



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

Issued by the Chief Inspector

Name of designated centre:	Lohunda Park - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0003084
Fieldwork ID:	MON-0032729

About the designated centre

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

Lohunda Park is a community residential service providing accommodation for up to four residents with an intellectual disability over the age of 18. The centre is located in suburban North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The house is semi detached on a small cul-de-sac and comprises of five single occupancy bedrooms, one of which is used as a staff office and sleepover room. There is a kitchen, dining room, sitting room, downstairs toilet and a main bathroom upstairs. The staff team comprises of a person in charge and social care workers. Residents are supported by one sleepover staff and additional staffing is put in place in line with residents' needs and wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 August 2021	10:15hrs to 14:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, individuals living in this centre were happy and experiencing a good quality of life. The inspector found that there was a culture present in the centre which promoted the human rights of residents and delivered services in a person-centred approach. It was clear that residents were supported to live both active and meaningful lives and were safe while residing in the centre.

The inspector met with two residents on the day of the inspection. Both were engaging in various activities including helping to clean the centre, bracelet making, tapestry, knitting and other arts and crafts activities. One resident spent some time engaging in a video conference call with their day service programme and met virtually with some of their friends. The residents spent some time talking with the inspector and both communicated that they enjoyed living in the centre and explained that the "best thing about it is the staff". They told the inspector that they felt safe in the centre and confirmed they knew who to speak to if they ever felt the need to raise a concern.

There was an atmosphere of fun and excitement in the centre at the time of the inspection. It was clear that residents had developed good relationships with the staff team and were joking and laughing together on occasions. The residents told the inspector about their lives, their friends, the activities they enjoyed and much more. During the course of the inspection another individual who was planning on moving into the centre visited along with their social worker. They were shown around the centre and met with the residents and the staff team. They told the inspector that they were considering moving in and would think about it before making their final decision. It was clear to the inspector that the individual considering moving to the centre along with the residents were all supported to make informed decisions about this planned admission and were appropriately consulted with on the matter.

The residents told the inspector that they were very happy with the staff team employed in the centre. Staff members were observed to be respectful with the resident group and attended to them in a kind and patient manner. The manner in which staff members spoke about residents was sensitive, respectful and appropriate. The staff members met with knew the individual needs and preferences of residents well.

The inspector was shown around the centre by the person in charge. It was recently renovated and was finished to a high standard throughout. A new kitchen had been fitted along with the down stairs bathroom having been refitted. The centre was clean and provided for a comfortable living environment for residents. The inspector found, however, that there had been structural changes made to the centre which resulted in alterations to its floor plan and the registered provider had not applied to vary the centre's conditions of registration as required before completing these

works. As a result, the registered provider was found to breach a condition of their registration. This was brought to the attention of the registered provider during the course of the inspection who confirmed that they were not previously aware of this matter.

It was clear to the inspector that the views of the residents mattered to the staff team. There were fortnightly resident meetings held and each resident had an appointed key worker. A review of minutes of resident meetings found that a range of topics were discussed which included menu and activity planning, sharing news stories, COVID-19 updates, information on the vaccination programme, planning for visits home, updates on day services, planned admissions to the centre, assistive technologies, residents' rights, complaints, holiday planning, and advocacy supports available. There were examples provided on how the rights could be respected and upheld and residents told the inspector that they felt empowered as a result. Residents were found to have intimate care plans developed and in place to ensure dignity and respect was maintained during the deliverance of supports.

Despite these positive findings relating to residents' rights, the inspector found that the financial management of residents' personal finances was not appropriate and did not provide adequate levels of protection. There were instances where the inspector found that shared receipts were used, hand written notes were created by the staff team instead of official receipts, no receipts were available for a number of transactions, residents were charged for a number of staff expenses including takeaway meals, there were a number of incorrect expenditure amounts recorded in residents' ledgers, and there were charges for taxis when centre transport was not available or when there was non-driving staff members on duty.

While overall, the inspector found that residents were in receipt of care and support which was of a good standard, there were a number of non-compliances with the regulations identified. These concerns related primarily to the governance and management arrangements and the manner in which residents were supported to manage their personal finances. In addition, there was a need for clarity on the part of the registered provider regarding the allocation of staffing resources to the centre and for enhanced fire containment measures to be fitted in two areas of the centre.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents were enjoying a good quality of life while living in this centre, however, there were considerable concerns identified in relation to the governance and management arrangements. It was clear that there were significant improvements required in the development and implementation of robust

and effective management arrangements to ensure improved governance and oversight of the services being provided in this centre.

The inspector found that the centre was not appropriately resourced. For example, there was no dedicated transport vehicle available to the residents and staff team and while there was an arrangement in place for sharing another centre's vehicle this was found not to meet the needs of the group. In addition, there was an absence of an appropriate system for the reimbursement of staff expenses incurred during the course of their duties which resulted in these claims being paid for from residents' personal finances.

The centre was managed by a person in charge who was employed in a full-time capacity. They reported to a clinical nurse manager who in turn reported to a service manager. While the management structures were found to be clear, the inspector observed that there was an overarching absence of developed management systems to allow the centre to operate to a high standard or to achieve its objectives. This, the inspector found, resulted in limited oversight of the care and support being provided to residents. For example, there was an absence of regular audits of residents finances, safeguarding and complaints registers or review of staffing allocations to the centre to ensure they were aligned to those outlined in the centre's statement of purpose.

The inspector also found that the registered provider was not fully aware of their responsibilities as outlined in the Health Act 2007 and associated regulations. For example, the registered provider had not applied to vary their conditions of registration before completing structural work in the centre and amending its floor plan. This was found to breach condition one of the centre's conditions of registration.

Registration Regulation 8 (1)

The inspector found that the registered provider did not apply for the variation of its conditions of registration to the Chief Inspector before carrying out structural works in the premises of the centre as required by the regulations.

Judgment: Not compliant

Regulation 15: Staffing

While the inspector found that there were appropriate numbers of staff members deployed to work in the centre and meet the needs of residents at the time of the inspection, there was a lack of clarity on the part of the provider as to the agreed staffing allocations for the centre. The centre's statement of purpose stated that the official full time equivalent (FTE) allocation was 5.0, however, a review of a sample

of duty rosters found that the actual staffing hours worked in the centre varied between 3.10 and 3.46 FTE. The registered provider was unable to explain this reduction at the time of the inspection. In addition, the inspector found that in some cases, the grades of relief staff members were not recorded on the centre's staff duty rosters.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents. All members of the staff team had completed all training described as being mandatory by the registered provider. There were arrangements in place for the supervision of the staff team including regular team meetings, the presence of the person in charge, and recently commenced one-to-one formal supervision meetings with all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that this centre was adequately resourced. There was a clear need for the development and implementation of effective management systems to allow for appropriate oversight of the care and support being delivered. In addition, the inspector found that the registered provider was not fully aware of their responsibilities as outlined in the relevant legislation and regulations.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place. There was a local complaints officer and the complaints process was on display and outlined in the centre's statement of purpose and residents' guide. Complaint records were reviewed and demonstrated that appropriate follow up action had taken place to resolve complaints made in the time since the last inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were enjoying a good quality of life in this centre and were happy with the services they were in receipt of. They had opportunities to engage in meaningful activities and to hold valued social roles in their local communities. The residents were supported to develop and maintain good relationships with their families and friends. There were, however, concerns relating to a number of key areas including the manner in which residents' finances were managed and fire containment measures.

Both of the residents met with on the day of the inspection told the inspector that they felt safe living in the centre and knew how to express any concerns that they ever may have. They told the inspector that they were happy living in the centre and sharing their homes with their each other and looked forward to the new residents moving in. Staff members were observed by the inspector to treat residents with respect and interact with them in a dignified manner. Staff members met with by the inspector spoke about residents in a kind and respectful manner and knew their needs well.

The inspector found that there was an overall absence of appropriate guidance for staff on how to appropriately support residents to manage their finances. A review of a sample of residents' records found that staff expenses such as takeaways were being charged to residents' accounts. In addition, the inspector found that practices such as shared receipts resulted in an absence of receipts to support expenses when reviewed. In some cases there were no receipts maintained for expenditures of residents' finances. There were also accounting errors observed in the documents maintained. Overall, the inspector found that the requirement of the organisation's 'Patients Private Property Accounts' policy (dated September 2018) to complete a 'systematic audit programme' on a regular basis was not being completed by the registered provider.

Regulation 12: Personal possessions

The inspector found that appropriate arrangements were not in place to support residents to manage their personal finances. The arrangements in place at the time of the inspection did not provide appropriate levels of protection for resident monies. From a review of a sample of residents' financial records, the inspector found that in a six week period for one resident there was a total €47.50 spent where staff members created hand written notes in lieu of official receipts, there was a total of €73.80 spent where there were no receipts available; there were a number of expenditures which included staff takeaways; there was incorrect amounts entered for expenses (i.e. increased costs recorded when compared to the corresponding receipt); and residents were charged for taxi costs when staff drivers and/or a centre transport vehicle was not available to support them.

Judgment: Not compliant

Regulation 17: Premises

The premise of the centre were found to have been recently renovated and was clean and well maintained throughout. All residents had their own individual bedrooms which provided for appropriate storage arrangements. The centre was fully accessible to those who were availing of its services and was found to meet their needs.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for the residents which clearly communicated their support needs in the event of a fire or similar emergency. Fire drills were taking place on a regular basis and records demonstrated that residents and staff members could evacuate the centre in a timely manner. The inspector found that while there were some fire containment measures in place, these did not include doors between a living room and dining room and also between the dining room and kitchen.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that staff members spoken with had a good understanding of the various types of abuse and the actions required if they witnessed, suspected or had an abusive incident reported to them. Residents told the inspectors that they felt safe living in the centre. There was a safeguarding policy in the centre and the inspector found that this was informing practice. A number of incidents of a safeguarding nature had occurred in the centre and these were found to have been appropriately followed up on and managed by the registered provider.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services of the 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lohunda Park - Community Residential Service OSV-0003084

Inspection ID: MON-0032729

Date of inspection: 18/08/2021

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1): The Provider will submit an application to vary for works carried out in the designated center.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider and the PIC have reviewed the staff complement and it now reflects the correct complement for the house which is 3.5 WTE. This is following the return of one staff member who was working from home during covid and was being replaced in the house.</p> <p>The PIC will ensure that all staff grades are clear on the roster.</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> <ul style="list-style-type: none"> • The Provider is reviewing the current Patient Private Property Policy. 	

- The Provider will review the current practices around taxi fares.
- The Centre does have access to a vehicle.
- The Provider will arrange a financial audit of accounts for this centre.
- The PIC will review all receipts and discuss with staff team to ensure that all procedures are followed.
- The PIC will set up a safeguarding log.
- The PIC will set up a complaints log.
- The Provider and PIC have reviewed the staffing complement in designated centre.
- The Provider is submitting an application to vary.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Provider is reviewing the current Patient Private Property policy.

The PIC will review procedures with staff team.

The Provider will arrange an audit of finances in the centre.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Provider will arrange a competent person to review fire containment in the designated centre.

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Red	20/09/2021
Registration Regulation 8(2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition; (b) where the application is for the variation of a	Not Compliant	Red	20/09/2021

	<p>condition, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition, the reason or reasons for the proposed removal; (d) changes proposed in relation to the designated centre as a consequence of the variation or removal of a condition including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the designated centre; that the registered provider believes are required to carry the proposed changes into effect.</p>			
Regulation 12(1)	<p>The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support</p>	Not Compliant	Red	20/09/2021

	is provided to manage their financial affairs.			
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	08/09/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/09/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority	Not Compliant	Orange	08/09/2021

	and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2021