this service generally enjoyed a good quality of life and were supported to lead active lives. However, the oversight of fire precautions and upkeep of parts of the premises required immediate review. This resulted in an immediate action being issued to the regional director of services on the day of this inspection and non compliance in a number of regulations to include governance and management, fire safety and premises. This inspection had originally been scheduled as a restrictive practice thematic inspection however, due to the issues identified it was changed to a risk based inspection. These issues are discussed in more detail in Section 2 of this report: Capacity and Capability and Section 3: Quality and Safety.

On arrival to the centre the inspector was met by three staff and all five residents. One resident had a number of community based activities organised for the day and was preparing to leave the house as the inspector arrived. The resident did not speak directly to the inspector however, they appeared in good form. Staff explained that as part of their behavioural support plan, this resident had 1:1 staff support from 10 am to 3 pm each day and they chose for themselves what activities to engage in for example, going shopping, to the cinema or to dine out.

The other four residents appeared very much at home in the house and although they did not speak directly with the inspector, it was observed there was a very good and positive rapport between them and staff members present. Staff understood the communication preferences of the residents and were respectful, caring and person centred in their interactions with them.

Staff also made sure that the residents' wishes and choices were respected. For example, one resident liked to watch television and staff made sure this was facilitated for them. Another resident was also observed doing laundry with a staff member and they seemed to enjoy this activity. Another resident liked music and had their own musical instruments in the house where they could play them when they wished. It was also observed that one resident had a keen interest in farming and farm machinery and staff supported the resident to pursue this interest. For example, the resident was supported to buy a farming magazine from the local shops on a regular basis and, had also attended a farming social event earlier in the year.

Staff also informed the inspector that two residents had made plans to go to Salou and Barcelona in September 2023 and were very much looking forward to this holiday. Some of the residents had been to Spain in 2022 and very much enjoyed this trip. Other residents were also being supported to avail of a short hotel break. Residents also enjoyed walks on the beach, shopping, coffee out, meals out, trips to the cinema, swimming, going to town and availing of various day trips/social outings.

However, the staffing arrangements required review as none of the residents attended a day service and at times, it was not always possible to engage residents in individual meaningful activities due to the level of staff support they required. For example, one resident was on 1:1 staff support from 10 am to 3 pm daily which meant there were two staff available to support the other four residents. However, one of those four residents required 2:1 staff support at all times. This meant that between the hours of 10 am and 3 pm it was not possible to engage these four residents in any individual community based activities as the current staffing arrangement was not adequate to support this. Notwithstanding, the inspector observed that staff demonstrated commitment and flexibility where possible in ensuring residents engaged in social activities they enjoyed and got to go on holidays of their choosing.

The house was observed to be spacious, homely and welcoming and residents were observed to be relaxed and happy in their home. There was a large well maintained patio area to the rear of the property with garden furniture and a barbecue that residents could avail of in times of good weather. Additionally, there was a poly tunnel available for those residents that liked gardening and growing their own fruit and vegetables.

It was observed however, that a raised decking area was not safe for either residents or staff to use since the last week of May 2023. As residents liked to freely amble about their home, the centre had to ensure that they could not access this area for their own safety and well-being. The inspector observed that a fire escape door/exit led directly onto this decking and in order to keep residents safe, this door was blocked off with a large sofa. Additionally, heavy curtains were pulled over the door which also meant that the fire signage and emergency lighting over the fire door was not visible. While these measures supported the residents' safety and prevented them from accessing the decking area, they resulted in the centre being not-compliant with regulation 28: fire precautions. An immediate action to address this non-compliance was issued to the regional director of services and by the end of the inspection process the decking area had been made safe and the issue regarding the fire door, fire signage and emergency lighting (over this door) had been addressed. This had mitigated these specific risks at the end of inspection.

Capacity and capability

Residents generally enjoyed a good quality of life living in this centre however, the staffing arrangements required review as did aspects of the auditing and oversight of the service.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of nursing and a clinical nurse manager I (CNM I).

The person in charge was employed on a full-time basis with the organisation and was a qualified nursing professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The CNM I was also spoken with by the inspector over the course of the inspection and they too demonstrated a very good knowledge of the assessed needs of the residents.

A review of a sample of rosters indicated that there were three staff on duty each day and one waking night staff as described by the person in charge. However, the staffing arrangements required some level of review so as to ensure adequate individual community based activities were provided to the residents (particularly between the hours of 10 am and 3 pm).

Staff spoken with had a good knowledge of residents needs and from a small sample of documentation viewed, they had training to ensure they had the necessary skills to respond to those needs. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults and positive behavioural support.

The provider had systems in place to monitor and audit the service however, this process required review as a number of issues were not being addressed in a timely manner (despite being identified in the service's quality enhancement plan).

Regulation 15: Staffing

A review of a sample of rosters indicated that there were three staff on duty each day and one waking night staff as described by the person in charge. However, the staffing arrangements required some level of review so as to ensure adequate individual community based activities were provided to the residents (particularly between the hours of 10 am and 3 pm).

As already identified in this report, none of the residents attended a day service and at times, it was not always possible to engage residents in individual meaningful activities due to the level of staff support they required.

For example, one resident was on 1:1 staff support from 10 am to 3 pm daily which meant there were two staff available to support the other four residents. However, one of those four residents required 2:1 staff support at all times. This meant that between the hours of 10 am and 3 pm it was not possible to engage these four residents in any individual community based activities as the current staffing arrangement was not adequate to support this.

Notwithstanding, the inspector observed that staff demonstrated commitment and flexibility where possible in ensuring residents engaged in social activities they enjoyed and got to go on holidays of their choosing.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were clear lines of authority and accountability in this service, aspects of the governance, oversight and auditing arrangements required review. Issues were being identified in the providers quality enhancement plan and were also being escalated to senior management by the person in charge however, these matters were not being addressed in a timely manner.

For example

1. a raised decking area in the garden had been deemed unsafe to use at the end of May 2023 however, at the time of this inspection in August 2023, this issue had not been addressed. An immediate action was issued to the regional director of services and this issue was addressed prior to the end of this inspection August 09, 2023
2. a number of spotlights on the kicker boards in the kitchen required repair and this was identified in the quality enhancement plan in October 2022, further reviewed in April 2023 however, this issue also remained ongoing at the time of this inspection. It was also identified that loose wiring from one of these spot lights could pose a trip hazard
3. the providers quality enhancement plan also identified in May 2023 the additional resources were required so as to ensure residents were better supported to enjoy a meaningful day and while plans were in place to address this issue, it had not been fully addressed at the time of this inspection. This meant the inspector could not be assured that the centre was resourced effectively at all times to deliver care and support in line with the statement of purpose
4. the quality enhancement plan identified in early 2022 that testing was required on some electrical equipment in the centre. However, while some of this testing had been completed on August 08, 2023, it was not fully completed at the time of this inspection. However, the regional director of services provided written assurances that this work would be completed the day after this inspection, August 10, 2023.

While some the issues were addressed on the day of the inspection when an immediate action was issued, the provider had not set an appropriate time line by which the issues were going to be addressed.

For example, a time line for the end of August was identified in the quality enhancement plan to address the issue pertaining to the unsafe decking. This meant

that this issue would be ongoing for over three months as would the issue pertaining to non-compliance with fire regulations. This lack of action on behalf of the provider had the potential to put residents at risk of harm.

Judgment: Not compliant

Quality and safety

While systems were in place to meet the assessed needs of the residents, issues were identified with fire precautions, premises and the process of risk management.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. However, as already identified in section 2 of this report, the staffing arrangements required review so as residents had better opportunities to engage in activities of their choosing during the day time.

Fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff had training in fire safety and fire drills were being conducted as required. Residents also had personal emergency evacuation on file.

However, at the time of this inspection the registered provider had not ensured that effective fire safety arrangements were in place which resulted in an immediate action being issued to the service seeking assurances that the issues regarding the fire arrangements would be addressed prior to the end of the inspection process. The regional director made provisions to have the issue addressed prior to the end of this inspection August 09, 2023.

While the premises were found to be warm, homely and welcoming and residents appeared comfortable and relaxed in their home, parts of the house were not in a good state of repair (both internally and externally).

Systems were in place to manage risk and there was a risk management policy available in the service. Additionally, each resident had a number of individual risk assessments in their care plans. However, aspects of the risk management process required review.

Regulation 13: General welfare and development

Staff ensured that residents' wishes and choices were respected and in general, supported residents to pursue activities of interest .

For example:

1. one resident liked music and had their own musical instruments in the house where they could play them when they wished
2. another resident had a keen interest in farming and farm machinery and staff facilitated the resident to pursue this interest. They supported them to buy a farming magazine from the local shops on a regular basis and, had supported them to attend a farming social event earlier in the year
3. two residents had made plans to go to Salou and Barcelona in September 2023 and were very much looking forward to this holiday. Some of the residents had been to Spain in 2022 and very much enjoyed this holiday
4. other residents were also being supported to avail of a short hotel break
5. residents also enjoyed walks on the beach, shopping, coffee out, meals out, trips to the cinema, swimming, going to town and availing of various day trips/social outings.

As already identified in this report, none of the residents attended a day service and at times, it was not always possible to engage residents in individual meaningful activities during the day due to the level of staff support they required. However, this was discussed and actioned under Regulation 15: Staffing and plans were in place to address this issue.

Additionally, the inspector observed that staff demonstrated commitment and flexibility where possible in ensuring residents engaged in social activities they enjoyed and got to go on holidays of their choosing.

Judgment: Compliant

Regulation 17: Premises

While the premises were found to be warm, homely and welcoming and residents appeared comfortable and relaxed in their home, parts of the house were not in a good state of repair (both internally and externally). As already stated

- a raised decking area to the rear of the property was unsafe to use and this issue was identified in May 2023. An immediate action was issued to the regional director of services and this issue was addressed prior to the end of this inspection August 09, 2023
- spot lighting on some of the kicker boards in the kitchen required repair and despite this being identified in 2022, these lights had not been repaired at the time of this inspection in August 2023. It was also observed that wiring from one of these lights could pose a possible trip hazard
- some kitchen presses required repair and/or replacing.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage risk and there was a risk management policy available in the service. Additionally, each resident had a number of individual risk assessments in place in their care plans. However, aspects of the risk management process required review. For example:

- the control measures in place to prevent residents accessing an unsafe decking area in the garden were inappropriate as they blocked access to a fire door and a means of escape from the premises in the event of a fire
- one of the control measures in place to ensure all electrical equipment in use in the centre was safe was to have them tested. This was identified in the services quality enhancement plan in 2022 however, the associated risk assessment (which was reviewed in August 2023) noted that this control had not been fully implemented as there was a backlog to get this testing completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff had training in fire safety and fire drills were being conducted as required. Residents also had personal emergency evacuation in place.

However, at the time of this inspection the registered provider had not ensured that effective fire safety arrangements were in place which resulted in an immediate action being issued to the service seeking assurances that the issues regarding the fire arrangements would be addressed prior to the end of the inspection process.

- as already identified, access to a fire door exiting out onto a raised decking area had been blocked off and the emergency lighting and signage over this door was not visible as it was covered with heavy curtains. This was because the decking area was deemed unsafe to use and could cause injury to residents and/or staff. An immediate action was issued on the day of this inspection and the regional director of services made provisions to have the issue addressed prior to the end of this inspection August 09, 2023
- some electrical equipment required testing and this was identified in 2022 however at the time of this inspection, it work had not been fully completed. The inspector received written assurances from the regional director of services that some of this testing has been conducted on August 08, 2023 and the would be completed the day after the inspection, August 10, 2023
- some recommendations arising in a report from an external fire consultant on

the fire arrangements in the centre had not been implemented. The provider had not made arrangements to review this report in line with the regulations so as to assure themselves that the fire safety management systems in place in this centre were compliant with the regulations and effective.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Lakeview Priorstate OSV-0003647

Inspection ID: MON-0041107

Date of inspection: 09/08/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing has been reviewed and a recruitment process is in place to fill all vacant posts which are presently covered by overtime. 2/10/2023</p> <p>All residents have had an individual Support Intensity Scale Dependency Assessment Completed by an external accessor and are awaiting the report. 15/5/2023</p> <p>A Business Case for additional resources to support a meaningful day for residents has been submitted to HSE. 30.8.2023</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) Raised decking area was actioned on 9/8/2023 to make it temporarily accessible, plan in place to replace total decking area commencing week of 4/9/2023 - due to delay on availability of appropriate materials ie. timber. 2) Spotlights on kitchen unit kicker boards to be actioned by 15/9/2023 3) A Business Case for additional resources to support a meaningful day to residents has been submitted to HSE. All residents have had an individual Support Intensity Scale Assessment Completed by an external accessor and are awaiting the report. 15/5/2023 4) Portable Appliance Testing & Periodic Inspection Testing were completed on 8/8/2023 	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1) Raised decking area was actioned on 9/8/2023 to make it temporarily accessible, plan in place to replace total decking area commencing week of 4/9/2023. 2) Spotlights on kitchen unit kicker boards to be actioned by 15/9/2023 3) Kitchen presses are scheduled for replacement in 2024. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Raised decking area was actioned on 9/8/2023 to make it temporarily accessible, plan in place to replace total decking area commencing week of 4/9/2023.</p> <p>All staff in Lakeview and all managers within SJOG NES have been reminded again about keeping all external doors clear at house meeting on 29/08/23.</p> <p>Portable Appliance Testing & Periodic Inspection Testing were completed on 8/8/2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Raised decking area was actioned on 9/8/2023 to make it temporarily accessible, plan in place to replace total decking area commencing week of 4/9/2023.</p> <p>Portable Appliance Testing & Periodic Inspection Testing were completed on 8/8/2023.</p> <p>The provider has made arrangements to review this report with the Housing Association to ensure compliancy. Meeting scheduled to take place on 5/9/2023.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/10/2023
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	08/09/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the	Substantially Compliant	Yellow	02/10/2023

	effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	02/10/2023
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	25/09/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(c)	The registered provider shall	Not Compliant	Red	09/08/2023

	provide adequate means of escape, including emergency lighting.			
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