Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lohunda Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	06 March 2025
Centre ID:	OSV-0003084
Fieldwork ID:	MON-0037765

About the designated centre

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

Lohunda Group - Community Residential Service is a community residential service providing accommodation for up to nine residents with an intellectual disability over the age of 18. The centre is located in suburban North West Dublin and consists of two community-based houses. Both houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. One house is semi-detached house 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 second house is also a semi-detached house in a housing estate and can accommodate five residents. Waking night staff work in this house. The staff team comprises of a person in charge and social care workers. One car is available in the centre for resident transport as well as a range of public transport options.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 March 2025	09:43hrs to 18:15hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspection found that residents were generally happy, felt supported, and had positive relationships with staff. However, compatibility issues and safeguarding concerns in one house were impacting residents' daily experiences and rights.

The designated centre consists of two community-located houses in North West Dublin. Both locations offer easy access to amenities such as pharmacies, hairdressers, beauticians, local shops, churches, and parks. The first house visited by the inspector was a semi-detached residential house designed to accommodate up to five residents. The downstairs layout features a large living room and a combined open-plan kitchen and dining area. The kitchen had been upgraded since the previous inspection. Adjacent to the dining space, a smaller area previously served as a workstation for staff, but this has been moved to the upstairs staff office. The inspector was informed that plans were in place to introduce additional seating to enhance comfort and communal use.

On arrival at the first house, the inspector met with two residents. One resident was having breakfast and was being supported by staff, while another resident sat with the inspector for tea and spoke about living in the house for many years and the activities they were doing now that they were retired. While the environment was generally warm and familiar, some residents expressed frustration due to recent safeguarding concerns and changes in medical needs that had affected their daily routines. These challenges had led to a shift in how residents experienced and navigated their living environment, particularly in light of behaviours of concern that had impacted their sense of freedom and autonomy.

The majority of the inspection was spent in this house, observing routines and meeting with residents. The inspector met with the three remaining residents upon their return from work. One resident spoke about their move from another designated centre and recalled meeting the inspector previously, expressing that they enjoyed the more spacious kitchen in their current home and the work they were doing but shared a future goal of living in a more independent setting.

Residents and staff who were spoken with during the inspection expressed the difficulties they encountered and the impact this was having on residents' ability to navigate their homes freely. Staff members spoken with expressed their relief at having extended double staff cover in place, as this allowed them to manage incidents more effectively and maintain a safe environment for all residents. Improvements identified by the inspector in formalising the staffing arrangements for night time staff are discussed further in the report under Regulation 15: Staffing. Staff highlighted the need for continuous vigilance, explaining that they always had to be aware of and monitor residents' whereabouts to ensure safety.

There was evidence that the provider was actively seeking the views of residents on their lived experiences in the house. These views were gathered through weekly

resident meetings, visits by the quality team during the annual quality review, and six-month unannounced audits conducted by clinical nurse managers. Observations made during the inspection of both houses highlighted strong communication between staff and residents, where individuals were actively encouraged to make choices regarding their daily routines, activities, and personal care needs. However, due to the changing needs of one resident in one of the houses, residents perceived their experiences differently between the two houses.

The inspector observed some residents' frustration with the situation, which had escalated over the previous year. This culminated in a cluster of incidents over the Christmas period, leading to safeguarding plans being devised for residents due to the impact of behaviours of concern. The measures introduced aimed to mitigate risk and ensure the safety and well-being of all residents while addressing challenges posed by the evolving circumstances within the home.

Resident consultation was noted in house meetings, where residents engaged in discussions about safeguarding, human rights, and advocacy. However, it was observed that some residents preferred not to participate in these meetings, a choice that was respected by staff. The centre has made efforts to increase accessibility to information, including the provision of easy-to-read documents to support residents in understanding their rights and responsibilities. In addition, residents were actively consulted about meal choices, and weekly meal plans were displayed in the kitchen area.

The inspector later visited the second house and met with the four residents while they were having dinner together. The residents shared that they were planning to attend a show later in the evening and were looking forward to it. The mealtime experience was relaxed, with residents engaging in conversation, laughing, and sharing stories. It was evident that residents had positive relationships with one another and felt at ease with the staff member supporting them.

One resident had recently moved into the house from another designated centre and expressed their happiness, stating that they "loved" living there and would not want to live anywhere else. Other residents enthusiastically spoke to the inspector about their day, their work, and their personal interests. One resident invited the inspector to see their bedroom and proudly showed them a new outfit they had purchased with staff for the upcoming show. The overall atmosphere in the house reflected a warm and supportive environment where residents felt comfortable and at ease with one another.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, while the inspector found that the quality of care provided in the centre was being overseen by a competent governance structure, the provider had not taken appropriate action to formalise the night time staffing arrangements in one house. Improvements were also required for non-permanent staff to ensure they received the same level of supervision as permanent staff. Ensuring a sustainable and adequately resourced staffing structure is essential in meeting the needs of residents and maintaining a high standard of care.

This inspection was conducted to inform a registration renewal of this centre. One house was previously registered under another designated centre and, due to a reconfiguration of centres under the provider, joined with the existing house in this designated centre in April 2023 to form the Lohunda Group community residential service. Both houses under their respective designated centres were last inspected in March 2023.

The inspector met with the person in charge and the person participating in management during the opening meeting of the inspection, and both demonstrated a good understanding of the service, the needs of the residents, and their regulatory responsibilities.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had the necessary management training and experience as required under the regulations. They demonstrated a very good knowledge of the residents' needs in the centre and provided good leadership to their staff team.

Judgment: Compliant

Regulation 15: Staffing

A waking night shift was introduced in July 2023 to assist with fire evacuations from the building if necessary and to respond to residents' assessed needs during nighttime hours. While this working arrangement was long established within the centre, the shifts were covered by a separate group of staff rather than the core staff team. Three staff members were required to fulfil the nighttime shifts; however, at the time of inspection, only two relief staff were assigned, leading to an ongoing need for additional staff. A review of four weeks of rosters showed that 16 different relief staff members had worked in the centre during that period.

This lack of continuity in staffing and the reliance on temporary workers was not conducive to forming meaningful relationships between staff and residents. Frequent changes in personnel disrupt the consistency of support and limited opportunities for staff to develop a deeper understanding of residents' individual needs, preferences,

and routines. This inconsistency was particularly relevant in this case, given the need to manage behaviours of concern during nighttime hours and ensure a stable and supportive living environment.

Judgment: Not compliant

Regulation 16: Training and staff development

The review of staff training records indicated that staff had been provided with a range of training sessions to equip them with the necessary skills to support residents effectively. This training included modules on understanding behaviours of concern, safeguarding vulnerable adults, fire safety, and the safe administration of medicines. A sample of records examined during the inspection confirmed that all staff employed at the time had completed these essential training sessions.

The person in charge informed the inspector that it had been identified as beneficial for staff to receive additional training in autism. To address this need, courses were currently being sourced to enhance staff knowledge and skills in supporting residents with autism.

While relief staff worked regularly in the centre, they did not have the same supervision arrangements as permanent staff. Relief staff worked alone and did not work alongside management, limiting opportunities for oversight and support. Although one relief staff member had received supervision, a formalised process was not in place for all relief staff. In addition, due to the separate operation of night staffing, these staff members did not attend day-time team meetings, which are designed to keep staff well-informed, aligned in their approaches to resident support, and engaged in discussions around observed behaviours. This was of particular relevance as a concern had been raised through a complaint regarding care practices, highlighting the importance of consistent supervision and communication across the entire staff team.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance structures within the designated centre were well established, with a full-time person in charge responsible for overseeing operations. Initially, the person in charge was responsible for the one house that originally comprised the centre, but this role was expanded to include oversight of a second house as part of the reconfiguration. To facilitate this transition, the person in charge was allocated 19.5 hours of supernumerary time per week, enabling them to focus on administrative duties, staff supervision, and compliance monitoring. They reported to a person

participating in the management of the centre, who they reported provided support to them via meetings and regular telephone calls.

There was evidence of shared learning from other inspections within the provider's services. For example, during meetings between the person participating in management (PPIM) and the person in charge, the requirement for relief staff to receive training in the administration of rescue medicines was discussed. Additionally, actions related to progress on work identified in the previous six-month unannounced audit had been placed on the agenda, demonstrating a structured approach to quality improvement.

The provider had not put adequate support arrangements in place for relief staff, who were not consistently included in supervision, performance appraisal, or team meeting processes. This fell short of the requirements of the regulations, where all staff should receive regular supervision and access to professional development.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents, as outlined under this regulation, were reported to the Chief Inspector of Social Services in line with regulatory requirements. Records reviewed demonstrated compliance with the notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an established complaints process, and records of complaints maintained in the centre were clear and aligned with policy. A number of complaints were recorded in the centre from 2024 and 2025, primarily from residents expressing concerns about the impact of incidents on their daily lives. While residents reported feeling heard and expressed satisfaction with how their complaints were managed, the ongoing nature of the incidents meant that a full resolution was not yet possible. This highlighted the need for continued efforts to address the underlying issues contributing to the complaints to ensure a safer and more stable living environment for residents.

Judgment: Substantially compliant

Quality and safety

The inspection found that while there was evidence of strong person-centred care and positive staff-resident relationships, significant challenges remained in one of the houses within the designated centre that impacted the overall quality and safety of the service.

Residents were supported to engage in meaningful activities, both within the centre and in the local community, and demonstrated strong connections with staff and peers. The health needs of residents were well-managed, with referrals to specialists and advocacy by staff to ensure access to healthcare. Personal care plans and health-related interventions were found to be detailed, clear, and tailored to individual needs.

Risk management processes were in place, with positive learning from medicine incidents; however, some risk ratings required review. Improvements had been made to the living environment since the previous inspection, though some maintenance issues remained outstanding.

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

The provider maintains a strong community ethos within the locality and between residents across different centres operated by the provider. Residents spoke positively about these friendships when engaging with the inspector.

Judgment: Compliant

Regulation 17: Premises

Both houses were in a good state of repair, with some renovations having taken place since the previous inspection. On the day of the inspection, one house was being measured for an alternative to carpet in a specific area, as part of recognised infection prevention and control measures. Consideration had also been given to the use of communal areas, with efforts made to optimise these spaces for residents' comfort and use. However, one part of the centre had exposed flooring following the movement of furniture, and there was no confirmed timeline for the completion

of this work. This required attention to ensure that the environment remained safe and fully maintained for residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had several risk management processes in place to identify and mitigate potential hazards within the centre. A falls risk on the stairs was identified due to behaviours of concern causing obstructions for other residents. During the inspection, the inspector observed the implementation of control measures outlined in the risk assessment, including one-to-one support for affected residents, redirection, and reassurance provided by staff to ensure safety and minimise distress.

A centre-wide review was conducted following a series of medicine administration errors, leading to an enhancement of procedures and communication across the centre. Lessons learned from this review were applied, resulting in the development and implementation of new checklists aimed at improving medicine management and reducing the risk of future errors.

While risk assessments were in place for identified risks and contained a good level of detail, including appropriate control measures, the risk ratings assigned were not always reflective of the actual level of risk and required review. Furthermore, the risk associated with the centre's reliance on non-permanent staff had not been formally recognised, and therefore, there was a lack of control measures in place for this risk.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of all residents were well considered and effectively managed within the centre, with support from clinical staff employed within the organisation. Referrals to specialist care were made when further investigations were required, particularly when healthcare needs were not clear or when emerging needs arose. Staff actively advocated on behalf of residents, especially in cases where delays in accessing appointments occurred or when their needs were not being adequately addressed. When deemed beneficial, second opinions were sought to ensure the best possible outcomes for residents. Care interventions reviewed by the inspector were specific and detailed and provided clear guidance for staff to follow in supporting residents' assessed needs.

Judgment: Compliant

Regulation 8: Protection

A total of 12 peer-to-peer safeguarding incidents were reported in one house since November 2024, requiring intervention and support from staff. All staff had completed training in the Protection and Welfare of Vulnerable Adults. The inspector found that appropriate responses were initiated following observations and reports, including the implementation of safeguarding plans, multidisciplinary team (MDT) meetings, and referrals to external professionals where necessary. In response to these incidents, residents were offered participation in Relationship Understanding and Awareness (RUA) training, which aimed to promote respectful interactions and support conflict resolution.

Additionally, staffing arrangements had been adjusted in response to the increased need for intervention, with short day time shifts being replaced by longer day shifts to provide continuous support during day time hours. These measures were introduced to mitigate risks and enhance the overall safety and well-being of residents within the home.

The inspection found that while some of the behaviours of concern had been occurring over the past 12 months, their impact on residents had only become more pronounced in recent months due to growing frustrations over the need to accommodate these behaviours. In response to residents' dissatisfaction and the increased requirement for individual support, the provider implemented risk-funded hours, resulting in two increases in staffing arrangements since January 2025. As a result, two staff members were on duty until the evening and throughout the weekends to provide additional support.

A review of supervision records for three staff members found that safeguarding was included as a key topic in these discussions, allowing staff to reflect on the impact of safeguarding concerns on their roles and well-being. These discussions provided an opportunity for staff to share their experiences, receive guidance, and ensure that appropriate support mechanisms were in place.

While compatibility issues remained in one house, this matter is being actioned under Regulation 9, which pertains to residents' rights.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was aware that increasing compatibility challenges and differing life stages among residents in one house were impacting the rights of individuals living

there. As a result, while residents using the service have the freedom to exercise their choices, such choices may interfere with the rights of others in the same environment. The inspection found that these dynamics affected how some residents were able to live on a day-to-day basis in line with their personal preferences.

Judgment: Not 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0037765

Date of inspection: 06/03/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An additional Social Care Worker has commenced duty in Coolmine Park, WTE 39 hours. This will reduce reliance on temporary workers during the day and night and promote continuity in staffing. All permanent staff are available to work waking nights as well as days. Where possible current relief staff who work a regular line as waking night staff will also work occasional days.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC to ensure that relief staff who work a regular line are included in a formalized supervision process, a schedule of this will be maintained by the PIC. Relief staff who work a regular line will be included in monthly team meetings. Where possible regular relief staff who work nights will also be scheduled for day shifts to have an opportunity to work alongside their PIC and their colleagues.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Reliance on relief staff has been reduced by recruitment of 1 WTE Social Care Staff.

PIC to maintain a regular formalized schedule of supervision, performance appraisal and Team meeting schedule including relief staff.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
PIC to continue to oversee the recording of complaints in the centre and manage response to all concerns raised as per policy.

Efforts are on going to address underlying issues contributing to recent complaints based on one residents needs. Scheduled meetings and appointments are in place with other agencies to review the current supports required for one resident. Once agreed these supports will ensure improved safety and stabilty for all of those residing in the centre.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Exposed flooring has been refloored 11/4/2025.
Maintenance of the premises is reviewed regularly as part of audits and 6 monthly provider visits, PIC to ensure any work identified in audits is completed in a timely manner. Both properties within the centre are with a local housing authority. Premises works has been identified for 2025.

Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk ratings have been reviewed. PIC and PPIM to review quarterly as part of quarterly review of incidents.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Further investigation of one resident's health concerns to be completed April 12th, MDT to be arranged when results are available to plan appropriate future supports. The provider will refer the impact on residents' rights to the Human Rights committee within the Service. Additional staff supports have been introduced to one of the houses within the centre to support individuals to engage with activities of choice.	

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2025
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	11/04/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective	Substantially Compliant	Yellow	30/06/2025

	arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/05/2025
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	01/06/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his	Not Compliant	Orange	30/06/2025

	or her daily life.			