



Office of the Chief Inspector

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

Name of designated centre:	Lohunda Park - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	12 March 2019
Centre ID:	OSV-0003084
Fieldwork ID:	MON-0022508

About the designated centre

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

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

The following information outlines some additional data on this centre.

Current registration end date:	25/08/2019
Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 March 2019	08:30hrs to 16:00hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet and spend some time with all four residents during the inspection. Residents who spoke with the inspector described how they like to spend their time including their preferred activities both at home and in their local community. They described what it was like to live in the centre and how they were supported by staff. Some residents discussed the importance of their day service and how they liked to see their friends there. A number of residents spoke to the inspector about how important their planned day off from work was to them every week. They described how they liked to spend time on this day off, either in their home, or with staff on a 1:1 basis or in their local community.

Four residents completed satisfaction questionnaires prior to the the inspection. The feedback in these questionnaires was mostly positive, with only one resident identifying an area for improvement in relation to the need for a ramp at the back door. The provider had already taken steps to have this reviewed and the relevant assessments had been completed. Residents were particularly complimentary towards food and mealtimes, access to activities both at home and in the community, and support from staff to achieve their goals.

A number of residents described the complaints process and named who they would go to if they had a problem. Each of the residents told the inspector that they were felt safe, comfortable and liked their home.

Capacity and capability

Overall, the inspector found that there were clearly defined management systems and structures in place in the centre. Staff had clearly defined roles and responsibilities. However, the registered provider and person in charge were not fully monitoring the quality of care and support for residents, as they were not completing regular audits including the annual review of care and support in the centre.

The staff team reported to the person in charge who in turn reported to the person participating in the management (PPIM) of the designated centre. Staff meetings were held regularly and agenda items were found to be resident focused. The person in charge and PPIM were meeting regularly to review care and support for residents in the centre. Six monthly visits were being completed by the provider or their representative and there was evidence that the majority of actions following these audits were being completed. However, these reviews had not been completed in line with the timeframe identified in the regulations. There was a

comprehensive audit schedule in place in the organisation. However, a number of these audits were not being completed in the centre, and others were not consistently being completed. The annual review of quality and safety of care had not been completed by the provider since 2016.

Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing with the support of staff. Staff members who spoke with the inspector were knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent. All residents who spoke with the inspector, spoke fondly of the staff team.

Staff had completed training and refreshers and additional area specific training in line with residents' needs. A number of staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability. However, they were not in receipt of regular formal supervision.

The inspector reviewed a number of staff rosters and found that there were adequate staffing numbers to meet residents' needs. Staffing numbers had increased since the last inspection which were leading to improved outcomes for residents in relation to meeting their social goals. The provider had also recognised that they needed to put additional staffing support in place in line with residents' changing needs and had recently further increased staffing support. Consistency of staffing was particularly important for residents as described by a number of staff and residents. In response to this the provider was ensuring the required shifts to cover annual and unplanned leave were currently being covered by staff completing extra hours and by regular relief staff.

There was an admissions policy and procedures in place which were also outlined in the statement of purpose. Each resident had a written contract of care which outlined the care, welfare and support and services to be provided, and the fees to be charged including additional fees if required.

There were a number of volunteers in the centre who were supporting residents to engage in activities of their choosing in line with their needs and wishes. The inspector spoke to residents and staff in relation to the positive impact for residents of spending time with their volunteers. The volunteers had access to the support and supervision of a volunteer coordinator. They had their roles and responsibilities in writing, had signed a confidentiality agreement and had completed Garda vetting prior to commencing in their role as a volunteer.

There were policies and procedures in place for the management of complaints which were on display and available in an accessible format. There was a nominated complaints officer and systems in place to investigate and respond to complaints. Residents had access to advocacy supports if they so wish and information about advocacy support services were on display in the centre. A number of residents described to the inspector what they would do and who they would go to if they had concerns in relation to any aspect of their care and support

in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had recently applied to renew the registration of the centre and had submitted all the information required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. Staff support residents' independence and only provide support where required and they provide a supportive environment which enables residents to feel safe. Staffing numbers had been reviewed and amended in line with residents' changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. A training needs analysis was completed regularly and training was provided as necessary. Staff told the inspector they were supported by the person in charge and person participating in the management of the designated centre. However, they were not in receipt of regular formal supervision.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a contract of insurance in place against injury to residents and other risks such as damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. Staff meetings and management meetings were occurring regularly. However, the provider and person in charge was not ensuring full oversight of the centre due to the fact that they were not consistently completing regular audits including the annual review of quality of care and support.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions policy and procedures in place. Residents had a contract of care in place which contained the information required by the regulations and had been signed by the residents and/or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 30: Volunteers

A number of volunteers in the centre were in receipt of regular support and supervision. They had clearly defined roles and responsibilities in writing and had completed Garda vetting prior to commencing in their roles. Residents and staff described the positive contribution they were making for residents in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures which were available and on display in the centre. There was a local complaints officer and residents and staff who spoke with the inspector could describe the complaints process.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents lived in a caring environment where they had opportunities to make their own choices and decisions. All of the residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspector how well supported they were by staff to engage in these activities.

The house was warm, comfortable and homely. There was private and communal space to meet the number and needs of residents. Some works had been completed since the last inspection including a wet room and other adaptations to the premises in line with residents' changing needs. There were areas of the premises which required maintenance and repair but the provider was aware of these and had plans in place to complete these works. These works required time to plan in line with residents' specific care and support needs.

Residents' personal plans were found to be person-centred. Each resident had an assessment of need and care interventions developed in line with their assessed needs. They had goals in place and there was evidence that they were supported to achieve them. There was evidence of regular review and update of residents' personal plans to ensure they were effective.

Residents were actively supported and encouraged to connect with their family and friends and to be part of their local community. They were supported to participate in activities in line with their needs and wishes. Each resident enjoyed planned days off each week where they were supported by staff to engage in activities of their choosing. Volunteers also supported a number of residents to enjoy such activities.

There was a residents' guide in place which clearly outlined the services and facilities provided, the terms and conditions relating to living in the centre, the arrangements for residents' involvement in the running of the centre, how to access any inspection reports, the procedure for complaints and the arrangements for visitors.

Residents' healthcare needs were appropriately assessed and care interventions were developed in line with these assessed needs. Each resident had access to appropriate allied health professionals in line with their needs. They had health communication booklets in place in case of an emergency which clearly outlined their care and support needs including their likes and preferences. There was clear evidence that residents' healthcare needs were reviewed and updated following appointments with allied health professionals and in line with their changing needs.

There were suitable arrangements in place to detect and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. However, works were planned in the centre in relation to fire containment and the provider had a clear plan in place for when these works would occur. In the interim they had risk assessments and additional control measures in place. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. During the inspection a number of residents described what they would safely evacuate in case of an emergency. They describe different ways to evacuate depending on where a fire may be.

Regulation 13: General welfare and development

Residents were supported to take part in meaningful activities in line with their wishes and preferences. They were supported to access day services in line with their interests and capabilities. Each resident was supported to develop and maintain relationships and links in their local community.

Judgment: Compliant

Regulation 17: Premises

The premises was warm, comfortable and currently meeting the number and needs of residents in the centre. The provider had plans in place to complete a number of required works including; painting, the installation of a ramp at the back door and maintenance in a number of areas. These works needed to be completed in line with residents' needs, wishes and care and support needs.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide developed which contained all the information required by the regulations. The residents guide was available in the centre for residents and their representatives if they so wish.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans. However, suitable arrangements were not in place in relation to fire containment due to the quality of some of the doors. The provider had put additional control measures in place while awaiting the completion of works to upgrade the doors.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were found to be person-centred and each resident had access to a keyworker to support them to develop their goals. They had an assessment of need and care interventions in place in line with their identified needs. There was evidence that these were reviewed as necessary in line with residents' changing needs and to ensure they were effective.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

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

Inspection ID: MON-0022508

Date of inspection: 12/03/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will complete supervision training and commence formal supervision with staff team.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Annual Review of Quality Care and Support will be completed for 2017 and 2018</p> <p>PIC will ensure that the audit schedule for Community Residential Services is adhered to in the center and all actions arising are completed according to action plans.</p> <p>Provider visits will be carried out 6 monthly.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Ramp and railings at back door are complete.</p> <p>Paintwork will be completed by end of April 2019.</p> <p>New furniture and flooring will be purchased when other work is completed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors will be installed.</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and	Substantially Compliant	Yellow	01/04/2019

	carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	11/04/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/06/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on	Not Compliant	Orange	30/06/2019

	the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/04/2019