



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

Issued by the Chief Inspector

Name of designated centre:	Lark Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0005020
Fieldwork ID:	MON-0036740

About the designated centre

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

Lark Services provides a respite service to individuals with a mild, moderate, severe and profound intellectual disability and can support up to two residents with physical disability at any time.. The centre is made up of one house which is situated close to a rural village and provides respite services for up to five residents. This service can accommodate male and female residents from the age of 18 years to end of life. Residents at Lark Services are supported by a staff team which includes a social care leader, social care workers and support workers. Staff are based in the centre at all times when residents are present including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 7 November 2024	10:15hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who received respite care in this service had a good quality of life during their stays in the centre. They had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with four residents who were either starting or finishing respite breaks in the centre that day. The inspector also met with the person in charge and three staff, and viewed a range of documentation and processes. The inspector read three surveys that had been completed by residents or their representatives. This feedback indicated a high level of satisfaction with the service. No areas for improvement had been identified in the surveys.

The person in charge and staff prioritised the wellbeing, autonomy and quality of life of residents. It was clear from observation in the centre, conversations with a resident and staff, and information viewed during the inspection, that residents had a good quality of life and had choices in their daily lives during respite breaks.

Although residents were out at various day services during the day, the inspector had the opportunity to meet with four residents either before they went out in the morning or on their return in the afternoon. Some residents who were having respite breaks required support with communication, and did not verbally discuss their views on the quality and safety of the service with the inspector and two residents preferred not to engage with the inspector. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre.

Processes were in place to support residents and staff to communicate with each other, and there were clear and detailed communication plans to support this. The inspector saw a resident communicating effectively with staff through using sign language.

One resident was happy to talk to the inspector about their views on the respite service. This resident told the inspector that they liked coming to the centre for respite and talked about some of the activities that they enjoyed while there. They explained that they were a big follower of sport and that they liked both to watch and take part. They said that they would be waiting in to watch soccer on the television that night and that they also intended to watch an important match at the weekend. They said that they were training for a Special Olympics event, that they went to training every week which they enjoyed, and that they met friends there. They also told the inspector about a social club that they go to each week and about

a recent holiday abroad. They said that they liked the staff and had good fun with them. When this resident returned from day service they relaxed with a drink in the kitchen, chatted with staff and played some entertainment on their phone. Later, staff discussed the evening meal with the resident and offered various choices. The resident chose which meat and vegetables they wanted for dinner by going to the fridge picking out what they would like. They then joined staff and assisted in the preparation and cooking of the meal.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how these impacted on the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard during their respite breaks. These arrangements ensured that a good quality and safe service was provided to the those who received respite care in this centre. However, an aspect of the auditing process required review to ensure that the audit would be fully effective.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the individual needs of each resident. There were arrangements to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support for residents during respite breaks. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi televisions, and there were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. The provider had ensured that staff were suitably trained for their roles. The provider had also ensured that the service and residents' property were suitably insured.

The provider had developed a written statement of purpose which described the purpose and function of the service. Details of the service provided were also stated in a residents' guide which was available to provide this information to residents. A clear and accurate directory of residents was being kept in the centre.

There were a range of systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service, including unannounced audits by the provider which were carried twice each year, and an annual review of the service which included consultation with residents. Any issues arising from audits were being suitably addressed in a timely manner. However, the format for

medication management auditing required review to ensure that the process was suitable for the arrangements in a respite service.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

The inspector reviewed the information supplied to the Chief Inspector in respect of the person in charge. This information demonstrated that the person in charge was suitably qualified for this role and had extensive management experience in management of disability services. The person in charge was present throughout the inspection and the inspector found that he was very knowledgeable of his regulatory responsibilities and regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents, and were being suitably supervised.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as medication management, personal outcomes, daily living skills and first aid. There was a training plan to ensure that training was delivered as required. A small number of staff were awaiting some refresher training in some subjects. This had been

identified by the management team in the centre, and these staff were scheduled to attend the required training in the coming weeks.

The person in charge also showed the inspector the staff supervision planning schedule for 2024. This indicated that the person in charge and team leader was completing one-to-one supervisions with all staff every three months. A sample of supervision viewed by the inspector showed that these had been carried out as planned throughout 2024.

The inspector also saw that there was an up-to-date staff training policy.

Judgment: Compliant

Regulation 19: Directory of residents

A record of all residents who availed of respite breaks in the centre was being maintained. The inspector viewed the directory of residents and found that it included the required information relating all residents who were using this service.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents. The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. While there were thorough auditing systems in place to oversee the quality of service, some audits were generic and were not fully effective and accurate in reviewing this service.

The provider had developed a clear organisational structure to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge to manage the centre. He was very

familiar with residents who availed of the respite service and focused on ensuring that these residents would receive high quality respite breaks that they really enjoyed.

The provider had ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided to residents during their respite breaks. Unannounced audits of the service were carried out twice each year on behalf of the provider. The inspector read the last two provider audits and these showed a high level of compliance with the regulations. Action plans had been developed to address any required improvements and these had been addressed as planned. However, some audits were generic in nature and did not reflect the nature of the service being offered in this designated centre. For example, the medication management audit was more specific to practices in a residential service and the audit findings did not clearly examine practices in respite services.

A review of the quality and safety of care and support of residents was being carried out annually. The inspector read the most recent annual review and found that there was evidence that consultation with residents and or their representatives was taking place and was included in the report. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support during respite breaks. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre.

The inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain

adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. The person in charge told the inspector about his obligation and showed the inspector incident records for 2024. The inspector reviewed these records and found that the person in charge had notified the the Chief Inspector of any adverse incidents occurring in the centre as required by the regulations. Incidents, and any arising actions, were clearly recorded. The person in charge showed the inspector how this information was used to inform quarterly reviews of trends in the centre.

Judgment: Compliant

Quality and safety

Based on these inspection findings there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service and were supported to enjoy activities and lifestyles of their choice during respite breaks. However some improvement to personal planning records was required.

The person in charge and staff were very focused on ensuring that residents' general welfare, development, community involvement and leisure activities were being prioritised during respite breaks. The location of the centre enabled residents to visit the shops, sporting facilities, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Suitable communication techniques were being used in the centre to ensure that residents and staff could communicate with each other in line with each resident's needs.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms during respite breaks and each person had their own supply of bed linens for use during their breaks. The centre was maintained in a clean and hygienic condition throughout. There was a spacious garden surrounding the house where residents could take part in outdoor activities.

Review meetings took place annually, at which residents' support needs for the coming year were planned. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays. The personal planning process ensured that residents' social, health and developmental needs and preferences were identified and that supports were put in place to ensure that these were met during respite breaks. Some improvement to personal planning information, however, was required, to ensure that the guidance documented was sufficiently clear and detailed to guide staff. Improvement to the recording of daily activities was also required in some residents'

personal records.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Due to the short and intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly managed by their families and supported by their day care services. However, residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs. Suitable measures were also in place to ensure that residents' medicines were managed securely and appropriately during respite breaks.

Residents' nutritional needs were well met. A well equipped and accessible kitchen was available for the storage, preparation and cooking of residents' food. Residents could choose to have meals that they liked, and those who wished to, were involved in the preparation and cooking of their own meals.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. As some of the residents who attended the centre for respite breaks did not communicate verbally, the person in charge and staff were very focused on ensuring that they communicated appropriately with residents. Throughout the inspection the inspector saw staff communicating with residents in line with their capacity using sign language and verbal prompts. The inspector read the communication support plan for a resident who did not communicate verbally. The plan provided a range of information to guide staff, such information about the resident's likes, dislikes and preferences, use of picture cues, and clearly explained hand signs. Social stories had also been developed to involve the resident in activity planning. There was an up-to-date communication policy to guide staff.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community during their stays in the centre. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Due to the short duration of respite breaks, most activities took place in day services or with residents families. However on the evening of inspection, residents were involved in various activities that they enjoyed on their return from day service, such a relaxing while watching television, playing games and listening to

music on their tablets, and helping to prepare a meal.

Judgment: Compliant

Regulation 17: Premises

The designated suited the needs of the residents, was of sound construction and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre was made up of one house, which could accommodate up to five residents at a time for respite breaks. During a walk around the centre, the inspector found that the house was warm, clean, comfortable and suitably furnished. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing and belongings while they were staying in the centre. Assistive equipment was provided to enhance comfort and safety for residents with physical disabilities. There was a well-maintained enclosed garden behind the centre. The centre was served by an external refuse collection service and there were laundry facilities for residents to use. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents had choice around food and dining options. Suitable foods or nutritional arrangements were provided to suit any special needs of residents. Residents were supported to choose and take part in preparing their own meals during respite breaks in line with their wishes and assessed needs.

There were suitable facilities in the centre for food preparation. The inspector visited the centre's kitchen, which was well equipped, and where food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage. The fridge and freezer in the kitchen were well stocked with a variety of fresh and frozen foods. A resident explained to the inspector that that had choices when eating in the centre, that they always enjoyed their meals there, and that they could have a take-away if they wished which they also enjoyed. There was an up-to-date nutrition and hydration policy available to guide staff.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents. There was a residents' guide that met the requirements of the regulations. The inspector read this document and found that it had been developed in an easy-to-read format and met the requirements of the regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the designated centre which ensured that medicines were being safely and appropriately administered to residents during their respite stays.

The inspector viewed the medication management processes in the centre, including storage and medication prescribing and administration records. The inspector found prescription and administration records to be clear and legible, and they provided the required information to guide staff in the safe administration of medication. During respite breaks, residents' medications were suitably and securely stored at the centre. There was an up to date medication management policy to guide practice and staff had been trained in the safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' assessed needs were being met during their respite breaks. Assessment of residents' health, personal and social care needs had been carried out, and individualised personal plans had been developed for residents based on their assessed needs. However, improvement to some personal planning records was required.

The person in charge explained that residents' plans were not managed exclusively by the designated centre but had been developed holistically with considerable involvement from residents' families and day service staff. Residents only spent time intermittently in the designated centre, and their personal outcomes and goals were mainly being progressed while they were at day service. However, staff in the respite centre supported residents to reach their goals as appropriate during their respite stays. This ensured that residents had continuity of care in both their support services.

The inspector viewed the personal plans of two residents who availed of respite service in the centre. Goals that were meaningful to the resident had been identified and achievement of these was being supported at day service, in the designated centre and at home. Overall, the information in the plans was very clear and was up to date. However, one care plan for a specific care need did not contain sufficient information to guide practice. This presented a risk that new or unfamiliar staff may not be aware of the specific care needs required for this resident. The person in charge was also asked to review the records of residents' daily activities in their personal folders, as these records were not comprehensively documented and did not reflect the range of activities that residents were doing. This could present a difficulty in overseeing and reviewing residents' activities during respite breaks in the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were being well met in line with their personal plans and residents had access to medical and healthcare services to ensure their wellbeing during respite breaks.

The person in charge explained that the staff supported residents' healthcare during in the centre as required. However, as residents' stays in the centre were for short and intermittent breaks, their healthcare needs were being managed mainly by their families with support as required from day service staff. However, the person in charge explained that, if medical intervention was required during a respite break that this would be supported. Staff had also been provided with training for some specific health care needs, such as, epilepsy care, how to administer rescue medicine if a resident had a seizure, safe administration of medication and first aid. The inspector viewed the personal records of two residents. These provided records of these residents' specific healthcare needs and included plans of care to manage these assessed needs. Records also showed that guidance from healthcare professionals was available to inform and guide staff in the designated centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Lark Services OSV-0005020

Inspection ID: MON-0036740

Date of inspection: 07/11/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>"Some audits were generic in nature and did not reflect the nature of the service being offered in this designated centre. For example, the medication management audit was more specific to practices in a residential service and the audit findings did not clearly examine practices in respite services."</p> <p>An auditing system whereby medications are checked and accounted for on arrival was in place. A system where medication is checked and accounted for on departure is now in place. These daily audits will form the basis of continuous quality control within the respite service in conjunction with monthly Team Leader review and Nurse manager review.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Inspector found:</p> <p>"Overall, the information in the plans was very clear and was up to date. However, one care plan for a specific care need did not contain sufficient information to guide practice. This presented a risk that new or unfamiliar staff may not be aware of the specific care needs required for this resident."</p> <p>The care management plan in place at time of inspection has been updated to include Aseptic techniques and also the practice of crushing medication for administration via PEG has been included.</p>	

The person in charge in conjunction with Team leader will undertake a full review of all profiles on a phased basis with same to be completed by 28th of February 2025

“The person in charge was also asked to review the records of residents' daily activities in their personal folders, as these records were not comprehensively documented and did not reflect the range of activities that residents were doing. This could present a difficulty in overseeing and reviewing residents' activities during respite breaks in the centre.”

All staff have been made aware of the need for accurate and comprehensive notes relating to the daily activities of people supported in respite. On the day in question there were daily notes missing as a result of staff not yet having being set up on Olis. This has since been addressed.

The person in charge in conjunction with Team leader will undertake a full review of all profiles on a phased basis with same to be completed by 28th of February 2025

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/12/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2025