



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 Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	26 April 2022
Centre ID:	OSV-0003647
Fieldwork ID:	MON-0028166

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
Tuesday 26 April 2022	09:30hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an announced registration inspection that was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. This service comprised of a large detached two story house, on its own land and in a tranquil rural setting, in County Louth.

The inspector met with five residents and had a cup of coffee with them, on arrival to the centre. One family representative was also spoken with over the phone so as to get their feedback on the service provided. Written feedback on the quality and safety of care from residents and family representatives was also reviewed as part of this inspection process.

As with the previous inspection of this service, residents appeared happy and content in their home and smiled at the inspector on arrival to the house. The inspector had a cup of coffee with four of them (while social distancing) and observed that they were relaxed and comfortable in their home. They also enjoyed the company of staff and, staff were at all times observed to be kind and caring in their interactions with the residents.

During COVID-19 the staff team facilitated a number of recreational activities for residents to avail of at home such as gardening and, the inspector observed that these activities had continued and residents were still enjoying them. There were numerous flowering baskets arranged in the gardens which the residents had organised and, a polytunnel was available for those that wanted to grow fruit or vegetables.

Some residents liked table top activities such as arts and crafts and the inspector saw pictures of them engaged in these activities. Residents had also made plans to go to a music festival, concerts and on a holidays abroad later this year and, two modes of transport were available for drives and other social outings.

At the time of this inspection, one resident required a lot of support from staff and the multi-disciplinary team however, they appeared happy and content in their home. Additional staffing hours had been secured to support the resident and the inspector observed that activities such as social outings and meals out formed part of the residents daily plans and routine. On the day of this inspection the resident went for a trip to the airport as they liked to look at aeroplanes and, had a meal out on the way home. A staff member spoken with explained that such outings and routines were important to the resident as it helped them stay calm and relaxed in their home.

A sample of written feedback from residents on the quality and safety of care, was viewed by the inspector. In general, residents reported that they were very happy in their home and with the quality of care provided. One resident had recently moved

bedroom and was very happy to do so. Two residents also said that they loved their garden, which was observed to be large and very well maintained.

Written feedback from family members was also found to be positive and complimentary on the quality and safety of care provided. Family members reported that they were very satisfied with the care and support provided in the house and that staff were courteous. They were also satisfied with the accommodation and choice of activities on offer to the residents with one family member reporting that the care was excellent.

Another family representative spoken with over the phone, informed the inspector that they were absolutely satisfied with the quality and safety of care provided in the centre. They said that the staff team were very kind and caring to their relative and treated them as an individual. They also said that staff were respectful and supportive of the individual choices of the resident and ensured they were very well cared for. Additionally, staff understood the residents' likes and dislikes and always made time to ensure the residents had what they needed. The family member was satisfied that their relatives' healthcare-related needs were provided for and, they had no complaints whatsoever about the overall quality and safety of care in the house.

Over the course of the day, the inspector observed that residents appeared happy in their home and happy in the presence of staff. As with the previous inspection, staff continued to ensure that where a resident had a particular interest in a hobby, they were supported to pursue that interest. For example, one resident loved tractors and farming and, staff continued to support the resident with this hobby.

Staff were also supportive in ensuring the rights of the residents were respected and supported. For example, on the day of this inspection (and with previous inspections), the residents chose their own daily routines and staff were respectful and supportive of their decisions. Residents also continued to hold regular meetings where they agreed menus for the week and what social activities to engage in.

While a minor issue was identified with the premises, this was not impacting on the quality and safety of care provided in this service. This issue is discussed in section 2 of this report: Quality and Safety.

Capacity and capability

Residents appeared very much at home in this house and, the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing

professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

For example, over the last few months one resident required additional staff support and supervision. In order to address this issue, additional staffing hours had been deployed to the house and, the staffing arrangements had been adapted to suit this individuals needs.

The house manager ensured staff were trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection control. It was observed that some staff were required to attend refresher training however, at the time of this inspection the house manager had booked and scheduled these staff to attend the required training.

The person in charge was found to be responsive to the inspection process and aware of their 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). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. The were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It 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.

The person in charge and house manager also 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. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the auditing system found that the Statement of Purpose required review, and accidents and incidents required review and discussion with the staff team. These issues had been actioned through the services auditing systems and quality enhancement plan and, had been addressed at the time of this inspection.

Regulation 14: Persons in charge

The person in charge was an experienced nurse manager who was aware of their legal remit to the regulations and responsive to the regulatory processes.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, the staffing arrangements were adequate to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection control. It was observed that some staff were required to attend refresher training however, at the time of this inspection the house manager had booked and scheduled these staff to attend the required training.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. It 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

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents continued to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community (based on their interests and individual choices) and maintain strong links with their families. Residents enjoyed social outings, bus drives, swimming, gardening, table top activities and meals out. At the time of this inspection some had made plans to attend a musical festival. Others had plans to go to a concert while some were in the early stages of planning a trip to Spain. One family member spoken with said the residents had a great social life.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents were provided with an annual medical review and had access to a range of allied healthcare professional services as required. This included speech and language therapy, chiropody services and access to a clinical nurse specialist in health promotion. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to mental health services and behavioural support were also provided for and residents had access a clinical nurse specialist in behavioural support and a psychiatrist. Where required, positive behavioural support plans were in place and a staff member spoken with, was aware of how best to support the residents in line with those plans.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. There were two safeguarding issues open at the time of this inspection however, they had been reported and responded to as required by the organisations policies and procedures. As a way of better managing some of these issues, the staffing arrangements had also been reviewed and, the service had

deployed additional staffing hours to the house. Staff also training in safeguarding of vulnerable persons and Open Disclosure and, information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. Systems remained in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were observed wearing appropriate PPE on the day of this inspection and were also observed sanitizing their hands at regular intervals.

The last inspection found that the premises (both internal and external) required some repair work and upgrading. By the time of this inspection much of that work had been done. For example, required electrical works had been completed and, issues with the driveway to the front an side of the house and been addressed. However, some issues remained with the premises. For example, some flooring required repairing and/or resurfacing and other works were required in the kitchen area. These issues were not impacting on the quality of life of the residents living in this service and on the day of this inspection, the house was found to be warm and welcoming

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents continued to choose their own daily routines, agreed menu plans between them and what social outings/holidays to avail of. Residents also held weekly meetings where they agreed on social outings and meal plans for the week. The inspector observed that information on rights was available to the residents in an easy to read format and, concepts such as 'capacity' and 'consent' had been discussed with the residents on April 03, 2022.

Regulation 17: Premises

Some issues were found with the premises. For example, some flooring required repairing and/or resurfacing and other works were required in the kitchen area. However, these issues were not impacting on the quality of life of the residents living in this service and on the day of this inspection, the house was found to be warm and welcoming.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

Systems remained in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were observed wearing appropriate PPE on the day of this inspection and were also observed sanitizing their hands at regular intervals.

Judgment: Compliant

Regulation 28: Fire precautions

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community (based on their interests and individual choices) and maintain strong links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents were provided with an annual medical review and had access to a range of allied healthcare professional services as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were also provided for and residents had access a clinical nurse specialist in behavioural support and a psychiatrist. Where required, positive behavioural support plans were also in place and a staff member spoken with, was aware of how best support the residents in line with those plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were two safeguarding issues open at the time of this inspection however, they had been reported and responded to, as required by the organisations policies and procedures. As a way of better managing these issues, the staffing arrangements had also been reviewed and, the service had deployed additional staffing hours to the house

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents continued to choose their own daily routines, agreed menu plans between them and what social outings/holidays to avail of. Information on rights was also available to the residents in an easy to read format. Residents also held weekly meetings where they agreed on social outings and meal plans for the week. The inspector observed that information on rights was available to the residents, in an easy to read format and concepts such as 'capacity' and 'consent' had been discussed with the residents on April 03, 2022.

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

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lakeview Priorstate OSV-0003647

Inspection ID: MON-0028166

Date of inspection: 26/04/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Repairs to Kitchen and Floor will be completed by 31/10/2022.	

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.	Substantially Compliant	Yellow	31/10/2022