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:	Luchanna
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV-0005677
Fieldwork ID:	MON-0046245

About the designated centre

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

Luchanna is a detached one story house located in a rural area but within a short driving distance to a nearby town that can provide full time residential care or shared care for four residents of both genders between the ages of 18 and 65 with intellectual disabilities, Autism and physical and sensory needs. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen, a sitting room, a main bathroom and a conservatory. Residents are supported by the person in charge, a team leader and support staff.

The following information outlines some additional data on this centre.

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 (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 20 February 2025	09:25hrs to 16:00hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. Safeguarding is one of the responsibilities for a provider. This inspection explored compliance with nine regulations which are connected to the theme of safeguarding.

The inspector used observations, meeting with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre. It was found that residents received good care and support under some of the areas inspected.

The designated centre comprised of a detached one story house located in a rural area but within a short driving distance to a nearby town. The nearby town had many local amenities and services including shops, parks, cafes, gym and public transport which residents accessed. The house was bright, warm, clean, comfortable and homely. Each resident had their own bedroom. The communal spaces included a sitting room, a dining room, sensory room and a kitchen. A notice board in the hallway displayed information on day service activities and pictures of activities residents had recently completed, such as a walk in the countryside. Information on advocacy services, safeguarding, and the complaints procedure were also displayed.

There were four residents living in the centre on the day of the inspection, the inspector had the opportunity to meet three of them. The residents had varied support needs. All residents had access to one to one support from staff to complete their individualised day service. The centre had two vehicles in place in order to support activities and this was also in line with the assessed needs of the residents.

These residents were seen to be supported by staff to complete many different activities on the day of the inspection. Two residents did not verbally communicate with the inspector. One resident had limited verbal interactions with the inspector. All three residents appeared relaxed and comfortable in their home and with the support staff were providing. In the morning, one resident spent some time relaxing in the sitting room while the inspector reviewed documents. The resident appeared content and staff were seen to offer a choice of activities for the day ahead. The inspector met another resident after they had finished their breakfast, they were listening to music on their devise. The inspector asked them if they were happy living in the centre and they smiled, again appearing very relaxed in their home.

The provider and person in charge had implemented systems for residents' voices to be heard. For example, residents attended house meetings weekly, planned personal goals, residents were consulted with as part of the annual review. The inspector viewed a sample of this documentation. These matters are discussed further in the report.

Staff members told the inspector of how they ensured that residents' rights were respected by offering choice and enabling residents to have autonomy and control in respect of their daily lives. They told the inspector of how residents' meetings were held to ensure that residents had opportunities to inform the running of the house and to provide residents with information.

Staff members told the inspector that they had received training in communication and informed the inspector how they support residents with their communication needs to make choices and to be informed of important information. The inspector seen staff throughout the inspection use pictures, objects of reference, gestures and words to support the residents. For example, a staff asked the resident a choice of what they would like to do by placing they two hand in front of them with a choice in each one, the resident then picked a hand to symbolise their preferred choice.

Overall, this inspection found that residents were being supported in a safe and good quality service which was ensuring that they were living in an environment which was free from abuse.

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

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge. The designated centre had a team leader in place in order to support the person in charge with their duties. Staff spoken with were informed of the management arrangements and of how to escalate issues or concerns to the provider level. For example, one staff member said they could discuss any concerns with the person in charge and felt well supported in their role.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly unannounced audits. The inspector reviewed the two previous six-monthly unannounced audits that had taken place for the centre and a period of eight months had lapsed between these. Audits had also been carried out in the centre by the person in charge which included, health and safety, support file and environmental audits. The inspector reviewed these audits and saw that they were comprehensive and identified any actions required to address risks arising in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas

were clear and showed the full name of each staff member, their role and their shift allocation. The inspector saw that staffing levels were maintained at levels appropriate to meet the needs of, and to safeguard the residents. The provider had three vacancies on the day of the inspection, however measures were seen to be in place to minimise the impact on the continuity of care for residents. For example, the centre had two regular relief staff in place, along with part time staff covering additional shifts.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs.

Planned and actual rosters were maintained for the designated centre.

The designated centre had three vacancies at the time of the inspection. The person in charge had implemented systems to ensure that regular relief staff were booked where possible. For example, two relief staff and additional hours by part time staff were assigned to complete the vacant shifts on the February roster. This was effective in ensuring continuity of care for the residents. The staffing levels required review to ensure they were reflected correctly with the centres statement of purpose, the person in charge reviewed and completed this on the day of the inspection.

Furthermore, the inspector observed staff engaging with residents one to one in a respectful and warm manner, and it was clear that they had a good rapport with residents and a thorough understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents and promote their rights in the centre. The training included, safeguarding of vulnerable adults, positive behaviour support, human rights, communication and children's first.

The person in charge provided effective support and formal supervision to staff.

Informal support was provided on an ongoing basis and formal supervision was carried out in line with the provider's policy. In the absence of the person in charge, staff could contact the regional operational manager.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time and demonstrated effective oversight and management of the centre. They were supported in their role by a team leader, and reported to the regional operations manager. There were good arrangements such as regular management meetings which were seen to discuss areas of incidents, complaints and safeguarding.

There were management systems to ensure that the quality and safety of the service provided to residents was monitored, such as audits and an annual review. The provider's most recent annual review was completed in January 2025 and had consulted with residents and their representatives. The provider had also completed six-monthly unannounced visits to the centre. These had not been completed within a six month time frame. The audits had been completed in May 2025 and again in January 2025. These audits were seen to have action plans in place with actions completed within the identified time frame. Consultation with the residents and residents' representatives was also included in the report with feedback being generally positive. One resident representative indicated the addition of a bath to the designated centre would be beneficial for the residents. The person in charge discussed with the inspector that this had been taken into account with upcoming planned renovations for the centre.

The person in charge had ensured audits were also being conducted at a local level in the designated centre. Such audits covered areas such as, health and safety, environmental infection prevention and control and support file audits. Records provided indicated that active safeguarding plans had been audited as part of the residents support file review. It was also identified that the open safeguarding plans in the centre would be reviewed in the coming weeks by the management team of the centre which would include the designated safeguarding officer. An audit schedule was in place to promote systematic monitoring and this was seen to be followed. For example, environmental infection prevention and control audits were to be conducted weekly and these were seen to be in place for 2025.

There were effective arrangements for staff to raise concerns. Staff supervision records were reviewed by the inspector, these were taking place with a schedule in place for 2025. Staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

Residents were provided with both private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences. The centre had an external building which residents used for activities such as arts and crafts and painting. A large mature garden area was to the rear of the centre which contained items such as go karts which one residents like to use. The person in charge informed the inspector that the centre would be undergoing renovation works in the coming months which would see some upgrades to the centre.

The inspector reviewed two residents' files and saw that these contained individual assessments and care plans. All healthcare support plans were seen to be reviewed within the last 12 months and provided clear guidance for staff to support residents. For example, a resident had an eating and drinking assessment completed which clearly identified how to support the resident at mealtimes.

Residents' personal plans contained care plans in respect of their communication needs, positive behaviour support needs and personal care needs. These care plans reflected the residents' rights to dignity, privacy and autonomy and guided staff on providing care in a safe and rights-informed manner.

The inspector spoke with staff members on duty during the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Regulation 10: Communication

Residents in this centre presented with assessed communication needs. The inspector reviewed residents' personal plans and saw that there were communication plans in place to guide staff in meeting these needs. Staff were informed of residents' communication care plans and had received communication training in order to support residents in communication.

Two residents' communication plans were reviewed. These plans had clearly identified support strategies such as the use of emphasis of key words, pictorial communication aids, gestures and objects of reference, communication technology used. The inspector saw that staff had implemented these strategies, for example visual staff roster boards and activities timetables were available in the centre. This was effective in ensuring that residents' communication rights were upheld and that they could direct their everyday lives. For example, one residents communion plan had identified the resident may use word repetition when asking about a vehicle. The communication plan in place clearly identified the words and phrases to use to support the resident. The inspector was able to use this during the course of the inspection when communicating with this resident which was beneficial.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, homely and well furnished. Residents had sufficient storage and there was cooking and laundry facilities.

Each resident had their own individual bedroom and was seen to be decorated with their personal items.

The provider has plans in place for renovations works to the premises, which would commence in 2025. The person in charge identified these works would commence in the coming months. During the inspection it was seen that some areas of the premises required attention, such as painting and damage to areas of the kitchen cupboard and counter tops. The person in charge had identified these in maintenance requests logs, and these works would be completed during the upcoming works to the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files on the day of inspection. The inspector saw that each of these files contained a comprehensive individual assessment which detailed residents' health and social care support needs. Both of these personal plans had been reviewed and updated within the last 12 months and

both residents had a personal planning meeting take place.

The documentation reflected input from various health and social care professionals, including psychology, occupational therapy, behaviour support and speech and language therapy.

Residents were also supported to plan social goals such as going on overnight trips and to concerts. The inspector found the associated documentation required improvement to demonstrate progress on goals and ensure barriers for goals were being escalated. For example, a resident had a goal to have the support of two staff to complete longer days out in the community for day trips. This was a step to support the resident to go on an overnight stay. This goal was identified in November 2024. Residents were supported with monthly keyworker meetings which recorded progress on their goals. January 2025 record identified staffing in the centre as a barrier and that this was identified to management. However, on discussing this with the person in charge they were unaware of this barrier and highlighted to the inspector they would review this to ensure any additional supports required would be put in place.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff in this centre had received training in positive behaviour support and were knowledgeable regarding residents' behaviour support plans. This was effective in ensuring that staff could respond to incidents of behaviour of concern in a manner which was effective in protecting residents and ensuring that their rights were upheld.

Residents who required positive behaviour support plans had these in place. The inspector reviewed two of these behaviour support plans and saw that they were written in a person-centred manner. These plans had been reviewed in January 2025. The plans clearly identified triggers, important things to know, proactive strategies, direct interventions and reactive strategies. The plan included the communication needs of the residents.

A record of restrictive practices in the centre was maintained. The restrictive practices were reviewed on a regular basis by the provider's restrictive practices committee to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive and therefore least impact on residents' rights. Since the last inspection of the designated centre it was seen that these restrictions had slightly reduced.

Judgment: Compliant

Regulation 8: Protection

The inspector spoke to staff members in the centre and asked them about their safeguarding roles and responsibilities. Staff had received training in safeguarding vulnerable adults and were informed of the provider's procedure in respect of responding to and reporting incidents of abuse. Staff identified they would have support from the person in charge and staff team in the event of a safeguarding incident. The staff identified any safeguarding concerns and plans were discussed at staff team meetings. The inspector found that staff spoken with were informed regarding safeguarding and were knowledgeable about the potential for abuse and how to respond to and report abuse to ensure residents were protected.

The inspector saw that incidents of abuse were reported to the national safeguarding office and that interim safeguarding plans were implemented where there were incidents of abuse suspected or confirmed.

Residents' files contained up-to-date intimate care plans which detailed measures that staff should take to ensure that residents' dignity, privacy and autonomy were upheld when in receipt of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

The provider, person in charge, and staff team had implemented systems to ensure that residents' rights were promoted and upheld in the centre. For example, staff were undertaking human rights training to inform their practices and the provider had implemented a complaints procedure.

Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices. Resident’s had access to participate in their local community in accordance with their wishes. One resident’s personal plan identified they were part of the local tidy towns group. On the day of the inspection residents were supported by staff to go for walks, attend the local gym and go to the shop.

Residents attended weekly residents' meetings. A sample of these meetings was reviewed by the inspector from January 2025. These meetings were held with each resident on a one to one bases. The meetings supported residents to exercise choice in relations to their weekly activities ahead and meal choices. However, it was not seen from the documentation recorded that residents were supported with information around complaints and safeguarding. This did not ensure residents were made aware or informed of the supports in place for them and their rights. The inspector discussed this with the person in charge and easy read information was available for residents, however it was not documented when this was discussed

with the residents.

The providers restrictive practice policy also identified residents consent should be sought for restrictive practices in place in the centre. From the documentation reviewed and discussion with the person in charge and person participating in management this was not yet in place in the designated centre. The provider had ensured that a restrictive practice record was in place and restrictions were being reviewed as discussed under regulation 7, positive behaviour support.

Residents enjoyed an array of activities based on their choices, likes and dislikes including going for walks in the park, attending the gym, going swimming, visiting family members and having family and friends visit their home.

Judgment: Substantially 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 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Luchanna OSV-0005677

Inspection ID: MON-0046245

Date of inspection: 20/02/2025

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: To meet the requirements of Regulation 5, a structured template will be introduced to track residents' progress toward their SMART goals. Monthly keyworker meetings will be updated to ensure any barriers to goal achievement are identified and addressed promptly. Staff will receive workshop to improve consistency and clarity in documenting goal progression. A reporting system will be put in place to strengthen communication between keyworkers and management regarding residents' goals and any challenges faced. Regular audits will continue, with a stronger focus on tracking progress and ensuring goals are actively supported.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance with Regulation 9, a system will be introduced to document discussions on complaints and safeguarding during residents' meetings. Easy-read information on these topics will be regularly shared with residents, with records maintained to confirm when these discussions take place. The Resilience Healthcare Restrictive Practice Policy will be fully implemented, ensuring that residents' consent is sought and properly documented for any restrictive practices in place. Additionally, consent will be recorded using easy-read versions of restrictive practices currently in use to enhance accessibility and understanding.	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/03/2025