



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

Issued by the Chief Inspector

Name of designated centre:	Lorrequer House
Name of provider:	Lorrequer House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	04 March 2021
Centre ID:	OSV-0003783
Fieldwork ID:	MON-0031656

About the designated centre

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

Lorrequer House is located in a suburban area of South Dublin and provides 24 hour residential supports for up to six persons with intellectual disabilities. The centre was established by a group of families and has been in operation for approximately 30 years. It is independently run and its board is made up of family members and a number of professionals. The centre is comprised of one detached dormer bungalow with a driveway to the front and a patio, outdoor dining area and garden space to the rear. On the ground floor of the building there is an entrance hallway, a large living room, a large kitchen and dining space, a spacious utility room, a boiler room, three resident bedrooms, and three bathrooms. The first floor of the centre contains three resident bedrooms, a staff sleep over room which also acts as a staff office, a reading area, a toilet and a bathroom with shower and toilet facilities. The staff team is made up of care assistants, a social care worker and a social care leader who also acts as the person in charge of the centre. There is a total staff compliment of 6.50 full-time equivalents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Thursday 4 March 2021	09:30hrs to 14:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking and listening to the residents and from what the inspector observed, it was very clear that this was a well run centre which provided a high standard of care and support to those who were availing of its services. There were clear examples available to the inspector to demonstrate that a person-centred and human rights based approach was embedded in the practices of the staff and management team. Residents were enjoying a good quality of life and told the inspector that they were happy living with their friends and felt safe in the centre.

The inspector met with five residents who were availing of the services of the centre at the time of the inspection. They were observed to be engaging in an online tai chi class with their day service and afterwards showed the inspector what they learned and demonstrated some of the moves. There was an atmosphere of fun and enjoyment in the centre and it was clear that the residents had formed great friendships with each other and with the staff team. Some of the resident showed the inspector around the centre and were proud of how they had contributed to decorating their bedrooms in their own styles and preferences. They informed the inspector that they liked living in the centre and explained that the best thing about the centre were living with their friends and the staff members. The inspector later observed residents help organise lunch and arrange for the table to be set all while joking and engaging with staff about the plans for the coming days.

In addition to meeting and speaking with residents, the inspector received five completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident stated that they "were happy with the service" and wanted to "continue living here", while another resident responded by saying "the food is lovely here" and "the staff are very helpful".

The premises of the centre was homely in nature and tastefully decorated throughout. There was good space both indoors and outdoors for communal gatherings and each resident had their own bedroom. There was storage provided for residents' personal belonging, clothing and other items and there were sufficient number of toilets, showers and bathrooms. The centre was warm, clean throughout and well maintained to allow for a comfortable living environment.

There was evidence available to the inspector to clearly demonstrate that the residents enjoyed a good quality of life while living in this centre. While the day-to-day activities enjoyed by residents had been interrupted by COVID-19 related restrictions, they were fully aware of the need for these changes and understood that they would be lifted in time when it was safe to do so. Despite the impact on

their normal routines, the residents continued to engage in meaningful activities and live active lives. For example, they told the inspector that they liked going for walks in the local area, attending online classes, having online chats with their friends, completing mindfulness programmes, relaxation drawing projects, arts and crafts, online exercise classes, playing pool in the centre, playing board games, playing bingo and baking. It was clear that the views of the residents mattered to the staff team and there were weekly resident meetings held where topics included shopping, menu planning, activities planning, health and safety and much more. There was considerable thought given to the promotion of the rights of residents and an equality existed amongst the staff and resident groups. For example, when staff engaged in training residents were supported in upskilling and learning about the content. One resident told the inspector that they had learned how to perform resuscitation and call for help while another resident explained that they had all completed an adapted version of a hand washing course. Other programmes adapted by the centre and provided to all residents were COVID-19 related social stories, use of face masks, data protection and fire training. Residents were very proud of their participation in these programmes and had received certificates in the same manner as staff members had when they completed similar courses.

The inspector observed that the staff team were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. Despite the restrictions on visiting family members associated with the COVID-19 pandemic, residents had maintained close contact with their natural support networks in a variety of ways including online video conferencing and window visits. Some residents told the inspector that despite not being able to go home to visit their family at Christmas, they really enjoyed the festive period and they had a fantastic Christmas day.

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

This centre was well managed and operated and there was good oversight of the care and support being delivered to residents. The findings of the inspection were very positive and there was clear evidence to demonstrate that high quality services were being provided in the centre.

The inspector found that there was effective leadership by the person in charge and registered provider and that were appropriate arrangements in place for the governance and management of the centre. In all but one case, the regulations inspected against were found to be compliant and it was clear that the registered provider was supporting the staff team and person in charge to develop a good knowledge of the requirements of the regulations and national standards. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There were a clear management structure in place and developed and effective management systems had been implemented to allow for oversight of the care and support being delivered.

The number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of the residents who were availing of its services. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact on the resident group who knew the staff members well and had developed good relationships with them. A review of a sample of staff files found that all required information as outlined by the regulations was maintained by the registered provider.

There were significant levels of training and development in place for staff members. A review of training records found that all staff had completed the training outlined as required by the registered provider. There was additional training completed in areas such as health and safety, infection control and prevention, and dementia person centred approaches. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

The inspector reviewed the arrangements in place for the management of complaints and found that there was a culture of welcoming feedback from residents and their families with a view to the ongoing development and improvement of the services. There was a complaints management policy in place (dated October 2019) and there were easy read procedures on display to support residents to make a complaint if required. No complaints had been made in the centre in the time since the last inspection.

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the resident group.

Judgment: 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 and promoted safe and high standards of social care practices.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality human rights based and person-centred care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated March 2021) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: 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

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were adapted and implemented, were made available to the staff team and had been reviewed within the last three years as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the residents who were availing of the services of the centre appeared to receive care and support which was of a high standard, promoted a human rights and person-centred approach, and safeguarded them from experiencing abuse. There was, however, an ongoing need for the upgrading of the measures in place for the protection against fire.

The registered provider had ensured that residents were provided with appropriate care and support in accordance with evidence-based practice which met their individual and collective needs. There were, for example, facilities for occupation and recreation and opportunities to engage in a wide range of activities. Residents were supported to develop natural support networks in their local community and knew their neighbours well and had developed good friendships locally. There were opportunities for education, training and employment through courses completed in day services such as politics, money management, computer skills, drama and personal hygiene. Some residents had been employed part-time prior to COVID-19 restrictions in a local restaurant and in a clothes shop. The residents involved told the inspector that they enjoyed these roles and looked forward to going back to them after the restrictions had lifted.

The inspector reviewed the arrangements for the management of risk in the centre and found that the registered provider had developed a comprehensive risk management system which included a register of all risks, assessments and control measures. A sample of risk assessments were reviewed and were found to appropriately manage presenting hazards. In addition, a sample of listed control measures were examined and were found to be in place at the time of the inspection. A review of incident and accident records found that appropriate follow up actions were taken where required to reduce the risk of further similar incidents occurring. There was a risk management policy in place in the centre (dated May 2020) and the inspector found that this document contained all required sections outlined in the regulations.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Fire precautions were reviewed by the inspector who found that while there was a fire alarm and detection system in place, this did not comply with the required standards. In addition, there was an absence of emergency lighting from some areas of the centre which formed emergency exit routes. The inspector also identified concerns with the containment of fire in the centre. While there appeared to be fire doors in place, there was absence of evidence to confirm this and self-closing mechanisms had not been fitted to these doors in the majority of cases. Despite these findings, there was clear evidence available to demonstrate that staff and residents could evacuate the centre in a timely manner and there were individual plans in place for each resident which outlined the supports that they required in the event of a fire or similar emergency.

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge and staff team were knowledgeable of the different types of abuse and the actions that are required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. A review of incident and accident data found that no incidents of a safeguarding nature had occurred in the centre in the time since the last inspection.

A review was completed of the arrangements to support residents with their rights. The inspector found that there was evidence of the promotion of the individual and collective rights of residents who were empowered to make informed decisions and to live as autonomously as possible. For example, residents were supported to vote in local, national and European elections, held part-time jobs in the local community, and were fully supported to learn about the COVID-19 vaccination programme and make informed decisions about providing consent for vaccination.

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector found that residents were supported to eat a varied and nutritious diet and were communicated with about their meals and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place an up-to-date residents' guide that was available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider and person in charge had a good understanding of the different levels of risk, the type of service being provided, the individual needs of residents, and the needs of the staff team and visitors and had taken appropriate action to manage presenting risks.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire alarm and detection system in place in the centre did not comply with the required standard. Emergency lighting had not been fitted to illuminate both emergency egress routes. While there appeared to be fire doors in place, there was an absence of evidence to confirm this. Self-closing mechanisms had not been fitted to the majority of doors which required them.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of which was used to inform associated plans of support which were recorded in the residents' personal plans.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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	
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
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lorrequer House OSV-0003783

Inspection ID: MON-0031656

Date of inspection: 04/03/2021

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
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Emergency lighting will be installed to cover all exit routes • Fire doors will be rated and replaced if required. • Self-closing mechanisms will be fitted to all fire doors • Fire alarm and detection system will be upgraded to a LD1 system. <p>A fire safety consultant will be employed to-</p> <ul style="list-style-type: none"> • assess the building • issue a report on the necessary upgrade works required to be undertaken to ensure that all statutory requirements relating to Fire Safety and Building Control will be complied with • oversee the works. 	

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 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	28/02/2022