



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:	Unannounced
Date of inspection:	15 January 2020
Centre ID:	OSV-0003783
Fieldwork ID:	MON-0024420

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 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 of of family members and 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:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 15 January 2020	10:00hrs to 14:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with three residents during the course of the inspection. Residents informed the inspector that they were very satisfied with the service which they were in receipt of and felt safe residing in the centre. Some residents informed the inspector of their paid part-time employment and another resident explained to the inspector about the range of activities they engage on days off and at weekends. The inspector observed that residents lived active and meaningful lives through the supports provided to them. All interactions observed between staff members and residents were found to be respectful and provided in a timely manner.

Capacity and capability

Overall, the inspector found that this was a very good centre which provided a very high standard of care and support to residents who were availing of its services. There was clear evidence to demonstrate that the staff team, the person in charge and the registered provider prided themselves on providing effective, safe, well managed, and good quality services to residents. In addition, the inspector found that care and support was delivered in a person-centred manner which promoted rights of residents and their involvement in the organisation of the centre. There were a number of areas identified which required improvement and these all related to fire precautions. The inspector was assured by the registered provider's response to the identification of these areas which involved initiating a review on the day of the inspection and contacting relevant personnel to rectify these matters.

The inspector reviewed the centre's staffing arrangements and found that there were sufficient numbers of staff with the right skills and qualifications to meet the needs of residents. Continuity of care was ensured through the employment of three part-time relief staff members in the centre all of whom were familiar with the residents and aware of their care and support needs. The inspector found that there were planned and actual rosters maintained in the centre. A review of a sample of three staff files found that all required information as set out in Schedule 2 of the Regulations had been obtained and was available.

Staff training records were reviewed by the inspector. All mandatory training programmes which were outlined to the inspector by the registered provider representative were found to be completed by all staff members. The inspector found that the staff team were appropriately supervised by the person in charge in both a formal and informal context. The person in charge worked along staff members on a regular basis and completed formal one-to-one supervision meetings

with all staff members on at least a quarterly basis.

The inspector reviewed the arrangements in place for the governance and management of the centre. It was found that the centre was appropriately resourced and there were clear management structures in place. There were developed and effective management systems in place which ensured that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored. Annual reviews had been completed along with six-monthly unannounced visits by the registered provider to the centre. Reports relating to the annual reviews and six-monthly unannounced visits were available in the centre and were reviewed by the inspector. The inspector met with the person in charge and registered provider representative during the course of the inspection and found that they were very knowledgeable of the Regulations, legislation and national policy and had a very clear understanding of their associated roles and responsibilities.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

A review of complaints management was completed by the inspector and it was found that the registered provider had established and implemented effective systems in this regard. There was a complaints policy in place (dated October 2019) and a complaints register was maintained. The inspector found that a complaint which had been made since the last inspection was appropriately followed up on by the registered provider and promptly addressed to the satisfaction of the complainant.

Regulation 15: Staffing

The inspector found that staff members facilitated a supportive environment which promoted the development of residents' skills, abilities and independence and allowed for a good quality of life for those availing of the service.

Judgment: Compliant

Regulation 16: Training and staff development

It was found that staff members had been empowered to deliver high quality care and support to residents as their learning and development needs had been met through the provision of a suite of training programmes.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in place in the centre which ensured positive outcomes for residents availing of its services.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider was found to have established and implemented effective systems to manage complaints in the centre.

Judgment: Compliant

Quality and safety

A review of the arrangements in place in the centre to support residents with general welfare and development was completed by the inspector. It was found that residents lived very active, meaningful and empowered lives as a result of the supports provided to them. There was clear evidence to demonstrate that there was a culture in the centre which valued human rights based and person-centred approaches to the provision of care and support. Residents were provided with a wide range of opportunities to participate in activities and to develop and maintain personal relationships and links with the wider community. Residents were found to hold valued social roles and exercise their right to independence, social integration and participation in the local community. A number of residents were in part-time paid employment and attended day support services, engaged in a range of social outings and activities.

The inspector completed a full walk through of the premises of the centre in the company of the person in charge. It was found to be clean, well maintained throughout and of a high standard. The inspector found that the decor of the centre was in keeping with the expressed views of the residents with bedrooms decorated to reflect individual tastes.

A review was completed of the arrangements in place for the provision of meals and support with nutritional needs. The inspector found that all meals were prepared by staff in the centre and observed a main meal being prepared for residents during the inspection. Residents availing of the services of the centre were consulted with regarding menu planning and participated in grocery shopping and meal preparation. There were snacks available for residents outside main meals, and advice and guidance from allied health professionals was available for staff members assisting in the preparation of meals.

The inspector reviewed the centre's risk management policy (dated October 2019) and found that it appropriately outlined the information required by the regulations. There was a risk register in place which outlined all presenting risks in the centre. A sample of control measures reviewed by the inspector were found to be in place and incidents and accidents which had occurred were appropriately managed and follow up actions were taken in all cases. Risk assessments were reviewed on a regular basis and the registered provider ensured that higher risks were reviewed most frequently with lower risk being reviewed at least on an annual basis.

A review of fire precautions in place in the centre was completed by the inspector. There were personal emergency evacuation plans in place for each resident which clearly outlined the supports required in the event of a fire or similar emergency. Fire drills were found to have been completed on a regular basis and demonstrated that residents and staff members could evacuate the centre in a reasonable time frame. The inspector found, however, that the fire alarm and detection system in place did not comply with the required standard. 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 were fire doors in place, self-closing mechanisms had not been fitted to these in the majority of cases.

Residents' individual assessments and personal plans were reviewed by the inspector. It was found that a comprehensive assessment of need had recently been completed for each resident which clearly outlined the findings and identified support needs. All identified needs had corresponding support plans in place which outlined how staff members were to support residents with these needs. The plans were found to be reviewed on a regular basis by the person in charge and staff team. There was evidence to demonstrate that there were arrangements in place to meet the assessed needs of residents and to demonstrate that the centre was suitable for the purpose of meeting those needs.

The inspector found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The person in charge was 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 number of minor incidents of a safeguarding nature which had occurred in the centre were found to have been appropriately managed and followed up on by the person in charge.

Regulation 13: General welfare and development

Residents were found to be provided with appropriate care and supports in accordance with evidence-based practice and national standards. The inspector found that residents enjoyed a good quality of life as a result of the organisational supports which were in place in the centre.

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 26: Risk management procedures

Appropriate systems were found to be in place in the centre for the assessment, management and ongoing review of risk.

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. Self-closing mechanisms had not been fitted to all fire doors in the centre as required.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that there were appropriate assessments completed for residents along with detailed personal, social care and health plans in place.

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 the resident 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lorrequer House OSV-0003783

Inspection ID: MON-0024420

Date of inspection: 15/01/2020

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
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Emergency lighting will be installed to cover all exit routes.• Self-closing mechanisms will be fitted to all fire doors.• Fire alarm and detection system will be upgraded to a LD1 system.	

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	31/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2020
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/12/2020