

**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
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 January 2018 09:30 To: 31 January 2018 18:25

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre.

This was the centre's fourth inspection by HIQA and was conducted by one inspector over the course of a day. The required actions from the centre's most recent inspection in November 2016 were followed up as part of this inspection process.

How we gathered our evidence

The inspector met with a number of the staff team which included care assistants, a social care worker, the person in charge and the centre's provider representative. During the day, the inspector met, and had conversations with all six of the centre's residents. Their completed questionnaires provided further feedback on their experience of living in this centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with them.

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, centre data sets, self-monitoring documentation and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises. During the inspection process a number of staff highlighted their positivity with regard to working in this centre and complimented the care and support provided to residents.

Overall, residents reported a high level of satisfaction with the service that they received. This included positive comments regarding the general premises, their individual rooms, the supporting of their care needs, activity facilitation, the quality of food and their general mealtime experience. The staff were praised for their availability, support and humour. Residents also noted in the questionnaires that their rights were promoted and upheld in the centre, and that they were aware of whom to approach with any issue. In addition, the inspector observed that residents appeared to be happy and contented within a very homelike environment.

Description of the service

The provider had produced a statement of purpose which outlined the service provided within this centre. The centre consisted of a detached dormer bungalow located in a suburban area, with good access to a range of community facilities and public transport. The house had a patio and garden area with good space available at the front of the premises. Each resident had their own individual, personalised room, access to a range of bathroom facilities, and there was adequate space available within the communal areas. The inspector particularly noted that the large kitchen/dining area was bright, airy and was one of the main areas utilised by residents.

The statement of purpose stated that the centre aimed to provide a supportive caring environment to each individual and that it used a person-centred approach to assist each individual to reach their full potential. There was capacity for 6 residents, and on the day of inspection it was home to four ladies and two gentlemen over 18 years of age.

Overall judgment of our findings

Nine outcomes were assessed and in summary, the inspector found a high level of compliance with the required regulations. Residents' direct care and support needs were well provided for, and underpinned by clear governance and management processes.

To further enhance compliance, small improvements were required in the review and evaluation of some residents' social care needs, and with the upkeep of particular documentation.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, the inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents and their representatives were involved in the care planning system and there were plans developed to inform and guide staff practices. Residents were facilitated to participate in community activities of their choice.

Residents were afforded opportunities to participate in meaningful activities of their choice and preference in the community. This included knitting and Tai Chi classes, education classes, restaurant visits, going to the cinema and a social club. Residents were also facilitated to go on holidays.

All residents attended a structured day service programme, and also a number of residents completed some hours during the week in their different work placements. Residents' relationships with their families were fostered and supported.

From a review of residents' files the inspector found that assessments of need were completed and plans were subsequently developed to inform the delivery of supports. These included plans for health, communication, wellbeing, identified individual risks and social care needs. Residents and their representatives were involved in the assessment process. However, it was noted that some improvement was required with the review and evaluation of some residents' social goals. This had been raised by the management team at the opening meeting and during the inspection process.

Times of change and transition for residents were observed to be supported. Friendships were also maintained with residents that had moved from the centre due to their altered needs.

Accessibility of residents' documents was promoted with evidence noted in individual files and with general centre documentation.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted, considered and protected in the centre. This included an established risk management and fire management system.

The centre had the required policies and procedures in place for risk management and emergency planning. This encompassed a policy for incidents where a resident goes missing. These policies had been reviewed in October 2017.

There was a centre health and safety statement and a risk register. The register captured clinical, environmental and occupational risks. It also identified area specific risks. Additionally, it was observed to correlate with recent incidents that had occurred for residents.

The risk management system also included arrangements for reviewing and learning from incidents that occurred, with the final close out incorporated into the fortnightly staff meeting structure. In general, the inspector noted there was strong awareness of anything that could cause harm to residents, including the handling of their finances.

The inspector found that there were satisfactory procedures and practices in place for the prevention and control of infection. The standard of cleanliness in the premises was very good and this was underpinned by cleaning schedules. Cleaning materials and equipment was noted to be appropriately stored. There was good availability of hand hygiene facilities with accessible information to encourage residents.

The centre's fire management system was in keeping with requirements and the residents' individual profiles. Suitable fire equipment was available throughout the centre

and there was adequate means of escape. There was a fire alarm system and emergency lighting with evidence of servicing observed. Fire containment measures had been assessed and addressed. There was also a carbon monoxide detector.

The fire procedures were displayed and residents' evacuation requirements were outlined in their personal emergency evacuation plans. Staff were trained and their annual update was scheduled for March 2018. Drills were regularly completed and comprehensively documented, and residents were very familiar with the procedure.

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 there were measures in place in the centre to protect residents from being harmed or suffering abuse. This included a designated officer whom had completed training with the local HSE team. Staff were facilitated with the required training to support residents and the policies as required by regulation were available

During the inspection staff were observed to treat residents in a warm and person-centred manner. Residents also noted that they felt safe and were happy in their home. There were mechanisms for the safeguarding of residents' monies and personal possessions.

Residents' personal care needs and supports were outlined in plans which guided staff practices. It was noted that there had been no allegations of abuse made for/by residents of the centre.

Residents' emotional, therapeutic and general wellbeing needs were observed to be considered and supported. This included residents accessing psychiatry and psychology in line with their individual profiles.

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. Residents' individual healthcare needs were identified, assessed, supported and reviewed. This included proactive healthcare screening.

The inspector observed that residents were facilitated with, and well supported by a general practitioner of their choice. They also had access to allied health professionals and external clinics in keeping with their individual health profiles. This included speech and language therapy, physiotherapy, attendance at the dentist and cardiology clinic. The inspector noted that these clinical contacts were recorded in a systematic manner in the residents' files.

Residents' food and nutritional needs were considered and supported. They planned their menus according to their choices and preferences, and mealtimes were observed to be a positive, social and relaxed experience. In general, a healthy lifestyle was promoted with residents. Some people also attended a community based weight loss group.

The support of a speech and language therapist and dietician was accessed in line with residents' needs. An array of drinks and snacks were freely available outside of residents' mealtimes. Staff were observed to have attended food safety training.

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):

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

Findings:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management and that required improvements had been made since the previous inspection.

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' records were kept in a safe and accessible place.

Each resident had an individual medicines management folder which contained their medication administration and recording sheet, their medicines support plans and additional educational information. This was also available in an accessible format. The folder also contained procedures for going with the resident to their general practitioner, a hospital passport and hospital transfer form. The inspector observed evidence of review of the residents' medical status and of their medication needs with their general practitioner and psychiatrist.

A pharmacist of their choice was available to the resident. Staff were facilitated with training in the safe administration of medicines, and since the previous inspection this had been reviewed to ensure that their training requirements and education were more comprehensive.

Staff also attended additional training provided by the pharmacist which included education on residents' individual medicines and associated indications. For example, with anti-coagulants and anti-epileptic medicines.

There was an audit system in place for reviewing and monitoring safe medication management practices. This was completed by the person in charge and provider representative. Any errors were reviewed and discussed during staff meetings.

Additionally, in October 2017 a comprehensive audit was completed by a staff member from the pharmacy company with a rating of excellent attained.

It was observed at the time of inspection, that no residents were responsible for the administration of their own medication. However, this skill enhancement was noted to have been explored, assessed and considered with residents.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the centre's statement of purpose of December 2017 (version 5) and found that it met the requirements of Schedule 1.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. The quality of service delivery and of the resident's experience was monitored and promoted.</p> <p>The inspector found that there was a defined management structure in place with clear lines of authority and accountability. The centre was managed by a person in charge that had the appropriate qualifications, skills and experience for the role. She demonstrated knowledge of the legislation and her responsibilities, and was committed to her own professional development. She worked in a fulltime capacity with generally 15 plus protected hours a week, and was responsible only for this centre. The person in charge had strong knowledge of the individual residents and was very identifiable to them.</p> <p>The person in charge was involved in the governance, operational management and administration of the centre. She was supported by, and worked in collaboration with the provider representative. There were established communication systems which included reporting to the service's board.</p>

The centre had systems for self-monitoring and quality improvement, which included use of auditing and tracking processes, the provider's six monthly unannounced visits and the annual review process.

Also, the inspector observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided. There were regular staff meeting, an established supervision process, and the person in charge and provider representative were available in the centre to staff. Several staff noted to the inspector that this centre was a nice place to work.

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):

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

Findings:

At the time of inspection, it was found that the centre had an appropriate number and skill mix of staff to meet the residents' needs and ensure the safe delivery of services.

A planned and actual roster was maintained in the centre. The staff complement included four fulltime care assistants, a social care worker and a social care leader/person in charge.

When a staff member's leave required cover, this was filled by relief care assistants that were familiar with residents' needs.

Supervision was provided to staff through a formal process, with an annual review that was linked with their individual job description. There were also regular staff meetings and the person in charge also worked alongside staff members.

Staff were facilitated with mandatory and ancillary training. Upcoming gaps for 2018 had been identified and were scheduled.

Staff were observed to promptly respond to residents and their needs, with positive engagements noted.

The inspector reviewed staff files and noted that there was a clear system in situ to ensure the meeting of regulatory requirements. The Schedule 2 requirements were present in the two files.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that to ensure completeness of record keeping, some improvement was required with the maintenance of residents' records.

From a review of residents' files the inspector noted that there were some gaps in particular documentation. For example, a clearly documented record of the resident's pathway of admission, and of an occasion when a resident declined the choice of engaging in social goal planning.

Judgment:

Substantially Compliant

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:	31 January 2018
Date of response:	19 February 2018

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:

The review and evaluation process for some residents' social goals and plans required improvement.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- PIC will support keyworkers around the process of goal planning.
- PIC will review quarterly progress of resident goals with keyworker and keep a record of progress to date.
- PIC will review annually all personal plans with family and resident. The effectiveness of these plans will be assessed and documented. Plans will be updated throughout the year as necessary to take into account changing circumstances.

Proposed Timescale: 31/07/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report, some improvements were required with the maintenance of residents' documentation.

2. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- PIC will ensure that if any resident declines to partake in goal setting that this is documented in the Goal planning section of their personal plan, clearly outlining reasons for refusal to do so.
- Registered provider representative will put in place a form mapping to all stages of the admission process in accordance with policy on admission. Completion of this form by PIC will ensure that records are correctly maintained and filed for all stages of the admission process (Initial referral, formal assessments, transition planning, consultations with other residents etc.)

Proposed Timescale: 21/03/2018