

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Lorrequer House
Centre ID:	OSV-0003783
Centre county:	Dublin 14
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Lorrequer House
Provider Nominee:	Teresa Quinn
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 November 2016 10:00 To: 18 November 2016 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the centre's third inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included care staff and the person in charge. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with the residents and spoke with all five residents. They all stated that they were very happy living in their home, feel safe there and appeared very proud of it. One resident also noted that she enjoys a variety of activities which included bowling, going out to the cinema, pubs and restaurants. The centre's annual review for 2016 included feedback from residents' representatives which was also positive regarding their relatives' experience of living in the centre. Additionally, the inspector observed that the staff were very happy working there.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was located in a suburban area close to public transport and general amenities. The statement of purpose stated that the centre provided a supportive caring home environment for each individual and that it utilised a person centred approach to assist each individual to reach their full potential. The centre catered for residents with a mild to moderate level of disability who required support and assistance with activities of daily living including personal and healthcare.

There was capacity for six adult residents but it was now home to five residents, three ladies and two gentlemen over 18 years of age.

Overall judgment of our findings

Seven outcomes were inspected against and two outcomes were found to be of moderate non-compliance. Areas for improvement were identified in the core outcomes of workforce and medication management, particularly with regard to some medication practices.

Residents' social care needs were assessed as substantially compliant. The inspector found that residents' healthcare, health and safety and risk management and safeguarding were compliant with the regulations. Governance and management of the centre was also found to be compliant, with systems that provided good oversight and accountability.

These findings along with others are further detailed in the body of the report and the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. Residents were facilitated with a meaningful day and engaged in activities of their choice and preferences. Residents had social goals to underpin the delivery of their needs and wishes, however a little improvement was required in the review and evaluation process. Residents and their representative were involved in the personal planning process and accessibility in the documentation was noted.

The inspector observed that subsequent to the centre's monitoring processes some residents' assessments and correlating support plans had recently been revised and updated. The person in charge had been in contact with families to schedule meetings to finalise and sign off on these documents. The inspector noted that the layout had been revised to ensure more effective usage for residents' needs. Work was on-going with regard to improving residents' goal planning to ensure that goals are more effectively evaluated and outcome focused. The inspector noted that improvements with the resident's key working system were also underway.

The inspector found that residents either attended a formalised day service or were facilitated with a meaningful day from their home. They also engaged in many community based activities both in the evening and at the weekend. Holiday breaks were facilitated during the year.

The inspector observed that residents and their representatives were consulted with and involved in their personal planning and review process. Also, the inspector noted many

examples of accessible versions of documentation to assist the residents with an understanding of their supporting documentation. This included accessible versions of their social goals.

From discussions regarding the recent discharge of a resident and documentation observed, the inspector noted that staff and the person in charge were very aware of the need to support residents when transitioning between services.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspector found that there were systems in place to ensure that the health and safety of residents, staff and visitors were promoted and protected.

The centre had a robust risk management system in place. All policies as required by regulation were available to underpin staff practices and residents' supports. These included a risk management and emergency planning policy, a policy for when a resident goes missing and a health and safety statement. The centre had a risk register which encompassed environmental, clinical and area specific risks. Residents' individual and centre risk assessments contributed to the development and updating of the risk register. Risks identified included medication, fire, slips, trips and falls and lone working. The risk register has recently been reviewed by the person in charge (PIC) and provider nominee.

There was a system in operation for investigating and learning from incidents and adverse events. This data set was reviewed by the person in charge and provider nominee. Records of incidents were maintained and the inspector observed that HIQA was notified as required by regulation. Additionally, the inspector noted that actions were identified and implemented from a review of an incident, with evidence of this process clearly observed when tracked.

The centre had a fire safety management system. This encompassed the taking of precautions against the risk of fire and ensuring that the fire equipment provided was reviewed, serviced, tested and maintained. The inspector observed that appropriate fire equipment was available with evidence of servicing present. Daily, weekly and monthly fire related checks were completed by staff.

Fire drills were conducted in the centre and the inspector noted that the time and exit route utilised were varied. The form utilised to capture the record of the drill was recently revised by the PIC to ensure more effective usage of residents' evacuation information. There was evidence that this was then utilised to review residents' personal emergency evacuation plans and to prompt the accessing of specialised inputs, for example, with the fire officer.

The inspector noted that issues identified were also raised at the team meetings. The inspector observed that staff awareness of and knowledge of fire safety and resident specific issues was strong.

The inspector observed that satisfactory procedures were in place for the prevention and control of infection. The centre was clean and maintained to a good standard. There were appropriate storage practices observed for cleaning equipment, for example, mops and buckets. Colour coded chopping boards were available in the kitchen. There was an infection control policy available.

The centre does not have its own vehicle as residents walk to local facilities and use the public transport service. The inspector was informed that if required, some staff are insured to transport residents in their own cars.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident and the centre promoted a restrictive free environment for residents.

During the inspection staff were observed to treat residents in a warm, dignified and respectful manner with the inspector observing that residents appeared contented. Residents also reported to the inspector that they were very happy living in their home.

The person in charge and staff spoken to were knowledgeable regarding the different forms of abuse, could outline how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. Staff were facilitated with training and the person in charge had also completed training with the local HSE safeguarding team. The inspector noted that there had been no allegations of abuse for residents in this centre.

The inspector observed that no residents engaged in a significant level of challenging behaviour, however there was a positive approach to supporting residents as this need evolved with changes to their healthcare presentation. No restrictive practices were utilised with any resident.

The centre had the policies in place as required by regulation.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' files showed that their healthcare needs were identified, responded to, assessed and supported in a timely manner. During the inspection process, the inspector also observed that residents' acute healthcare needs were communicated and supported across their day service where necessary. Residents had access to and were supported by members of the multidisciplinary team where required. This included physiotherapy, psychiatry, psychology and speech and language therapy. Additionally, residents had access to allied health professionals which included dental services, chiropody, audiology and support from their local public health nurse services.

All residents had a general practitioner of their choice and the inspector observed that they were supported to regularly contact and utilise this service.

Food provided to residents was nutritious, appetizing and freely available in line with residents' individual timetables and preferences. The inspector noted that residents

generally planned their menus at a weekly meeting but their choices were additionally facilitated on a daily basis. Residents were also supported to prepare their own snacks and meals. The inspector observed that the residents' mealtime experience was a relaxed social event. Support was given to residents in a person centred manner. Specialised dietary requirements were observed to be facilitated with support from a dietician where required.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place. However, improvement was required with regard to some medication practices.

There was a system in place for reviewing and monitoring safe medication management practices. The person in charge (PIC) now carried out a weekly review and errors were further reviewed at her meetings with the provider nominee (PN). The inspector observed that medication errors were also discussed and followed up with staff as part of their team meetings.

The inspector observed that the centre's annual review in June 2016 identified that improvement was required with medication administration, particularly that medication errors needed to be eliminated. Actions were outlined which included monitoring by the PN. Subsequently, medication management was assessed during the PN's six monthly unannounced visit in late October 2016. This self-assessment identified that some medication error forms were not fully completed. The inspector observed that this matter was followed up. The inspector observed that the number of medication errors had reduced.

During the inspection it was observed that a resident received their morning medication outside of the stipulated timeframe. From a review of actions from the centre's monitoring systems and discussion with the PIC and staff, the inspector noted that staff audits in medication administration were being conducted. However, the inspector noted

that the audits were not completed by a person with medication clinical competency training.

Additionally, whilst staff had been facilitated with medication training, for some this training had only consisted of an online training package without any clinical competency assessments.

Residents were supported by a pharmacist of their choice. The inspector observed that the pharmacist had previously delivered in-house staff training regarding medication safety and specific medication needs. The PIC highlighted that she was rescheduling this training for delivery in the following weeks. Staff spoken with were looking forward to attending this training.

The inspector observed that residents had medication folders and support plans to inform staff practices. There was evidence of review of resident's medication.

The inspector noted that no residents in this centre were responsible for the administration of their own medication.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. Effective monitoring of the service provided was completed with residents and their representatives consulted as part of these processes.

The inspector found that the centre had systems and processes in place to facilitate oversight and accountability of the service provided to residents. Monitoring and review of the centre's critical data sets was encompassed in these systems. There was evidence of clear and regular communication between the management team and the centre's governing board.

The required six monthly visits were completed by the provider nominee and a copy of the centre's annual review was available. The inspector found that both these monitoring instruments assessed the quality of the care and support provided to residents, had action plans developed in response to any deficits identified, with evidence of follow up on actions observed by the inspector.

There was a clear management structure with identified lines of authority and accountability. The person in charge (PIC) had a strong presence in the centre and was clearly identifiable to both the residents and staff. She was noted to provide good leadership to her staff team. She was clear with regard to the legislation and her statutory responsibilities. The PIC was engaged in the governance, operational management and administration of the centre on a day to day basis.

The PIC was very committed to her own professional development and since taking up the role had attended a number of related professional development days. Additionally, she was facilitated with clinical supervision.

The inspector observed that there were arrangements in place to ensure that staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the number and skill mix of staff was appropriate to meet the assessed needs of residents. Continuity of care was maintained. Staff were facilitated with training both mandatory and additional training that correlated to residents' needs. However, some gaps were noted. In general, staff were observed to be very committed to striving to ensure that a quality service was delivered to residents.

From observations during inspection, interviews with residents and review of residents' and other centre documentation the inspector found that the staff complement was

sufficient to meet the residents' needs and wishes. Staff vacancies were covered with the usage of familiar relief staff.

The centre maintained a planned and actual rota. However, the inspector noted that the rota did not have staff member's full name or title cited on this document.

Throughout the day, the inspector observed that staff were consistently aware of and promptly responded to the residents. Staff interactions with residents were noted to be very person centred, warm and respectful. Staff were found to have good knowledge of residents' needs and wishes.

The inspector reviewed a sample of training records. Staff were found to be facilitated with both mandatory and ancillary training as relative to residents' needs. This included an educational session on dementia, infection control, food safety, challenging behaviour and first aid. However, there were some gaps identified. The person in charge was noted to be aware of and addressing these deficits.

Additionally, during team meetings staff were facilitated with education regarding outcomes, regulations and the assessment framework.

Supervision arrangements were in place for staff both formally and informally. The person in charge (PIC) was based in the centre, regularly worked shifts there and got the opportunity to work alongside all the staff members. A formal supervision process was also in place and the PIC noted that from January 2017 this will be scheduled onto the roster for every six to eight weeks. She also outlined that this supervision process will be integrated with staff member's key working and care planning with residents.

Staff meetings were observed to occur regularly with staff scheduled to attend. The inspector viewed a sample of minutes and noted that there was a set agenda which incorporated an update regarding residents' needs and care plans, health and safety related matters, practices, education and projects.

Also, the PIC had facilitated an off-site team building day in early 2016 and had another planned for 2017.

The inspector observed that the regulatory requirements were in place for a volunteer that supported residents.

Staff files were not reviewed as part of this inspection as they met the regulatory requirements on the previous inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Lorrequer House
Centre ID:	OSV-0003783
Date of Inspection:	18 November 2016
Date of response:	22 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents' plans required improvement in the review and evaluation process.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

circumstances and new developments.

Please state the actions you have taken or are planning to take:

The PIC will liaise with other professionals/ agencies for their input into and review of relevant support plans.

Proposed Timescale: 31/01/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

As per the body of the report some medication practice issues were found regarding :

- The timing of administration of medication to a resident.
- Auditing of staff's medication administration practices.

2. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

- Time of medication administration for the resident has been reviewed by GP and a more realistic timeframe has been agreed which reflects the individual needs.
- Pharmacist staff training on individuals specific medication requirements has been completed 13/12/16. All full time and regular relief staff were in attendance.
- Medication training for all staff will be scheduled with an external training agency which provides this training through a qualified clinician. This will be completed face to face and not through online methods.
- Medication audits will be completed by a qualified clinician on a yearly basis by the company supplying training. This will also include review of medication policy and procedures.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The staff rota did not have staff member's full details.

3. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:

Staff full names and job titles have been added to the rota.

Proposed Timescale: 14/12/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some gaps were identified in staff's training requirements.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

- Pharmacist staff training on individuals specific medication requirements has been completed 13/12/16. All full time and regular relief staff were in attendance.
- Medication training for all staff will be scheduled with an external training agency.
- Safeguarding training has been organised for the assistant manager with HSE (on waiting list)
- Health and safety representative training for the health & safety officer will be organised with a qualified external training provider.

Proposed Timescale: 28/02/2017