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

Issued by the Chief Inspector

Name of designated centre:	Lohunda Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0003084
Fieldwork ID:	MON-0039310

About the designated centre

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

Lohunda Park is a community residential service providing accommodation for up to four residents with an intellectual disability over the age of 18. The centre is located in suburban North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The 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 staff team comprises of a person in charge and social care workers. Residents are supported by one sleepover staff and additional staffing is put in place in line with residents' needs and wishes.

The following information outlines some additional data on this centre.

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 16 March 2023	10:50hrs to 15:05hrs	Erin Clarke	Lead
Thursday 16 March 2023	10:50hrs to 15:05hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk-based inspection of the designated centre Lohunda Park. The inspection was carried out to assess the provider's progress with their submitted compliance plan following a previous inspection from April 2022. During the course of that inspection, a high level of non-compliance was identified. The provider had committed to addressing areas of non-compliance identified within that inspection, and a restrictive condition was attached to the designated centre's registration at that time.

Overall, the inspection found that the provider had made significant progress in addressing the non-compliance in the centre, particularly fire safety concerns and the management of residents' finances; however, improvements were required in relation to Regulation 15: Staff and Regulation 23: Governance and management.

As per the centre's statement of purpose, Lohunda Park provides residents care for adults with a moderate intellectual disability with associated conditions, including mental health needs, mobility and ageing needs. The house is staffed 24 hours a day, and currently, there is a waking night staff rostered to support an individual with changing mobility needs. The service aim is to support residents to live in their community home for as long as possible. If changing care needs arise, an individual assessment is completed by the relevant multi-disciplinary member. The centre is home to four residents, and residents are supported by one social care staff during the day and night. A second social care staff is on duty at times to facilitate social activities and appointments. Currently, three residents avail of a day and work programme for between one and four days a week.

The inspectors of social services had the opportunity to meet with two residents during the course of the inspection. One resident was at home with their family for St. Patrick's weekend. A second resident had left to go shopping and go to the cinema with a staff member. The residents met with appeared very happy in their home and very comfortable in the presence of staff. One resident was observed by staff to be helping with the grocery shopping and making breakfast with some assistance from support staff.

Staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents, and it was clear that residents felt relaxed in their presence. Staff who met with the inspectors could detail residents' care needs, and it was clear that they were committed to the delivery of a good quality and person-centred service.

Residents were encouraged and supported to exercise choice and control while living in the centre. Residents' meetings took place regularly. The inspectors saw that the day of the residents' meetings changed in order to better suit the residents' expressed preferences. Residents were provided with information about the operations of the centre in these meetings. A recent shift change from a sleep over

shift to a live night was discussed with residents and any potential impact this may have on residents.

Opportunities for residents to exert choice and control were encouraged and regularly provided, as was their involvement in the running of the centre. Residents were supported by staff to regularly access the community and engage in activities of their choice. For example, one resident had a job in the local grocery shop, and another resident attended a retirement club once a week. Another resident had applied for a literature and computer skills course and was waiting on a date for the course to commence.

Overall, the inspector found that the wellbeing and welfare of residents was actively promoted and the provider and the staff team aimed to promote residents' rights and their personal development. The inspectors found that the person in charge and senior management were responsive to changing needs in the centre whilst reviewing long-term plans for emerging healthcare needs.

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

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents. The inspectors found that, while there had been overall improvements in the governance and oversight of the centre since the last inspection of the centre, the absence of the person in charge for four months in 2022 had resulted in some gaps in the operations of the centre. However, these had been resolved at the time of the inspection with the person in charge being full time in post. The inspectors also found that the provider had been responsive to increased care needs in the centre and had implemented additional staffing hours to support these needs.

As previously mentioned, this inspection aimed to determine whether the provider had effectively addressed areas of concern from the previous inspection. It was found on the last inspection that a number of actions outlined in the registered provider's compliance plan submitted in response to the previous inspection of the centre had not been completed or followed up on as committed to. As a result of the repeated findings, the Chief Inspector of Social Services added an additional restrictive condition of registration, compelling the provider to comply with regulations 23: Governance and Management, Regulation 12: Personal Possessions and Regulation 28: Fire Precautions. The date set on the restrictive condition for which the provider had to satisfy all actions had been completed from the submitted compliance plan was 31 October 2022. The provider confirmed that the final action had been completed on 14 November 2022 due to a slight delay in fitting a fire containment door. Subsequently, the provider was invited to remove the restrictive

condition from its registration, and an application to remove was received in February 2023.

Based on communications with the provider and also on the findings of this inspection, the inspectors were satisfied that the provider had completed adequate action that met the majority of the requirements of the restrictive condition.

The provider had recently increased staffing levels to meet residents' emerging healthcare needs. Along with the identified need for an increase in staff, at the time of the inspection, there was also a part-time social care vacancy, which had been in place since 2021. The person in charge managed the roster in a way so that residents' care and support needs could be met. However, inspectors found that there was an over reliance on relief staff and agency staff, which was impacting on the continuity of care received by residents. The provider was aware of the high volume of staff being used and had tried to reduce the number of different staff being used which was having some effect. In addition, the person in charge had implemented a comprehensive house guidelines document which highlighted all information for new staff coming on shift. This included care plans, fire safety procedures, incident reporting and daily routines for all residents.

There was a complaints policy and clear complaints procedures in place. There was a person nominated to deal with complaints. Complaints were on the agenda and discussed at resident and staff meetings. A review of records found that complaints were managed in accordance with the provider's policy. Complaints were recorded and escalated appropriately.

The provider had a programme of both mandatory and refresher training in place which assisted staff in meeting the care needs of residents and also promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns that they may have by attending both scheduled one-to-one supervision and team meetings. Team meetings also facilitated discussion about care needs within the centre and promoted a collective approach in regards to the delivery of the service.

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and was found to be suitably experienced and qualified to meet the requirements of Regulation 14. They had a very good knowledge and understanding of the needs of residents. Residents were familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was a high reliance on agency and relief staff on a weekly basis to cover both a staff long term vacancy and to meet residents' emerging healthcare needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development and to support them in delivering good care to residents. The person in charge maintained staff training records for regular staff, and the training records for relief staff were maintained in the provider's head office. Relief training records were submitted following the inspection, and these demonstrated a good oversight of the training completed by the large number of relief staff that worked in the centre.

Improvement was needed in the supervision arrangements for staff to avail of in the absence of the person in charge. This is actioned under regulation 23.

Staff meetings while they did not occur as frequently as required the inspectors noted quality written notes so absent staff could read what occurred in the meetings. The minutes included details of actions and corrective actions.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found improvements within the registered provider's ability to self-identify deficits and non-compliance with the regulations and the response to these matters. It was identified that the provider had addressed a number of high-priority non-compliances from the previous 2022 inspection to a good standard. These included fire safety precautions and the strengthening of residents' finances auditing in line with provider policy.

The person in charge also had a schedule of internal audits, which assisted in ensuring that areas of care such as finances, fire safety and personal planning would be held to a good standard. Monthly meetings between the person in charge and person participating in management highlighted how changing needs in the centre were escalated and responded to.

While a person had been assigned to the role of the person in charge as required by the regulations while the person in charge was absent, it was discovered that due to the large scope of this person's duties, they were unable to carry out the day-to-day operations of the centre. As a result, staff oversight, meetings and local audits did

not take place in accordance with provider policy.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was access and information available to residents in relation to advocacy services. There was evidence of complaints by residents and their representatives within the centre, and a review of records found that these complaints were recorded, investigated and resolved in accordance with the provider's policy.

Judgment: Compliant

Quality and safety

It was demonstrated that the provider had undertaken considerable improvements in the areas of fire safety and the management of residents' finances to bring about better quality service outcomes for residents.

In relation to fire precautions, the provider had completed scheduled works to bring the centre into compliance with the regulation. This included installing a new fire door and closing device. There were other fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly, and learning from fire drills was reflected in residents' evacuation plans. There was evidence of regular review of residents' personal emergency evacuation plans (PEEPS) in line with identified changing needs. Staff had also completed fire safety training and fire drills had taken place to test the effectiveness of the fire evacuation plans.

The person in charge had detailed fire evacuation plans for individual residents and also in regard to the collective evacuation of the centre. The inspectors found these measures ensured that a consistent approach to fire evacuation was promoted. In addition, a review of fire drills indicated that all residents could evacuate the centre in a prompt manner across all shift patterns with the support of staff.

The provider had ensured that each resident had access to and retained control of their personal property and that support was provided to them to manage their finances. The policy in place for the management of resident finances by staff provided clear direction on personal property and possessions of residents. Unannounced checks on finances had also occurred to ensure adherence to the new system.

Regulation 12: Personal possessions

Following the previous inspection, the provider requested an audit of all residents' finances by the finance and audit sub-committee in line with Avista Policy ''Management of Personal Finances, Property and Possessions of the Individual the Organisation supports''. The scope of the audit ranged from January 2019 to December 2019. Results of these were submitted to the Chief Inspector, and where incorrect expenditure had occurred, these were refunded to residents. These amounts totalled from €47 to €922 per resident. The inspectors found that improved systems were in place to support residents in managing their financial affairs. A sample of residents' financial records were reviewed, which demonstrated effective day-to-day management of finances through the appropriate recording of receipts and regular accurate reconciliation.

Residents were also supported to open bank accounts in their own names so they could maintain control of their own financial affairs. Where residents did not have full sole access to their bank accounts, bank statements were sought and audited to ensure residents' finances were safeguarded.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors found that there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. Residents took part in planned evacuations, and inspectors found that learning from fire drills was incorporated into personal emergency evacuation plans. Staff spoken with were confident with regard to the actions to take should there be a fire.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 28: Fire precautions	Compliant

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

Inspection ID: MON-0039310

Date of inspection: 16/03/2023

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The reliance on additional relief staff will naturally reduce when one resident transitions to another part of the organisation, this individual requires additional supports which have resulted in rostering changes. The individual will transfer to an area based on their needs, wishes and preferences within four weeks.
The Provider is committed to engaging with the recruitment process in order to manage current staff vacancies
A relief social care worker will be identified to cover the part time vacancy within the centre.

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The person in charge has resumed their role and will maintain staff oversight through regular meetings, supervision and local audits.
The Provider will ensure there is an appropriate system in place to oversee the management of the centre in the absence of the PIC.

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	30/06/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional	Substantially Compliant	Yellow	30/05/2023

	responsibility for the quality and safety of the services that they are delivering.			