## Compliance Monitoring Inspection report

**Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by L'Arche Ireland</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003418</td>
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<td>Centre county:</td>
<td>Dublin 13</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mairead Boland Brabazon</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Raymond Lynch</td>
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<td>Type of inspection:</td>
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<tr>
<td>Number of residents 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.
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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 October 2015 10:00
To: 28 October 2015 17:30

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection
This was the third inspection of this designated centre and the purpose of this inspection was to review compliance and actions taken by the provider to address non-compliance identified in the inspection report of 21 and 22 July 2015. This inspection followed up on a number of non-compliances from the previous inspection and also considered notifications regarding change of person in charge and a person participating in management. This inspection was unannounced and the provider nominee and person in charge were both present. The provider had attended a regulatory meeting on 9 October 2015 further to the response received from the registration inspection report. The key concerns primarily relating to safeguarding and governance and management of the centre had been identified in this inspection report. The inspectors found that the designated centre remains in contravention of
the Health Act 2007, as amended with major non-compliances in a number of the regulations examined. Progress towards compliance was demonstrated in a number of Outcomes and overall governance had improved. However, inspectors were concerned that the major non-compliance relating to the premises which was still in the process of being assessed by the provider relating to accessibility of both houses. Other major non-compliances included social care needs, safeguarding and governance and management.

Inspectors found that there was clear evidence of progress and improvements since the last inspection. For example, staff demonstrated being better able to support residents who may have behaviours that challenge and appropriate staffing in place to support residents to enjoy individual activities. Training and staffing had been implemented to meet the assessed needs of each resident. Records and documentation had not substantively improved in relation to personal plans and daily care records. However, the provider demonstrated that the work was progressing within the agreed time frames.

A new person in charge had commenced on 12 October 2015 in the centre. The person in charge was suitably qualified and experienced to meet the requirements of the role of person in charge. Inspectors found that this new arrangement would better support the person in charge to address the non-compliances in the centre. Due to the short time-frame that the person in charge was in the role in this centre, it was not possible for inspectors to determine the effectiveness of the person in charge in addressing non-compliances. However, he did demonstrate appropriate leadership and was involved with the implementing the action plans further to the last inspection.

On the day of inspection residents appeared happy. Staff demonstrated that they knew the residents and their needs well. Staff were observed to support residents in a respectful and effective manner.

Moderate non-compliance with the Regulations was found in the following outcomes:
- residents rights, dignity and consultation
- communication
- admissions and contract for the provision of services
- general welfare and development
- statement of purpose not fully representative
- use of resources
- workforce and staffing
- records and documentation including a policies

Six non-compliances were the responsibility of the person in charge and the remainder of 19 are for the provider to address. The actions outlined in the action plan can be 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found that at the time of the last inspection the privacy and dignity of some individuals was impacted on due to the lack of positive behavioural support plans in place to prevent and address incidents of challenging behaviour. Inspectors also found that personal plans were not fully reflective of residents wishes and goals. The actions which include staff training and detailed assessments and an interim support plan to address these issues were found to be in progress and the centre. The agreed proposed time frame to complete both actions is currently 30 November 2015. Inspectors confirmed that progress was being made to address this non-compliance, including education inputs and working with residents. However, there continued to be incidents where residents dignity was compromised and the current arrangements were not robust enough.

Since the last inspection, this follow up inspection found that an interim behavioural support plan has been put in place and has been further updated on 28 October 2015. All core staff are to receive training in the management and de-escalation of challenging behaviour and risk assessment. This has been organised and scheduled to take place on 19 November 2015 and is further discussed under Outcome 8: Safeguarding and Safety.

On the day of inspection it was found that staff interaction with residents was respectful, dignified and caring at all times. Residents continued to have opportunities to be involved in individual activities during the day, relevant to their abilities and interests. One resident attended a local day service, others were on outings supported by their key workers.
It was noted in the last inspection report that there was no evidence that complaints were being dealt with to the satisfaction of residents. There is a complaints policy in place and the centre has since commenced the recording of complaints. However, not all complaints were being logged. For example, on reading daily notes for one resident it was recorded that the resident was concerned about the level of noise in the centre and was thinking of complaining. There was no written follow up communicated to the house manager or person in charge on this matter with regard to how it was managed and what the outcome was.

**Judgment:**
Non Compliant - Moderate

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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

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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection, and there was some progress towards compliance.

Residents were now fully facilitated to access broadband internet services where required. The organisational policy on communication was currently under review and the time frame agreed for this was 30 November 2015. The provider and person in charge confirmed that work was progressing to complete this policy to inform and guide staff working at the centre. Communication requirements were met as observed by inspectors on this inspection.

**Judgment:**
Substantially Compliant

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection, the person in charge confirmed that revised contracts were in the process of being completed was some progress towards compliance for the agreed date of 13 November 2015.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection, and the person in charge confirmed that progress was being made with regard to completion of personal plans. However, the time frame for completion of personal plans was agreed as 30 November 2015, and personal plans had not been fully reviewed at the time of this inspection. The provider has recruited a new member of staff to assist with completing social care needs assessments for each resident. Inspectors met with this staff member who discussed how this assessment was being completed, commencing with getting to know each resident and working with the resident, key workers and house managers.

At the time of the last inspection the person in charge was not in compliance, with putting in place arrangements to meet the assessed needs of each resident. Inspectors found that personal plans did not clearly outline the goals and outcomes to be achieved, nor did they inform staff in their practice. Since that inspection a new person in charge...
has been appointed and commenced on 12 October 2015, and he confirmed work completed to date to address the non compliance.

During this inspection it was found that basic person centred plans in place that indicate the needs and goals of each resident. However, a number of the plans had not been updated with the changing needs of residents. A residents' person centred plan was viewed by inspectors. The plan provided an overview of the resident in question, his likes, dislikes, people who are important to him and some goals he would like support in achieving. Inspectors confirmed that the resident’s key worker also supports the resident with many social activities such as trips to the shops, outings and local restaurants. However, the personal plan was basic and there was little information provided on the persons circle of support and who would take responsibility in supporting the resident achieve his goals. There was also little evidence on how his identified goals would be actioned, and in what agreed time frame. Some key information pertaining to the resident was also found to be omitted from the person centred plan. For example, it was identified that he has a keen interest in fishing and loves to go fishing. However, this information was not found in his personal plans.

**Judgment:**
Non Compliant - Major

### 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):  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection. There were five action plans from the last inspection and one had been fully addressed as the hydrotherapy bath had been repaired and was now available and used daily at the centre. Two actions were partially addressed as a deep clean of all bath and shower rooms had taken place on 12 and 14 August 2015, after the last inspection. Adequate daily arrangements to maintain standards of general hygiene and schedules were now in place. Inspectors observed all the bath and shower rooms to be clean and hygienic. The vacant bedroom was now being used for storage of equipment and general storage and had not been re-decorated since the last inspection. The laundry room had not been completed to promote residents independence. However, the house leader confirmed that some improvements had taken place and a plumber had been engaged to facilitate
the safe move of the laundry machines and drier to the new room.

The person in charge confirmed that a review of accessibility of the premises had taken place by an occupational therapist and architect and a plan of work is currently being developed. The time frame for completion of this action was agreed as 30 January 2016.

The damp area in the sitting room below the window of the smaller house had not been addressed to date. However, the house leader informed the inspectors that a maintenance man had been in to assess this area on the morning of this inspection. However, no remedial work had been completed to date, the time frame for completion of this action was agreed as 30 October 2015.

Judgment:
Non Compliant - Major

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that improvements had taken place since the last inspection, and the person in charge confirmed that a number of improvements had taken place, or were in the process of meeting the requirements of the Regulations. However, the provider confirmed that further work is being completed within the agreed time frames. Further staff training was planned for December 2015, to ensure all new staff had received appropriate training in securing wheelchairs safely in vehicles.

The following improvements were confirmed by inspectors during this inspection:
- staff had received training in securing wheelchairs to the vehicles in use at the centre
- infection prevention and control measures had improved in bathrooms and shower rooms
- moving and handling practices were now in line and two staff were now in place when a hoist was in use
- personal evacuation plans for each resident has been updated to reflect each residents mobility
- the management of adverse incidents and accidents was followed up at weekly management meetings and follow up with staff involved by the person in charge
- the risk management policy was updated to guide staff on procedures to follow should a resident go missing
However, the policy on missing persons was found not yet to have been fully implemented by the provider as outlined in Outcome 14 of this report. The actual records of incidents and accidents were held in the office and a copy was not held in the residents records to inform and guide staff as outlined in Outcome 18 of this report.

**Judgment:**
Compliant

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection. The person in charge told inspectors that he was aiming to promote a team approach to the management of challenging behaviour and that the positive behavioural support plan will be further reviewed and developed to meet the needs of the resident as required, with the involvement and consultation of all core staff members. Appropriate statutory reports had been made by the provider to the Authority relating to further safeguarding incidents which had escalated at the centre.

The systems in place for regular supervision of staff were in the process of being fully established with leadership from the new person in charge. Measures were planned for staff training in dealing with challenging behaviours, and safeguarding. The person in charge also informed inspectors that regular scheduled supervision has commenced, and will take place with all staff and assistants working in the centre.

Inspectors found that there was a policy in place with regard to the management of challenging behaviour (Dealing with behaviour that poses a risk) and on the day of inspection, inspectors viewed one resident’s positive behaviour support plan completed since the last inspection. The policy shown to inspectors was not centre specific and required more development to ensure it fully informed and guided staff in responding to reports of abuse.
A detailed assessment of a resident with challenging behaviours had taken place by external providers to support staff, with an interim plan put in place. The plan was an individualised action plan, specific to the needs of the resident. Guidance was provided in how to manage the behaviours he presents with. It was focussed on identifying triggers to challenging behaviour and proactively managing the behaviour in a low arousal, non aversive manner. For example, if the resident in question became agitated and started to shout at other residents or staff, staff would aim to redirect the resident by offering an alternative activity. Reactive strategies were also identified in the plan. However, the plan emphasised that such strategies should only be considered as a last resort. The plan was updated on October 18 2015. The person in charge and provider confirmed that a final plan was due to come at the end of the week. However, the staff needed to attend the planned training on 19 November 2015 to be fully prepared to implement the plan. The inspectors read the records of daily care written by the key worker of this resident and it was evidence that the key worker had a good knowledge of the resident and some of the triggers to challenging behaviour. For example, some of the notes viewed by inspectors explained that the resident does not like too much noise or distraction in the centre. However, on further investigation and speaking to several staff members, it was brought to the inspector's attention that this particular staff member did not have any input into the residents positive behavioural support plan.

During the course of the inspection the person in charge informed inspectors that all core staff and assistants that worked in the centre would be sent on a training course on how to manage challenging behaviour. This training would be of two days in duration and its aim would be to equip staff with the skills and knowledge necessary to proactively manage and de-escalate behaviours that challenge. All core staff would also be sent on risk management training. All training was scheduled to take place by mid November 2015, which was in the agreed time frame of the action plan from the last inspection.

Judgment:
Non Compliant - Major

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that improvements had taken place since the last inspection and were satisfied that further to a review of incidents and accidents since the last inspection that
the provider was notifying appropriately. Staff were clear reporting requirements and the newly appointed person in charge had submitted one formal notification since commencing in the role on 12 October 2015.

**Judgment:**
Compliant

### 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements had taken place since the last inspection. All residents were currently being reviewed with regard to ensuring specific supports were in place to achieve educational, general welfare and development goals.

The personal plans had not yet been updated to reflect this review. However, the time frame for completion of this action was agreed as 20 December 2015. The provider and person in charge could evidence some progress in this area and a staff member has been recruited to facilitate social care goals and support staff to develop their skills to support staff in this area.

**Judgment:**
Non Compliant - Moderate

### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Inspectors found that improvements had taken place since the last inspection and the provider had addressed this non-compliance. Health related evidence based risk assessments were now in place to assess for residents for pain and pressure ulcer risk. However, not all residents had pressure ulcer risk assessments completed to date as part of their overall assessment and review procedures.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that improvements had taken place since the last inspection and the policy had been updated to reflect current practice relating to how prescription charts are transcribed. There had been no audit of medication management since the date of the last inspection but this was planned to taken place in December 2015.

Judgment:
Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found that improvements had taken place since the last inspection. However,
a revised statement of purpose has not been received from the provider, addressing the non-compliance and reflecting changes in governance since the last inspection. The timeframe for completion of this was agreed as 30 October 2015.

Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that improvements relating to governance had taken place since the last inspection, and the provider had fully addressed this non-compliance. The Authority had been notified of a change in the person in charge from 15 September 2015. The new person in charge had been appointed and he had commenced on 12 October 2015. All the Schedule 2 required information was received on 13 October 2015 and reviewed by the inspector. Arrangements to formally interview the newly appointed person in charge are to be confirmed with him following the inspection. However, compliance could not be fully demonstrated with regard to the number of contraventions of the Health Act 2007, as amended with major noncompliances in a number of the regulations examined.

Inspectors formed the view that overall governance had improved. However, in view of the major non-compliances the provider had not yet put in place clear quality and safety management systems to fully address and monitor safe practice. However, the provider confirmed that she was in the process of actioning this to demonstrate compliance. Weekly management meetings took place and the provider was in attendance at the centre on a regular basis.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
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.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that improvements relating to governance had taken place since the last inspection. The arrangements to manage the centre in the absence of the person in charge were submitted by the provider to ensure that safe supervision and management was in place. However, outstanding information about a person participating in management submitted since the last inspection had not yet been received. An assessment of the newly appointed person participating in management took place during the inspection by the inspectors.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that improvements relating to governance had taken place since the last inspection. The provider has recruited a practice development co-ordinator, to review social care assessments and personal plane. The new person in charge has commenced training staff in formal supervision procedures and identified training requirements for all staff. A formal review of staffing is being undertaken at present and the time frame for completion of this was agreed as 20 November 2015. The inspectors found that satisfactory progress was being made with ensuring resources and skill mix were effective for residents.

**Judgment:**
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found that improvements relating to governance had taken place since the last inspection. Three actions had been fully addressed by the provider and person in charge. The remaining three actions were still within the agreed time frames. Recruitment was ongoing for an additional registered nurse to work in the service on a part time basis.

Supervision and support arrangements had improved since the last inspection. For example, one staff member confirmed to inspectors that she had received training in how to supervise staff, and the person in charge had established formal supervision sessions with key staff to ensure safe practice at least twice a month for each staff member. The staff rotas had been reviewed and now clearly documented the hours worked by all employees and volunteer assistants. The provider confirmed that the roster is planned in accordance with the needs of the residents and this is monitored on a daily basis. Each resident had access to a colour coded plan displayed in both kitchen areas to inform them which staff were rostered to provide daily supports. Continuity of care and provision of appropriate overnight care had been reviewed. The rosters clearly indicated which staff were responsible for undertaking, direct care, supporting residents to access the community, catering, cleaning and other duties during the day and night.

A review of each residents daily social care needs had been undertaken according to staff and residents who spoke to inspectors. However, the details of each written review was not yet completed. Residents had adequate numbers of staff in place and a review of each staff members skills and experience was in progress, and additional training planned for. For example, inspectors were informed that training in positive behaviour support was scheduled for 19 November 2015.

The time frames for three of the outstanding actions had not expired. Inspectors were satisfied that sufficient progress was being made to address the non-compliances relating to staffing and training requirements.
Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found that improvements relating to records and documentation had not taken place since the last inspection. The provider had fully addressed this non-compliance to date. However, the time frame for completion of two of the actions had not expired. The directory of residents had not been completed on the day of the inspection. The person in charge had actioned this and submitted an electronic record of the directory of residents following this inspection.

The provider had completed the policy on incidents when a resident goes missing. However, the records identified as requiring completion for each resident had not yet been completed in line with this policy. The provider and person in charge confirmed that work was progressing with the remaining policies not in place and this would be completed within the time frame agreed as 30 November 2015.

As outlined in Outcome 7 of this report, inspectors were not satisfied that the records of incidents and accidents were kept and managed in such a way to inform safe practice and mitigate against recurrence of any untoward incidents. For example, when incidents occurred the report was sent to the main office and a copy not maintained in the daily records used by staff in each house. Staff and the person in charge confirmed this information was discussed at weekly management meetings.

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:

Leone Ewings  
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>
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<td>OSV-0003418</td>
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<td>28 October 2015</td>
</tr>
<tr>
<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 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:**
Privacy and dignity was compromised due to incidents of challenging behaviour which impacted on residents where there was no robust behavioural support plan in place.

**1. Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A behavioural assessment has taken place (completed 14th-15th September 2015). Staff have recently (9-10th November 2015) undertook additional training in low arousal intervention techniques to assist in engaging challenging behaviour in a more proactive manner. A client specific behavioural support has now been drawn up and is currently being integrated into the resident’s PCP.

Proposed Timescale: 30/11/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal plans in place were not always fully reflective of the residents’ wishes and goals.

2. Action Required:
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
The provider will ensure that the personal plans will reflect residents’ wishes and goals, using the assessments of needs.

Proposed Timescale: 30/11/2015

Outcome 02: Communication
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no organisational policy on communication with residents in place.

3. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
The Provider will develop Communication Policy based on the specific communication requirements of residents and this will be included in Care Plans.
**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:**
Contracts of care did not contain details of fees payable and additional service fees.

**4. Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The Provider will amend the Contracts of Care to include details of fees payable and any additional service fees.

**Proposed Timescale:** 13/11/2015

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans reviewed were ambiguous and not clearly outlining the goals and outcomes achieved.

**5. Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

**Please state the actions you have taken or are planning to take:**
The deputy Person in Charge will review care plans quarterly to ensure that they are clear and that they outline outcomes to be achieved. The PIC will monitor the care of the residents daily, to ensure that it reflects the care plans. PCP’s have been redesigned in order to reflect a more person centred, accountable and outcome based model.

**Proposed Timescale:** 13/11/2015

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal plans reviewed did not fully inform and guide staff in order for supports to be put in place to achieve each resident's goals and outcomes.

6. 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:
The Provider will ensure that Personal Care Plans are revised with the residents to fully inform and guide staff.

Proposed Timescale: 30/11/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Details and specifics written in personal plans did not adequately inform and guide staff in their practice and were not always robust in their content.

7. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The Person in Charge will review personal plans quarterly to ensure that personal plans are clear and reflect comprehensively the needs and wishes of residents. The PIC will monitor the care of the residents daily, to ensure that it reflects the PCP/ Care plans.

Proposed Timescale: 30/11/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The accessibility of the premises requires review for wheelchair users to allow for maximum independence.

8. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres
to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The report from the architect was received the 6-11-2015. It gives a number of suggestions with regard to potential improvements to the building to promote maximum independence. A planning process will take place in consultation with the residents and a plan will be drawn up. The provider will prioritize the work and source funding for the works.

### Proposed Timescale: 30/01/2016
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Areas of the centre require re-decoration including the empty bedroom.

9. **Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The empty bedroom and other areas of the centre will be redecorated.

### Proposed Timescale: 30/11/2015
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Damp area in sitting room of bungalow requires repair and re-decoration.

10. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
This damp area is in the process of being repaired and will be completed by week end.

### Proposed Timescale: 30/10/2015
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
11. **Action Required:**  
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**  
The work to move the laundry room has being planned and will be completed before schedule.

**Proposed Timescale:** 31/12/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff were not clear on the actions to take and measures to mitigate risk when incidents took place.

12. **Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**  
Additional Staff training in low arousal intervention techniques to assist in responding to behaviour that is challenging has recently occurred (9-10th November 2015). Staff have recently received additional training on risk management (29th October 2015).

Accidents and Incidents are reviewed by the PIC on a weekly basis and will feature as standing agenda items at meetings and supervision sessions to further embed knowledge. The PIC will provide the provider with a Quarterly report on accident and incidents.

The provider will ensure that Supervision is occurring on a twice monthly basis to ensure assimilation of essential knowledge and skills.

**Proposed Timescale:** 30/11/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not sufficiently training in de-escalation techniques to practically address challenging behaviours and reassure all residents when incidents take place.

13. **Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
Additional Staff training in low arousal intervention techniques to assist in responding to behaviour that is challenging has recently occurred (9-10th November 2015). This training will be informed by the positive behavioural support plan recently developed by Behavioural support specialist. The Provider will ensure that the behavioural support plan is implemented, is reviewed weekly at team meetings and with the resident concerned.

The Provider will ensure that supervision is occurring on a minimum basis of twice a month to ensure that staff are sufficiently trained and coached in responded to behaviour that challenges and that have the necessary skills to reassure all residents when incidents take place.

**Proposed Timescale:** 30/11/2015
**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Final positive behavioural support plans were not in place.

14. **Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
The provider has ensured that positive behavioural support plans that reflect the residents’ needs have been put in place.

**Proposed Timescale:** 30/10/2015
**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safeguarding policy was not centre specific and did not fully inform and guide staff.

15. **Action Required:**
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
A new safeguarding policy has been developed to fully inform and guide staff and will be made centre specific. Training on the new safeguarding policy was held on the 19-11-2015. The new policy will be fully in place by the 20-12-2015.

Proposed Timescale: 20/12/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All residents did not have specific supports in place to achieve their educational and general welfare and development goals.

16. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that meetings with the residents and relevant personnel will take place to plan the specific supports the residents needs to achieve their goals. The resident PCP plans will include actions to be taken to enable the residents achieve their goals

Proposed Timescale: 20/12/2015

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:
Schedule 1 requirements relating to the range of needs the centre is designed to meet and updated changes in governance were not included in the statement of purpose.

17. 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:
Schedule 1 has been changed to specify the range of needs the centre is designed to meet and will contain the new changes in governance and staffing levels.

Proposed Timescale: 20/11/2015

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 provider had not yet put in place a clearly defined structure to ensure the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.

18. 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:
The provider will conduct a detailed unannounced inspection by the 20 December. The provider has appointed additional staff. A system of support and supervision is in place for the Person in charge and all the other staff to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: 20/12/2015

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider was making progress but has not fully and effectively resourced the service to provide an appropriate level of staffing or services for the two units at the designated centre.

19. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The funder agreed to a substantial increase in funding on the 19-10-2015, to allow additional staff with the appropriate skill to be recruited.
### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was insufficient skilled staff to flexibly meet the assessed needs of residents.

**20. Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The provider is actively recruiting new staff to provide skilled staff to meet the needs of the residents.

**Proposed Timescale:** 20/12/2015

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**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Continuity of care was not provided by staff employed on less than full time basis.

**21. Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
The provider has restructured available staffing hours and is recruiting additional staff.

**Proposed Timescale:** 20/12/2015

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**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff knowledge and training for supporting residents with challenging behaviours was not effective.

**22. 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:**
Ten staff attended positive behaviour support training on the 9-10 Nov. Ongoing clinical support will be provided by behaviour specialists.

**Proposed Timescale:** 30/11/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Policies not in place and required included:
* Communication with residents
* Provision of information to residents
* The creation of, access to, retention of, maintenance of and destruction of records
* Access to education, training and development

**23. Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

**Please state the actions you have taken or are planning to take:**
The creation of, access to, retention of, maintenance of and destruction of records policy is in place. The remaining policies are currently being developed

**Proposed Timescale:** 30/11/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records of Schedule 3 requirements were not fully maintained in relation to incidents and accidents used to manage behaviours of concern.

**24. Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
A new audit system for accident/ incident has been developed. It will be in place by the 30-11-2015 and will be reviewed in March 2016.

**Proposed Timescale:** 30/11/2015  
**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The records identified as requiring completion for each resident in case of incidence of missing resident had not yet been completed.

25. **Action Required:**  
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**  
The records identified as requiring completion for each resident in case of incidence of missing resident will be completed.

**Proposed Timescale:** 31/12/2015