



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

Issued by the Chief Inspector

Name of designated centre:	The Lakehouse
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	02 March 2022
Centre ID:	OSV-0005334
Fieldwork ID:	MON-0027897

About the designated centre

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

The Lakehouse is a service run by Nua Healthcare Services Limited. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises five self-contained apartments, four in the main building together with communal living and kitchen area, and one in an adjacent cottage. Each resident has their own bedroom, bathroom, hallway, kitchen and living space. There are well maintained garden areas, with private parking facilities to the front. The centre is located a few kilometres from a village in Co. Westmeath. Staff are on duty both day and night to support the residents who live here.

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 2 March 2022	11:00hrs to 19:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with the regulations, and to inform the renewal of registration decision.

The designated centre accommodates five residents, and each has their own self-contained apartment, together with communal areas. Each resident had their own living area, bedroom, bathroom and kitchen facilities. Four of these were apartments in the main building and one was in an adjacent cottage, with its own entrance.

Residents had various individual ways of communicating, and the inspector did not get the opportunity to meet all of them on the day of the inspection. Some residents chose only to spend a brief time with the inspector and this was respected. The inspector observed the interactions between staff and residents, and staff were seen to be implementing specific communication strategies to support needs of residents. Staff were using techniques such as diversion and humour to successfully alleviate potential difficulties presented by the behaviour of residents.

Residents had very specific support needs, and the effectiveness of some of the strategies used by staff was evident in the improvement in the wellbeing of some of the residents, and the alleviation of some of the symptoms of their difficulties. Progress was documented, and staff reported in detail the improvements which had taken place for residents.

During the course of the inspection residents were observed to enjoy conversations with staff about their hobbies, and to be supported to maintain independence in daily activities. Involvement in the community was supported, and residents used facilities such as the library and local swimming pool.

For those resident who chose more home-based activities there were multiple options available to them, which encompassed their areas of interest and hobbies, including watching documentaries, or doing table-top puzzles.

Residents who chose to chat to the inspector said that they were happy with their home, that they felt safe and supported. Some people referred to their independence and described how this was maintained with the help of staff. Various activities and hobbies were on-going, and residents showed the inspector some of the things they had achieved, such as garden maintenance, creative projects including woodcraft, and the creation of a personal gaming studio. They told the inspector how they kept in touch with friends and family members, and in particular how this had been maintained during recent community restrictions.

Extensive efforts had been made to ensure that residents were consulted about the operation of the centre, and the daily running of their home. Information was made available to all residents, including in easy read and/or pictorial forms to support understanding where required. Regular conversations or 'keyworker sessions' were

held with residents, and these discussions were documented with the consent of residents for reference. It was clear that all aspects of residents' lives were discussed with them. A regular item for discussion had been the recent public health crisis and the management of restrictions.

Residents had filled in questionnaires about how happy they were with the service they received, some with the help of staff, and some independently. Residents were clear about how to make a complaint, said that they would feel comfortable to do so, and were satisfied with the outcome of any complaint they had made. They outlined multiple activities that they were involved in, and any requests identified in this area related to the lifting of restrictions. Residents also said that they were happy with their living arrangements, and that their independence was supported.

Overall, the inspector found residents' needs were met, and their choices were supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and that they were well supported by an effective staff team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge was appropriately experienced and qualified. They were supported by an area manager, and a regular staff team. As the person in charge had only recently taken up the post, they were being supported in the transition by the previous person in charge who had changed location. They were found to be knowledgeable and competent, and fit for the role.

Various monitoring processes were in place. Both an annual review and six monthly unannounced visits on behalf of the provider had been completed in accordance with the regulations. These were detailed reviews, and covered all aspects of the operation of the centre and support offered to residents. Relatives of residents had been offered the opportunity to be involved in these processes, and residents had been consulted extensively. Any required actions which had been identified had been completed within the required timeframes, and an easy read version of the documents had been made available to residents.

A regular suite of audits was undertaken and any required actions were monitored by the organisation's quality team. This team also conducted unannounced 'spot checks' whereby the team would arrive at the centre and examine a particular aspect of care and support, for example the management of residents' finances.

Communication with the staff team was maintained through staff meetings, task

checklists and an emailing system whereby up-to-date information was immediately shared. Team meetings were held regularly, and issues such as residents' goals, safeguarding and infection prevention and control (IPC) were standing items.

Staff numbers and skills mix were appropriate to meet the needs of residents. Staff had access to clinical support including various members of the multi-disciplinary team (MDT). The person in charge had clear oversight of staff training, which was found to be up to date. This included all mandatory training, and additional training in relation to the particular support needs of residents. Some of this training was provided on-site, and was tailored to meet the needs of residents in the centre. Staff could describe in detail the learning from some of this training, and how they would apply it in practice.

There was a formal complaints procedure in place, and residents know how to raise any concerns, and while there were no current complaints, any raised by residents had been addressed to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required time-frame. A sample of policies including policies relating to safeguarding, the management of restrictive practices and medication management were found to be evidence based and to provide sufficient information as to guide staff practice.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was person centred and specific to the individual needs of each.

Detailed personal plans were in place for each resident, and these were based on comprehensive assessments of residents' health and social care needs. The plans included information on activities, communication and health care. Residents had been involved in the development of the plans, and each had identified desired outcomes, or personal goals which had been developed together with staff members, and in some cases with family members.

Strategies for staff to support residents with their daily lives, behaviours and communication were clearly outlined, and all staff engaged by the inspector could describe these strategies, and knew when to use them. This included various ways of communicating with residents, and these strategies, and supporting equipment and items were observed by the inspector to be in regular use.

Healthcare needs were responded to appropriately, and plans of care had been developed for any assessed needs. Residents had access to various members of the multi-disciplinary team, and records of engagement with these professionals, together with their recommendations were maintained.

Behaviour support plans were in place for those residents who required support in this area. They were detailed and had been developed in conjunction with various members of the multi disciplinary team (MDT). It was clear from a review of documentation and from discussion with staff and management that significant progress had been made with some residents, and that there were improved outcomes as a result.

The provider had ensured that there were systems in place to respond to safeguarding concerns. All staff had received training in the protection of vulnerable adults, and demonstrated their learning from this training. Where any safeguarding

issues had previously been identified, there were safeguarding plans in place.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident. Staff had all been in receipt of up-to-date training, Regular fire drills had been undertaken, and any difficulties identified in these drills had been addressed.

Appropriate infection prevention and control measures in place. There was a current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. The inspector observed throughout the inspection that current public health guidelines were observed. Residents were all well informed about the recent public health crisis, and had been involved in decisions as to how to manage restrictions.

There was a risk register in place which included all identified risks, including risks individual to residents. All associated risk management plans had been recently reviewed. Any restrictive practices had been risk rated and assessed, and were the least restrictive possible to mitigate the identified risks.

Residents were supported by staff with medication management. Medications were stored appropriately and well monitored. The inspector observed administration practice which was both safe and person centred. However, not all staff could identify the medication for one of the residents. This was discussed with the person in charge and person participating in management at the close of the inspection, who identified the reason for this and undertook to rectify it immediately.

Residents were supported to have their rights upheld, and to have their voices heard. Any restrictions in place were very clearly the least restrictive to ensure the safety of residents. Rights were regularly discussed with residents, and these discussions were found to be meaningful and to lead to changes in accordance with the wishes of residents.

Overall the provider had ensured that residents' needs were met, and that they were supported in having a meaningful life.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

Regulation 17: Premises

Premises were adequately laid out and equipped to meet the needs of residents.
Judgment: Compliant
Regulation 26: Risk management procedures
There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.
Judgment: Compliant
Regulation 27: Protection against infection
Appropriate infection prevention and control practices were in place.
Judgment: Compliant
Regulation 28: Fire precautions
There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Medications were appropriately stored, and medication practice was safe. However, not all staff knew what the medications that they were administering to residents were.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected and upheld.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 The Lakehouse OSV-0005334

Inspection ID: MON-0027897

Date of inspection: 02/03/2022

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1) Prescribed medications for Residents are discussed at monthly team meetings to ensure all staff are aware of their purpose. [completed] 2) As part of routine internal audits, the quality assurance department as part of the audit on Regulation 29 assess staff’s knowledge of medications, reasons these are prescribed and contraindications. [completed] 3) The PIC as part of practical medication assessments with staff ensures that they are aware of the reason medications are prescribed [completed] 4) Any changes to medications prescribed is communicated on the daily handover log inclusive of the purpose of the medication. [completed] 5) Any changes to medications prescribed will be communicated through the daily handover and discussed at team meetings. [30/04/2022] 	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/04/2022