



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:	20 February 2023
Centre ID:	OSV-0003783
Fieldwork ID:	MON-0033616

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 for up 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 up of family members and a 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 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 (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
Monday 20 February 2023	09:30hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place in order to monitor levels of compliance with the regulations. The inspector found that the residents in the centre were receiving a person-centred service where they enjoyed a good quality of life. They reported to be happy in their home and were found to be well supported by a small staff team. The inspection found high levels of compliance with the regulations, with improvements required in fire protection. This is discussed in the body of the report.

The designated centre is a large detached house in a suburb in Dublin. Downstairs, the house comprises a sitting room, a utility room, a spacious kitchen with a large dining area, three resident bedrooms and three bathrooms. Upstairs comprises a staff sleepover room, 3 further resident bedrooms, a small office area for a resident to use and two bathrooms. The premises was found to be homely and nicely decorated throughout. There were a number of photographs of the residents as a group engaging in activities and outings together.

The inspector had the opportunity to meet all six of the residents on the day of the inspection. Residents were coming and going from their day services during the day. In the afternoon, residents were enjoying a snack around the kitchen table and a chat. There was an atmosphere of friendliness and enjoyment and it was evident that residents got along well together and that they were supported by a good staff team. Residents showed the inspector their bedrooms. They showed the inspector their personal plans and their goals for the year, as well as personal photographs and some of their belongings. Residents told the inspector that they enjoyed the food in the centre and that they were supported to choose to do the things they wished to do.

All of the residents in the centre availed of day services locally between three and five days per week. Residents were supported to engage in employment, attend day centres and access training and education in areas they were interested in. For example, one resident was doing a course in a local college on politics and they spoke to the inspector about their interests. Another resident worked locally and reported to enjoy their job.

Residents meetings took place once a week and residents told the inspector they talked about different things in the centre, including meal and activity planning for the week ahead. A holiday took place once a year and this was decided upon by the residents with the support of staff. It was evident that family members were partners with the staff team in ensuring residents enjoyed a good quality of life.

To gain further insight into residents' views on the centre, the inspector viewed the provider's annual review. Residents were quoted as saying "I like living here with my friends", another said "I can make my own decisions" , while another said "My room is lovely, I picked out the carpet and the paint". The inspector found that these reported views appeared to match observations and interactions with residents on

the day of the inspection.

It was evident that residents' access to information was promoted in the centre. For example, personal emergency evacuation plans had been made easy to read and displayed in residents' rooms. There was information on a variety of topics available to residents, but more importantly, residents were noted to use this information in their day-to-day life.

From what residents told the inspector, what the inspector observed and from a review of documentation, it was evident that this centre was well-run and that residents were comfortable and content in their home. Residents were supported to make choices throughout their day and the service was a person-centred one, which recognised and upheld residents' rights in a variety of ways. The next two sections of the report will present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

The provider was found to have strong governance and management arrangements in place to ensure that residents were receiving a safe, good quality service. There was a clear management structure in place which identified lines of responsibility and accountability. Regular board meetings took place and liaison took place between the person in charge and a board member every month. The inspector met with the deputy team leader and the chairperson throughout the day in addition to interacting with the person in charge by phone. It was evident that the centre was well managed and operated, and this was demonstrated through the high levels of compliance which were found on this inspection.

Staff meetings occurred every five weeks and a provider representative attended these meetings. The inspector reviewed minutes from meetings held in the months prior to the inspection taking place and found that they had a set agenda which included discussing residents and their needs and preferences, health and safety, reviews of any accidents and incidents. It was evident discussions were focussed on the quality of service for residents. For example, practice issues were discussed to ensure that residents' rights to interactions and respect was upheld at all times. An annual review had been carried out by the provider, as per regulatory requirements. This included the voices of residents and their families. An easy-to-read copy of the annual review was available for residents. Six monthly unannounced provider visits were also carried out and action plans were put in place where they were required.

The provider had employed a suitably qualified and experienced person in charge. They worked full-time and had been in their position for a number of years. They had good systems of oversight and monitoring in place in the centre and were knowledgeable about the residents and their needs.

The number and skill mix of staff in the centre was appropriate to meet residents' assessed needs. Residents enjoyed continuity of care in their home, with a small staff team in place. Staff training records were viewed by the inspector and it was found that all staff had completed mandatory training outlined by the provider in addition to areas relevant to residents' specific health and social care needs. Staff had regular supervision with the person in charge.

Regulation 15: Staffing

The provider had resourced the centre with an appropriate number of staff who had the required skill mix to best support residents. Planned and actual rosters were well maintained. Nursing care was provided where it was required in line with residents' assessed needs. There was a small core team of staff, with no vacant positions. This meant that residents enjoyed good continuity of care in their homes.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the centre's staff training matrix and found that all staff had completed mandatory training identified by the provider such as fire safety, safeguarding, manual handling, medication management and food safety. Additional courses in areas relevant to the residents' specific needs in the centre had also been completed in areas such as dementia, feeding, eating, drinking and swallowing difficulties and first aid. Staff had also completed courses relating to infection prevention and control (IPC). There was a supervision schedule in place, with all staff receiving supervision from the person in charge on a regular basis. Staff who the inspector spoke with reported that they felt well supported in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents in place which met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have good governance and management arrangements in place to ensure that residents in the service were receiving good quality care. Provider level oversight was achieved through regular engagements with the person in charge and staff team in addition to carrying out annual reviews and six monthly unannounced visits. There were action plans developed following these visits and these were progressed in a timely manner. The person in charge had good management systems in place within the centre to maintain oversight of the service. There were effective arrangements in place to support and performance manage staff members in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which contained all the information set out in Schedule 1 of the regulations. This was regularly reviewed and a copy was available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of notifiable incidents in the centre within specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place, which was accessible to residents and their families. There was a clear process to follow in the event of a complaint being made and a complaints log was kept by the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving good quality, person-centred care and support from a small core team of staff. Residents had an assessment of need carried out and this informed their care plans. Residents were supported to develop person-centred plans with their key workers and family. One of the residents showed the inspector their plan in their bedroom and spoke about their goals for the months ahead. Residents' healthcare needs were well supported in the centre. Residents had access to a GP and to a range of health and social care professionals. Residents were supported at times of illness and facilitated with additional staffing where this was required.

Residents were protected from all forms of abuse through a number of measures. Policies and procedures were in place to safeguard residents and these were in line with national policy. Safeguarding was regularly discussed at staff meetings and in supervision sessions. There was clear guidance for staff on the provision of personal and intimate care which respected residents' rights to dignity and bodily integrity. Throughout the inspection, it was clear to the inspector that the centre and its staff placed an emphasis on ensuring that the rights of residents in this centre were upheld and promoted in all aspects of their care and support. This was demonstrated in a number of ways, and is further discussed under Regulation 9: Rights below.

As outlined at the beginning of the report, the inspector found that the premises was well suited to the residents living there. It was clean, warm and in a good state of repair on the day of the inspection. There was ample space for residents to spend time together or to receive visitors. Each of the residents' bedrooms were decorated in line with their preferences and there were a suitable number of bathrooms and showers for residents to use.

There was a system in place to identify, assess and control risks in the centre. The risk register and individual risk assessments were viewed by the inspector and found to be regularly reviewed and detailed for each area of the house, in addition to residents' individual needs. There was a system in place for managing adverse events, including emergencies. The incident and accident log was viewed by the inspector and this demonstrated that where incidents had occurred, they were promptly reported and investigated.

The provider had put a number of measures in place to protect residents from healthcare -associated infections. There was an infection prevention and control policy in place which outlined the roles and responsibilities of staff and management. There were audits taking place in the centre and IPC was a standing agenda item. Guidance was in place for staff on cleaning and cleaning schedules were suitably detailed to ensure that the house was cleaned and disinfected regularly. Residents had been given information a number of times in various aspects of IPC such as hand hygiene, mask wearing and respiratory etiquette. While the risk register outlined a number of risks related to COVID-19, these required

review to ensure that other healthcare-associated infections were considered and that the IPC risks were reflective of current public health guidance.

Fire precautions remained non compliant on this inspection. Actions outlined in the previous compliance plan were in progress. These included an update to the alarm and detection system, emergency light installation and fire door installation. The work required was extensive and the provider demonstrated that they had engaged with a contractor and were putting plans in place on how best to support residents in alternative accommodation for the duration of the works. Fire drills were carried out on a monthly basis and clearly documented, demonstrating reasonable evacuation times and identifying actions required. Personal emergency evacuation plans were in place and regularly updated.

The person in charge had ensured that there were appropriate and suitable practices related to the ordering, receipt, prescribing, storage, disposal and administration of medication. Medication audits identified errors quickly and it was evident that the provider was taking immediate actions to ensure these errors were accounted for. A refresher course had taken place in the week prior to the inspection taking place and a clear protocol was laid out for staff on actions which would be taken following consistent patterns of errors.

Regulation 17: Premises

The inspector found that the premises was well maintained and decorated in line with residents' interests. It was suitably accessible for residents and there was ample space for residents to engage in preferred activities, or to receive visitors. Residents rooms were personalised and rooms were found to have suitable storage space for residents to store their personal belongings.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management plan which met regulatory requirements. There were appropriate systems in place for the identification, assessment management and ongoing review of risk and this included a system for responding to emergencies. There was clear evidence of the provider trending incidents and accidents and putting suitable measures in place to mitigate against identified risks. For example, there had been a number of medication errors in the two months prior to the inspection. The provider had addressed these issues on an individual basis with staff members, as a team and they sourced a bespoke medication management course which was delivered to the team in the weeks prior to the inspection. Incidents and accidents were a standing agenda item on staff meetings to ensure

learning and required actions were shared with the team.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had put good systems in place to protect residents from acquiring health-care associated infections. There was an infection prevention and control (IPC) policy in place, in addition to contingency plans and protocols for staff to follow. Cleaning schedules were in place and found to be detailed and included cleaning equipment. Staff were able to describe arrangements for managing contaminated laundry, managing IPC risks in the centre and their responsibilities for cleaning the centre. Suitable arrangements were in place for the management of waste. Audits were in place for COVID-19, however these required review to ensure that they were up-to-date and reflective of the current public health guidance and that they included other communicable diseases. Similarly, risk assessments in place in relation to IPC required review to ensure that IPC risks were identified. For example, risks relating to other communicable diseases, the management of linen and the management of blood and body fluid spillages.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detection and containment systems remained unsuitable to ensure that residents were adequately protected from fire in the centre. The provider had an action plan in progress in order to upgrade the alarm and detection system, install emergency lighting and installation of fire doors with swing closers. The work required was extensive and the provider was planning how best to support residents to move to suitable accommodation while these works were being completed.

The inspector found wedges in three doors during the inspection and these were immediately removed and discarded.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were appropriate and suitable practices related to the ordering, receipt, prescribing, storage, disposal and

administration of medication. A sachet system was used to ensure that doses were organised according to their prescribed dose schedule to support staff in the accurate and safe administration of medication. Medication audits identified errors quickly and it was evident that the provider was taking immediate actions to ensure these errors were accounted for. A refresher course had taken place in the week prior to the inspection taking place and a clear protocol was laid out for staff on actions which would be taken following consistent patterns of errors. The inspector observed residents getting their medication and it was evident they were well supported.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident in the centre had an assessment of need carried out and corresponding care plans for identified care needs. In addition, residents had person-centred plans which outlined residents' circle of support and their goals for the year ahead. Evidence of work on these goals was seen during the day through discussions with residents and photographs. An annual review took place with input from the resident, their family, key workers and staff.

Judgment: Compliant

Regulation 6: Health care

It was evident that residents were supported to have best possible health. From a review of residents' care plans, residents had access to a range of health and social care professionals, which they accessed through their day service. These included psychiatry, dentistry, speech and language therapy, social work, occupational therapy and psychology. Records were kept of health appointments and where residents were eligible, they were supported to access National Screening Programmes. Residents were supported to access appropriate health information and were given support at times of illness which respected their dignity and their wishes.

Judgment: Compliant

Regulation 8: Protection

The provider had suitable measures in place to ensure that residents were protected

from all forms of abuse. Policies and procedures were in place for safeguarding residents, protection of personal possessions and protection of residents' finances. Staff were able to demonstrate how they would respond to any concerns about residents' safety. Clear guidance was in place for each resident on how best to support them with their personal care needs which respected their right to privacy and dignity. Safeguarding was also a standard item in supervision sessions for all staff. This ensured that staff remained aware of safeguarding policies and protocols in addition to providing a forum for discussion on a regular basis.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, it was clear to the inspector that the centre and its staff placed an emphasis on ensuring that the rights of residents in this centre were upheld and promoted in all aspects of their care and support. It was evident that the designated centre was operated in a manner that was inclusive of cultural backgrounds of all residents and staff. Residents and staff shared learning about their countries and there was a map in the kitchen area of all the areas where residents and staff were from. Communication access was promoted through the use of social stories and easy to read information on a variety of topics for those who needed it. Staff were observed to promote residents' independence and right to information. For example, the inspector observed a staff member administering medication. While the residents did not self-administer their medication, the staff member took time to show the residents what tablets they were getting and the residents were aware what they were for. Accessible information about rights was present in the centre and this was discussed at residents' meetings. Residents' rights to make decisions involving a level of risk was promoted and upheld.

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 (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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lorrequer House OSV-0003783

Inspection ID: MON-0033616

Date of inspection: 20/02/2023

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • Review and update policies to include public health guidance on Covid-19 • Expand the policies to include other communicable diseases • Risk assessment reviews will include such risks as other communicable diseases, the management of linen and the management of blood and bodily fluid spillages 	
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 • Fire doors will be rated and replaced if required. • Self-closing mechanisms will be fitted to all fire doors • Fire alarm and detection system will be upgraded to a LD1 system. A fire safety consultant will be employed to- <ul style="list-style-type: none"> • assess the building • issue a report on the necessary upgrade works required to be undertaken to ensure that all statutory requirements relating to Fire Safety and Building Control will be complied with • oversee the works 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	29/02/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	29/02/2024

	containing and extinguishing fires.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	29/02/2024