<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003421</td>
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<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>L'Arche Ireland</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mairead Boland Brabazon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Vincent Kearns</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>15</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
<th>From:</th>
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<tr>
<td>09 December 2014 08:30</td>
<td>09 December 2014 18:30</td>
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<tr>
<td>10 December 2014 09:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This registration inspection of a designated centre operated by L'Arche Ireland - Cork was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors visited the centre and met with residents, relatives and the staff members. The inspectors observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

In total, 15 adult residents live in this designated centre which is operated from three
large domestic houses in three residential areas of Cork city. Many of the residents attended a day service during the day, however, a small number of residents were also in employment.

There was evidence of an adequate level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. The centre was well maintained and furnished to a good standard. Residents confirmed that they were happy in the centre and some enjoyed visiting their families at weekends. A number of questionnaires were completed by residents and/or their relatives in advance of the inspection and all were complimentary of the care provided and many highlighted that independence was supported and promoted. However, a number of improvements were required, including:

- personal plans
- maintenance of equipment
- risk management
- emergency plan
- storage of cleaning equipment
- fire alarm maintenance and the use of door wedges
- medication management
- statement of purpose
- personnel records
- staff training
- policies and procedures

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.
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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
There was evidence of ongoing consultation with residents in relation to how the centre was planned and run. For example, each house held a "house meeting" every Monday that was attended by all residents and assistants, during which the plans for the forthcoming week were discussed. These plans included choice of activities, planned outings and the menu for the week.

Each resident was assigned a reference person, who was responsible for supporting the resident with relevant issues including their health, personal hygiene, contact with family and friends, spirituality, money management and holidays. Residents spoken with by inspectors stated that they felt safe, were complimentary about the care they received and liked living in the centre, which they considered their home. Residents confirmed to inspectors that they were supported to make choices about how they lived their lives, such as going on holidays with their families, going on day trips and weekends away.

There was a policy on complaints and an easy read version of the complaints procedure was on prominent display in each house. Improvements, however, were required as the complaints procedure did not outline the appeals procedure or who was responsible for ensuring that all complaints were appropriately responded to and that adequate records were maintained. Inspectors viewed a sample of the complaints logs that only contained a small number of complaints. The log did not include the outcome of all complaints and whether or not the resident was satisfied.

Based on observations by inspectors of interactions between staff/assistants with residents, residents were treated with dignity and respect. Residents were supported
with personal and intimate care based on their assessed needs, which were recorded in personal care plans. Residents were supported to maintain contact with family and friends and residents regularly visited each other in their respective houses.

Where possible, residents retained control over their own possessions and there was adequate space provided for storage of personal possessions. Residents were supported to manage their financial affairs based on their individual needs and were assisted to access money for personal needs. There was, however, no policy on residents' personal property and possessions.

There were adequate opportunities for residents to participate in activities based on residents' wishes and capacity, both within the centre and in the community. Residents were supported to attend both group and individual activities. For example, as already mentioned in this outcome, planned activities for the week were discussed at the house meeting on Mondays and residents took turns in choosing these activities for the group, such as bowling. Residents could choose not to participate in these activities and were supported by their reference person to participate in individual activities such as shopping or swimming.

**Judgment:**
Non Compliant - Minor

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Based on discussions with staff and observations of inspectors, staff members were familiar with the range of communication needs of individual residents and these were identified in personal plans. There was evidence of referral for review and advice to allied health services, such as speech and language therapy, to support residents with communication difficulties. A number of staff had attended communication training and further training was planned.

Residents had access to satellite television, radio, social media and internet. A number of residents had their own mobile phones and residents had access to a computer in each house.

**Judgment:**
Compliant
### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to develop and maintain positive personal relationships with their family members and this was confirmed by residents and relatives both by discussion with the inspectors and through questionnaires that were completed in advance of the inspection. Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents. Personal care plans identified the level of involvement and participation of families in the lives of residents.

Residents were supported to maintain links with the wider community through participation in activities in the community such as attendance at sports events, shopping and employment.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
There was a policy and procedure in place outlining the admission process, however, it did not take account of the need to protect residents from abuse by their peers as required by the regulations. Admission procedures took into consideration the capacity of the centre to meet the needs of the residents' through facilitating the resident to visit the centre in advance of admission. The visit often included the opportunity for the transitioning resident to reside in the centre for a trial period.

Each resident had a contract of care in place to detailing the services to be provided to
the resident and the fees to be charged.

**Judgment:**
Non Compliant - Minor

**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:**
There was a policy in place governing the personal planning process, dated September 2014. Each resident had a written personal plan, which was available in an accessible format for residents. A review of a sample of residents' personal plans indicated that residents and/or their families were actively involved in the development of the plans. The plans were person-centred, reflected the needs and aspirations of each resident, and the supports required to meet the needs identified. While most of the plans identified who was responsible for pursuing the objectives in the plans however, this was not identified in all of the plans.

Residents were assessed on recreation and social interaction including their interaction with other residents, family involvement, hobbies and interests, and interests external to the centre. Each resident was assessed for their capacity to have possession of a key to the house based on issues such as road safety sense and orientation to the local environment.

Residents confirmed to inspectors their participation in a range of activities both within the centre and in the wider community. Many of the residents attended a day centre which was operated by the provider and a range of activities were available such as art and crafts and there was also support to develop life-skills such as cooking. A small number of residents held either full-time or part-time employment and one resident stated that he obtained employment without assistance from anybody, a feat for which he was very proud.

There were six-monthly and annual reviews of the plans, however, even though there was evidence of referral and review of residents to specialist and allied health services, there was insufficient evidence to demonstrate that personal plan reviews were
multidisciplinary. As stated in Outcome 4, residents were supported when moving between services through a process of transition, incorporating visits to the centre for meals and trial periods of residing in the centre.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre comprised three large houses located in three separate residential areas in Cork City with good access to public transport. Two of the houses were approximately one kilometre apart and the third was approximately four kilometres away. The houses were homely, appeared clean throughout and were furnished to a good standard. All residents had their own private bedrooms and there was also bedroom accommodation for assistants that lived in each of the houses. Residents had access to front and back gardens in each of the houses.

The first house comprised six residents' bedrooms and six live-in assistants' bedrooms, the second house comprised of four residents' bedrooms and four live-in assistants' bedrooms, and the third house comprised five residents' bedrooms and four live-in assistants' bedrooms. Inspectors visited a number of residents' bedrooms and found that they were comfortably furnished and decorated in accordance with residents’ preferences. Residents had personalised their rooms with their own pictures and personal belongings. There was adequate storage space in each of the bedrooms for personal belongings and residents could lock their bedrooms, if they wished.

There were adequate communal, bathroom and kitchen facilities and residents were facilitated to meet with visitors in private. There was evidence of ongoing maintenance, however, records were not available demonstrating annual preventive maintenance of all equipment, such as gas boilers. As will be further discussed in Outcome 7, a number of improvements were required in relation to the premises. For example, windows had unrestricted opening on both the ground and first floors and there was no risk assessment to identify if the posed a risk to the residents currently living in the centre. The person in charge were asked to consult with fire safety personnel before deciding the best course of action to address windows with unrestricted opening. Additionally a number of fire doors were held open with door wedges, a practice that is not in compliance with fire safety recommendations.
Judgment:
Non Compliant - Minor

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:
There was a health and safety policy dated May 2014 that also contained a safety statement. There was a risk management policy and associated risk register that identified hazards and risks throughout the centre and the control measures in place to mitigate the risks identified. The policy addressed accidental injury to residents, visitors and staff, however, it did not address the unexpected absence of any resident, aggression and violence or self-harm, as required by the regulations.

Each resident had a range of risk assessments including risks associated with medication administration, participation in activities, using the bathroom and self-injury. Some improvements, however, were required in relation to risk management such as inclusion in the risk register of access to chemicals by residents, the potential of falling due to the height of bannisters on the first floor landings, unlocked front doors and unrestricted window opening.

Inspectors viewed the accident and incident logs and there was evidence of action in response to individual accidents/incidents to mitigate reoccurrence. However, there was no overall review of accidents and incidents to identify trends as an opportunity for learning. Most, but not all, staff/assistants had received up-to-date training in manual handling.

There were procedures in place for infection prevention and control including the use of separate mops for general and bathroom areas. However, the mops were stored in a manner that created contact between the mop heads, which posed a risk of cross contamination.

There was an emergency plan that addressed how to respond to a major emergency, such as fire and the safe placement of residents in the event of a prolonged evacuation. However, it did not address emergencies such as loss of electricity, flooding, loss of kitchen facilities or loss of water.

Certificate of compliance with statutory requirements relating to fire safety and building control was signed by a suitably qualified person for all three houses and submitted to the Authority in advance of the inspection. Inspectors review fire safety registers.
Records indicated that fire safety equipment, the fire alarm and emergency lighting was serviced annually. Most, but not all staff, had received up-to-date training in fire safety. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire.

Inspectors observed door wedges being used to wedge fire doors open in one of the houses. Inspectors were informed that this was done to facilitate free movement of residents throughout the house as some residents had difficulty in opening doors due to door closure devices attached to these doors. Inspectors informed the persons in charge and the house leader that this did not constitute good fire safety practice and they were requested to explore alternatives to support compliance with fire safety practice and to meet the needs of residents. The door wedges were removed during the inspection process.

Records indicated regular fire drills and persons participating and response times were noted.

**Judgment:**
Non Compliant - Major

**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 persons in charge were involved in the management of the centre on a daily basis. They informed inspectors that they monitored safeguarding practices through regularly speaking with residents and their relatives and observing staff interacting with residents. Residents were forthcoming in interacting with inspectors and stated that they felt safe in the centre. Staff/assistants were seen to be interacting with residents in a friendly, dignified and respectful manner and it was obvious that residents were comfortable in the presence of staff/assistants.

There was a policy on dealing with behaviour that poses a risk to the safety of individuals. Most, but not all, staff had received training in recognising and responding to abuse. Staff/assistants spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Contact details of safeguarding officers, including their photographs were on display in
the centre as were the contact details of an independent advocacy service.

Based on discussions with staff, observations of inspectors and a review of a sample of personal plans, there were no residents currently living in the centre that presented with challenging behaviour. A small number of residents had a small rail attached to the top end of their beds as an enabler to support them get out of bed, however, there was no evidence of the use of restrictive practices in the centre.

There were procedures in place to safeguard residents finances through record keeping, such as maintaining a record of all transactions and the retention of receipts for all purchases made for and on behalf of residents. Some improvements were required, however, as there was only one staff/assistant signature attached to transactions and residents' signatures were not obtained where appropriate. Additional improvements were required in relation to the protocol surrounding the payment of expenses by residents for all activities, including overnight accommodation in hotels on holidays/weekends away.

**Judgment:**
Non Compliant - Minor

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### Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The persons in charge were aware of their legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and based on records viewed by inspectors, all relevant notifications had been submitted to the Authority.

**Judgment:**
Compliant

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### Outcome 10. General Welfare and Development

Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

**Theme:**
Health and Development

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

**Findings:**
Residents were encouraged to participate in education and employment, some of which was provided through day services facilitated by the provider. As already stated in this report, some residents were in either full time or part time employment external to the centre. Residents participated in a range of social activities internal and external to the centre based on residents' preferences.

**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:**
Residents were facilitated with access to the services of a general practitioner (GP) of their choice and there was evidence of regular review. There was evidence of referral and review to allied health professionals such as dietetics, speech and language therapy, dental and ophthalmology. Improvements, however, were required in relation to the use of evidence-based tools for baseline and ongoing review of health related assessments such as, for example, falls risk assessment and nutritional assessment. This action is addressed under Outcome 5. There were detailed care plans in place identifying the care to be provided to residents with conditions such as diabetes and epilepsy.

Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Residents likes and dislikes were recorded and residents were consulted in relation to the menu for the forthcoming week in each of the houses at house meetings that were held every Monday. There were adequate cooking facilities and all staff/assistants had received training in food hygiene. Mealtimes were observed to be sociable occasions and it was obvious that staff made considerable effort to ensure that mealtimes were a pleasurable experience. Food appeared to be nutritious, was available in sufficient quantities and attractively presented.

Some improvements, however, were required in relation to the management of nutrition. There was no policy on the monitoring and documentation of nutritional intake. Residents were weighed regularly, however, there was no overall nutritional assessment on admission or at regular intervals thereafter. Staff/assistants had received training in food preparation and food hygiene, however, staff would benefit from additional training to support them in the provision of care to residents with specific dietary needs and in dysphagia (swallowing difficulties). These actions are addressed...
under Outcomes 5 and 17 in this report.

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 and procedures relating to ordering, prescribing, storing and the administration of medicines to residents. All staff/assistants had received training in medication administration. A sample of prescription and administration records viewed by inspectors contained appropriate information to support the identification of each resident.

Records of medication errors indicated that improvements were required, as there were an unacceptable number of medication errors, which were predominantly in relation to forgetting to administer medications or giving medications twice. Records indicated that appropriate action was taken in response to these errors and the residents' GP or out-of-hours GP services were contacted for advice. Measures had been put in place in the weeks prior to this inspection to address the issues identified but it was too soon to ascertain if these measures mitigated future occurrence.

Residents prescriptions were reviewed regularly. There was a process in place to check medications following delivery to ensure the medications delivered corresponded with the prescription. Residents responsible for self-administration were appropriately assessed and reviewed on an ongoing basis. Improvements were required in relation to the storage of medication for residents that self-administered to ensure they were secured from unauthorised access.

A recent audit had been conducted of medication management practices and there was evidence of actions in response to the issues identified.

Judgment:
Non Compliant - Moderate

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:**
There was a written statement of purpose that set out the aims, objectives and ethos of the centre. The statement of purpose included most of the matters listed in Schedule 1 of the regulations, however, it did not include a description of the rooms, including their size and primary function and it did not outline the staffing complement in full-time equivalents.

**Judgment:**
Non Compliant - Minor

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### 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.

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**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was an effective management structure in place which supported the delivery of safe care and services. There was a national committee to oversee the organisation nationally and a local committee to oversee the organisation in the Cork area. A chief executive officer (CEO) had recently been appointed who reported to the national committee and was also the provider nominee. Prior to this inspection there had been one person in charge (PIC) for this centre, however, as the person in charge did not work full time, a decision was taken to have the role of PIC shared between two people in order for the post of PIC to be full-time, as required by the regulations. The CEO stated that she was in regular contact with the persons in charge either through phone calls, video conferencing or visits to the centre.

There was a house coordinators meeting each week attended by the staff of each house that addressed issues in relation to the management of that house. There was also a community coordinators meeting, held once a week, attended by the management team that addressed issues in relation to the Cork area.
During the inspection the persons in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. They knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the persons in charge were readily available to them. The persons in charge were clear about their roles and responsibilities and about the management and the reporting structure in place within the organisation.

There were systems in place for monitoring the quality and safety of care. Records were available of audits of areas such as health and safety, medication management and premises. Action plans were developed for each of these areas identifying who was responsible for implementing the recommendations and date for completion.

**Judgment:**
Compliant

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<th>Outcome 15: Absence of the person in charge</th>
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<td>The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.</td>
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**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was no period in excess of 28 days when the persons in charge was absent for more than 28 days.

**Judgment:**
Compliant

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<th>Outcome 16: Use of Resources</th>
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<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
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**Theme:**
Use of Resources

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

**Findings:**
Inspectors found that sufficient resources were provided to meet the needs of residents.
The centre was maintained to a good standard inside and out and had a fully equipped and stocked kitchen. Equipment and furniture was provided in accordance with residents’ wishes. The facilities and services available reflected the statement of purpose.

**Judgment:**
Compliant

**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:**
Inspectors found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The centre was run with an ethos of “community” whereby residents and house assistants share accommodation. Each assistant is a reference person for one of the residents and supports them with health, spiritual, money management and personal hygiene issues. House assistants were volunteers, many of whom were overseas visitors, who may have volunteered in L’Arche in other countries, and usually remained in the centre for one to two years. Each house had a house leader that were full-time employees and oversaw the assistants and the care provided to the residents.

There was evidence of strong recruitment practices where potential staff from abroad were interviewed by Skype, references were sought and verified, medical declarations were recorded, work and educational experience was documented and vetting was secured from their home country prior to recruitment. However, not all staff had a vetting disclosure in accordance with the National Vetting Bureau. There was a process of induction for all staff and evidence of close supervision and mentoring.

Records were maintained of staff training indicating attendance at training such as infection control, person centred approach, care of vulnerable adults, challenging behaviour, manual handling, fire safety, epilepsy, diabetes, medication management, food hygiene, environmental hygiene and first aid. However, not all staff had received up-to-date training in fire safety, adult protection and manual handling.
Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Inspectors found that there were systems in place to maintain complete and accurate records. Most of the required policies were in place, however, policies outstanding included;

- the monitoring and documentation of nutritional intake
- the use of restrictive procedures and physical, chemical and environmental restraint
- residents personal property and finances
- access to education, training and development

Written operational policies were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Evidence of appropriate insurance cover was in place.

Judgment:
Non Compliant - Moderate
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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003421</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 and 10 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05 February 2015</td>
</tr>
</tbody>
</table>

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints policy did not adequately outline an appeals process.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Complaints Policy is being updated to outline an appeals process.

**Proposed Timescale:** 28/02/2015  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The complaints policy did not detail who was responsible for overseeing the complaints process.

**Action Required:**  
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:  
The Complaints Policy is being updated and will name who is responsible for overseeing the complaints process.

**Proposed Timescale:** 28/02/2015  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The complaints log did not include the outcome of all complaints and whether or not the resident was satisfied.

**Action Required:**  
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:  
The Complaints Log is being updated to include the outcome of all complaints and whether or not the resident was satisfied.

**Proposed Timescale:** 28/02/2015

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**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy did not take account of the need to protect residents from abuse by their peers as required by the regulations.

**Action Required:**
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**
The Admissions Policy is being updated to include a section on the protection of residents from abuse by their peers.

**Proposed Timescale:** 28/02/2015

### Outcome 05: Social Care Needs

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While most of the plans identified who was responsible for pursuing the objectives in the plans this was not identified in all of the plans.

**Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
PCP Forms are being updated and emphasis is being put on identifying who is responsible for pursuing the objectives of the plan, and date to be completed by.

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence to demonstrate that personal plan reviews were multidisciplinary.

**Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

**Please state the actions you have taken or are planning to take:**
A section will be included in the Care Plan to demonstrate involvement of this multidisciplinary dimension.
Proposed Timescale: 28/02/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to the use of evidence-based tools for baseline and ongoing review of health related assessments such as, for example, falls risk assessment and nutritional assessment.

Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
With the help of our Community Nurse, a ‘MUST’ tool and a similar ‘falls’ tool will be incorporated to ensure baseline and ongoing review of health-related assessments.

Proposed Timescale: 31/03/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records were not available demonstrating annual preventive maintenance of all equipment, such as gas boilers.

Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
House Leaders will ensure that these records are kept. A Log will be put in place.

Proposed Timescale: 28/02/2015

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:
<table>
<thead>
<tr>
<th>The risk management policy did not address unexpected absence of any resident.</th>
</tr>
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<tbody>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Risk Management Policy is being updated to include the unexpected absence of any resident.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/03/2015</td>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
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<table>
<thead>
<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>The risk management policy did not address aggression and violence.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Risk Management Policy is being updated to address aggression and violence.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/03/2015</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<table>
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<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>The risk management policy did not address self-harm.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Risk Management Policy is being updated to address self-harm.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/03/2015</td>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some improvements were required in relation to risk management such as inclusion in the risk register of access to chemicals by residents, the potential of falling due to the...</td>
</tr>
</tbody>
</table>
height of bannisters in the first floor landings, unlocked front doors and unrestricted window opening.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk Assessments on these are being undertaken and will be included in the Risk Register for each House.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no overall review of accidents and incidents to identify trends as an opportunity for learning.

**Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Process will be in place such that Management will conduct this review every 4 months, so as to identify trends as an opportunity for learning.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was an emergency plan that addressed how to respond to a major emergency, such as fire and the safe placement of residents in the event of a prolonged evacuation. However, it did not address emergencies such as loss of electricity, flooding, loss of kitchen facilities or loss of water.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Emergency Plan is being updated to include responses to these emergencies.
<table>
<thead>
<tr>
<th>Proposed Timescale: 31/03/2015</th>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>Mops were stored inappropriately.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 27 you are required to: 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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Has been addressed. House Leaders ensuring appropriate storage of mops.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 01/02/2015</th>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>A number of fire doors were held open with door wedges.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Modifications, compliant with Fire Safety regulations, will be made to enable necessary fire doors stay open and to close automatically on sounding of the alarm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/03/2015</th>
<th>Theme: Effective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>Most, but not all staff, had received up-to-date training in fire safety.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Training is being organised, and records of same will be recorded in a Training Matrix.

**Proposed Timescale:** 31/03/2015

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required in the management of residents' finances in relation to signatures attached to all transactions and the development of a policy/protocol around the payment of expenses by residents for activities such as for overnight accommodation on holidays/weekends away.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
Henceforth residents, where possible/appropriate, are signing all financial transactions, along with one assistant. When not possible/appropriate a minimum of two assistants are signing for the transaction.

A policy is being compiled to address the payment of expenses by residents, for assistants who accompany them on holidays / weekends away.

**Proposed Timescale:** 31/03/2015

### 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:

Improvements were required in relation to the storage of medication for residents that self-administered to ensure they were secured from unauthorised access.

**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:**
Secure and lockable cabinets to store the medications of those residents who self-administer are now in place.

**Proposed Timescale:** 01/02/2015
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records of medication errors indicated that improvements were required as there were an unacceptable number of medication errors, which were predominantly in relation to forgetting to administer medications or giving medications twice.

Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Personal medication alarms are now in place to remind both the resident and the assistant that it is time to take medication. This is now working effectively, and will be monitored through a monthly audit.

Proposed Timescale: 01/02/2015

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 statement of purpose included most of the matters listed in Schedule 1 of the regulations, however, it did not include a description of the rooms, including their size and primary function and it did not outline the staffing complement in full-time equivalents.

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:
Statement of Purpose is being updated to include a description of the rooms including their size and primary function, and to also include the staffing complement in full-time equivalents.

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce
### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had a vetting disclosure in accordance with the National Vetting Bureau

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
Outstanding vetting disclosures are being applied for to the National Vetting Bureau.

**Proposed Timescale:** 31/03/2015

**Theme:** Responsive Workforce

### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to staff training in relation to:
- manual handling
- fire safety
- adult protection
- nutrition management.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Training Matrix is being reviewed, and these required trainings are being put in place for all relevant staff.

**Proposed Timescale:** 30/06/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Most of the required policies were in place, however, policies outstanding included;

- the monitoring and documentation of nutritional intake
- the use of restrictive procedures and physical, chemical and environmental restraint
- residents personal property and finances
- access to education, training and development

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement
all of the policies and procedures set out in Schedule 5 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:**
These policies are being researched, compiled and prepared for approval by the Management Team.

**Proposed Timescale:** 31/03/2015