Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

| Centre name:                  | A designated centre for people with disabilities operated by L'Arche Ireland |
| Centre ID:                   | OSV-0003418                                                              |
| Centre county:               | Dublin 13                                                                |
| Type of centre:              | Health Act 2004 Section 39 Assistance                                    |
| Registered provider:         | L'Arche Ireland                                                           |
| Provider Nominee:            | Joan Costello                                                             |
| Lead inspector:              | Leone Ewings                                                              |
| Support inspector(s):        | None                                                                      |
| Type of inspection           | Announced                                                                 |
| Number of residents on the date of inspection: | 6                             |
| Number of vacancies on the date of inspection: | 1                             |
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 August 2014 09:30
To: 28 August 2014 18:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11: Healthcare Needs |
| Outcome 12: Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This monitoring inspection was the first inspection carried out by the Authority. As part of the inspection, the inspector met with residents and staff, reviewed relevant documentation such as the staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

This inspection was announced to the provider and person in charge and took place over one day. The designated centre consisted of three houses on a road in a residential area of Dublin; Two adjacent houses and a purpose built premises across the road, which acted as one community setting. The gardens were well maintained, and access to all premises was level and accessible, with space for transport and parking. The centre was located in an urban residential area, the access between the houses was facilitated by a nearby pedestrian crossing.

The ethos of the designated centre as outlined in the centre’s statement of purpose and function is to provide 24 hour care and support to adults who have intellectual disabilities. The age range of residents was from those in their thirties and upwards. Residents spoken with told the inspector that they enjoyed life at the centre, and the work / education opportunities available to them.

This inspection primarily focused on staffing, healthcare, governance, health and
safety and risk management in place to ensure the quality and safety of care being
delivered to residents. Additional information had not been submitted as part of the
registration process at the time of the inspection.

The findings of the inspection are set out under eight outcome statements. These
outcomes set out what is expected in designated centres and are based on the
requirements of the Health Act 2007 (Care and Support of Residents in Designated
Centres for Persons(Children and Adults) with Disabilities) Regulations 2013.

The inspectors found that improvements were required with the requirements of the
Health Act 2007 Care and Support of Residents in Designated Centres for Persons
(Children and Adults) with Disabilities) Regulations 2013. Improvements were
required relating to health and safety and risk management, medication
management, statement of purpose and governance and management. Action plans
to address these non-compliances are found at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that the care supports provided to the residents was appropriate to meet their assessed needs.

The inspector discussed the admissions process and how a comprehensive multidisciplinary assessment was completed pre-admission. There was evidence that residents and the person in charge were actively involved in this assessment, prior to admission and could visit if desired to assist with any long term decision making about moving to the centre as a resident or 'core member'. Residents and their representatives were actively involved in an assessment to identify their individual needs, choices and goals.

Each resident had in place a comprehensive assessment completed on admission which reflected the residents needs, interests and preferences and outlined how staff could assist the resident to maximise their opportunities to participate in meaningful activities. The clinical needs identified on assessment had corresponding care plans in place. The content of the support plans were discussed with the team leader and the person in charge in relation to reflecting the residents’ identified need. Residents clearly confirmed their active participation in any goals and implementation of their preferred life choices. For example, one resident was enthusiastic to undertake further education, and was being supported in this by a volunteer and management of the service.

One bungalow was a communal facility where staff also had facilities in place, and could be accommodated. The second bungalow could accommodate three residents, but had two people living there at the time of the inspection. Each resident had access to a private bedroom in their own house, and had access to suitable bath/shower room facilities. The kitchen dining area was the centre of the house and residents, staff and
volunteers used this area to gather and meet after work and activities.

Some residents attended day care centres, some were near to the centre, other day care was accessed by external transport providers. The inspector met with some of the residents on return home after work and activities. The residents who spoke with the inspector were happy with life at the centre. Some residents had been on holidays, and others visited family on a regular basis.

**Judgment:**
Compliant

### Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector formed the view that overall the health and safety of residents, visitors and staff was promoted and protected. There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event of all potential emergencies. The person in charge confirmed that any accidents and incidents were reviewed on a weekly basis at management meetings. There had been no serious incidents which had taken place which had not been managed in practice.

Information relating to staff training in moving and handling, adult safeguarding and fire safety was not available at the time of this inspection; and was submitted on 1 September 2014 following the inspection and found to be satisfactory.

Satisfactory arrangements were in place to manage risks such as fire, and staff were aware of the evacuation plan, there had been no serious incidents documented at the time of this inspection. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practised on a regular basis during the day and night by both staff and residents. A fire safety policy reviewed by the inspector was in place and this had been recently fully implemented. All fire equipment had been maintained and the last date of service was July 2014. There had been no fire incidents in any of the three houses, and fire drills had taken place twice in the past year. The inspector noted that fire blankets available in the kitchen. Residents who smoked used the garden or outdoor areas and did not smoke indoors.

The absence of a written risk management policy to inform and guide staff, was brought to the attention of the person in charge who was aware of this requirement.

**Judgment:**
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents’. The person in charge provides the training to staff member and volunteers. She also clearly outlined actions taken to the safeguard residents when reports or allegations were brought to her attention, and outlined the investigation process completed. Appropriate actions had taken place and records maintained by the person in charge.

Residents told the inspector the centre was a safe and secure home to live in. Residents had access to enclosed garden spaces at both sites. All the exit/entry doors could be secured by locking when required and the houses were alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure privacy locks and there were curtains on bedroom windows.

Communication between residents and staff was observed as being respectful at all times. The person in charge informed the inspector that there were no restrictive practices in place at the time of the inspection. Residents were provided with supports to promote a positive approach to behaviour that challenges. There had been no serious incidents relating to challenging behaviours reported to the Authority to date.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The health care needs of residents were being met. The inspector reviewed two residents’ files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Healthcare was well managed and appointments attended for review. For example, one resident had recently attended an outpatient appointment and the nurse had accompanied to support the resident at this time. Each resident had a full assessment prior to coming to live at the centre, and a personal plan in place to meet their ongoing needs and goals. Overall residents expressed their satisfaction with day to day life at the centre and that their needs were met.

One resident spoken with told the inspector they had a choice of food and contributed to choices at mealtimes and helped with the preparation and cooking. Feedback from residents confirmed that discussion was held about menus and the shopping list. Staff and residents did the cooking of meals together and residents also assisted with the shopping. A resident told the inspector they planned the weekly evening meal menu, each resident could choose an evening meal (alternatives were also planned for). Some residents took packed lunch to work. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their individual dietary needs. The mealtimes were a social occasion, and residents could eat in one of two of the houses. Healthy snacks and drinks were also available throughout the day.

Staff confirmed that when residents required prescribed food supplements these were administered and signed for by staff in the medication administration records.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were written operational policies in place relating to the ordering, prescribing, storing and administration including self administration of medicines. The inspector reviewed practice and was satisfied that medications were well managed in a safe manner and independence was promoted. Supports were also in place to facilitate residents to self medicate and this was seen to be implemented at the time of the inspection and promoted independence.

The practices observed in relation to ordering, storing and disposal of medication were in line with the centres policies. There was a safe system in place for the ordering and
disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. Pharmacy advice and guidance were available to staff to support their role in this at the centre.

An audit of each resident's medications was completed when medication was delivered every week; any discrepancies were identified and reported to the person in charge and pharmacy by completion of an error form. There had been one error of omission noted by staff involved with administration, which was identified a few hours later as staff had not signed for a medication for one resident. All variances were recorded and followed up by the team leader or person in charge.

Safe Administration Medication (SAM) guidelines were in place and adhered to by staff. However, checks were not kept of a small amount of medication which required additional storage requirements, at the time of each shift change.

Resident medication prescription charts were reviewed and the findings were that the charts had photographs and were largely compliant with best practice.

The inspector saw that each of the residents had their prescribed medications reviewed by the GP and kept under review on a regular basis.

Most staff involved with medication management had up-to-date SAM training in place; one staff member was booked to complete medication management training.

**Judgment:**
Non Compliant - Minor

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
A copy of the statement of purpose was submitted to the Authority and reviewed prior to the inspection. Overall it included details of the services and facilities provided. It also contained the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

However, improvements were required relating to detailing fire precautions and associated emergency procedures in the designated centre.

A copy of the statement of purpose had been made available to residents and their representatives.
**Judgment:**
Non Compliant - Minor

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
All lines of enquiry were not reviewed on this inspection; the provider nominee was not interviewed as part of this inspection. The person in charge was employed in the centre since September 2013, she was engaged in the full time governance and the operational management of the centre. She had a good overview of each individual residents ongoing needs and goals, and also resides at the centre. She was involved with the management of 3.5 whole time equivalent salaried care staff and a part time nurse. She was also closely involved with the management of the volunteer staff.

The person in charge was also assisted by a full-time deputy community leader and a part time secretary who was on leave during the inspection. The management was committed to a process of consultation with residents and staff with regard to day-to-day life at the centre.

The person in charge was also supported by the deputy community leader, and they shared the responsibility of the day-to-day management. In addition a local management committee was also involved with the organisation of the services. The central board of directors was represented by the provider nominee.

The person in charge told the inspector that staff meetings took place every Monday in the centre. Staff were fully aware of reporting structures.

A complaints policy is in place and one minor complaint was discussed with the person in charge which had been satisfactorily resolved.

The person in charge was fully aware of the requirements to have written policies in place, for example, risk management policy and was working towards putting these in place. During the inspection the evidence was that there were some gaps in the organisational supports and preparedness for the legislative responsibilities, and supports for the person in charge at the designated centre. For example, some of the documents required application for registration were incomplete.
Judgment: Non Compliant - Moderate

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The numbers and skill mix of staff were appropriate and found to be adequate to meet the needs of the six residents. The team leader outlined the staffing roster for both salaried and volunteer workers and allocation of time during the day to meet the individual and collective requirements of the residents. The staff and skill mix was an amalgamation of both salaried and volunteer workers, who were committed to maintaining each resident's overall quality of life. The allocation of duties and time spent with residents was reviewed with the team leader and was clearly meeting the residents needs. Residents expressed to the inspector that they looked forward to group and one to one time and activity with staff and volunteers at the centre.

Education and training had been provided to staff and volunteers. Training records were not collated at the time of the inspection but were submitted by the person in charge on 1 September 2014 as agreed. The inspector viewed the training record submitted and training received included moving and handling, first aid, fire safety and adult protection. The medication management training had been provided in 2012 and 2013. The person in charge informed the inspector that planning to up skill a staff member to be a trainer for medication management. An appropriate training course had been sourced and updates would be provided after this training for all staff.

Volunteers undertook an extensive assessment prior to being accepted into the service and completed a detailed induction training period which was confirmed in the staff files. The inspector discussed the recruitment process with the person in charge and the criteria for the ongoing supervision of each volunteer worker.

The recruitment process in place was found to be safe and robust. Two staff files reviewed included all the required documents outlined in schedule 2. Agency social care workers were employed and an arrangement was in place with an agency provider and a regular personal assistant was employed in this manner.

Judgment: Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003418</td>
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<tr>
<td>Date of Inspection:</td>
<td>28 August 2014</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no written risk management policy in place to inform and guide staff which contains all the requirements of the legislation.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
• A Risk Management Policy will be developed that will include the requirements under Regulation 26
• External training will be provided to management staff on Risk Management (Completed 21/10/2014)
• Internal training will be provided to staff on risk management to include awareness of risk, risk management and policy familiarisation.

Proposed Timescale: Risk Management Policy: 1 November 2014
External training on Risk Management: Completed
Internal Training on Risk Management/Policy Familiarisation: 1 December 2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Checks were not recorded of MDA medication in storage at the designated centre.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
1. The Medication Policy will be reviewed and amended on completion of Safe Administration of Medication training to ensure best practice and protocols and will reflect the necessary procedures and practices on MDA medication
2. Checks of MDA medication will be recorded in log book

Proposed Timescale: Checks on MDA medication and log book: Immediately
Revised Medication Policy will be completed by 15th December 2014 and submitted to Health, Information and Quality Authority

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for fire precautions and associated emergency procedures were not fully outlined in the statement of purpose.
Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The Statement of Purpose will be revised and amended to ensure inclusion of fire precautions and all other information required under Schedule 1.
2. A revised copy of the Statement of Purpose will be distributed to residents and residents’ representatives and to the Health Information and Quality Authority.

Proposed Timescale: 01/11/2014

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The gaps identified in relation to the organisational supports in place from the provider.

Action Required:
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

Please state the actions you have taken or are planning to take:
• A CEO has been appointed due to commence on 1st November 2014 and documented supervision will be carried out on a regular basis.
• Training on the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 and Standards will be arranged externally
• External training on Protection of Vulnerable Adults and Safeguarding arranged for 25 November 2014

Proposed Timescale: 01/12/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policy and procedures were in place to inform and guide staff in their practice and safeguard residents in line with Schedule 5.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in
the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
- All policies as required under Schedule 5 will be available and implemented at the centre
- The Provider nominee, CEO and Quality Assurance officer will meet with an external consultant to review management systems and will implement appropriate management structures as outlined in the regulation
- Unannounced visits as required by Regulation will commence to monitor quality and compliance

Proposed Timescale: 1st December 2014 (Policies)
Management Structures: Initial Consultation arranged for November 2014; progress and recommendations will be reported to Health Information and Quality Authority. Unannounced provider quality monitoring visits to commence November 2014