

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by L'Arche Ireland
Centre ID:	OSV-0001963
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	L'Arche Ireland
Provider Nominee:	Mairead Boland Brabazon
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 April 2016 08:30	22 April 2016 17:30
25 April 2016 09:00	25 April 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of a centre managed by L'Arche Ireland Services who provided a range of day and residential services and was part of worldwide federation of faith communities. The person in charge outlined that the model of care for the service was a shared living arrangement with people with disabilities, and those who assist them, living together as a community.

L'Arche Ireland was a limited company and the chief executive officer (CEO) had been appointed on 1 November 2014. The provider nominee on behalf of L'Arche Services was the chief executive officer and she had responsibility for the oversight of the three L'Arche communities (Dublin, Cork and Kilkenny) applying to register with HIQA. There was another L'Arche community in Belfast which was not regulated by HIQA. The Board of L'Arche Ireland provided oversight of the management of each community. This was achieved by each community having a local committee, the chairperson of which sat on the Board and who provided reports to the Board. The person in charge had been appointed in 2015. He was the residential services coordinator and also had responsibility for one other designated centre. He was

employed full time and was found to have the skills and experience necessary to manage the centre.

The centre provided a home to four residents and was based in a community setting in a suburb of Cork city. The house itself was well maintained and had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout. One of the residents, who worked as part of an artists' group, had their artwork displayed prominently throughout the house.

The statement of purpose, which was a document intended to describe the service and facilities provided to residents, outlined that the objectives of the centre were "to provide a high standard of care in accordance with evidence based best practice; to enable residents to live safe, happy and fulfilled lives so that they can play their part in society as full caring human beings; and to share life and build community with our residents so that together we can change the world one heart at a time, starting with our own".

As part of the inspection, the inspector met with the residents and staff members. One resident said to the inspector that they were "happy living here" and all residents appeared to get on well with the staff members. Families were very involved in the lives of residents and close contact was maintained either through visits home or telephone calls. All of the residents were active in the community with one person having a job in the city centre; and another resident was part of an artists' collective project in Cork, in addition to having a job in the local shop. One resident was being supported to make an application to University College Cork in relation to seeking a place on a course in contemporary living.

Of the 11 outcomes inspected two were at the level of major non-compliance:

Outcome 1: Rights, dignity and consultation

A single aspect of this outcome was covered during this inspection. The inspector saw documentation relating to an incident where there had been an unauthorized person staying overnight in the designated centre. There had not been a systematic review of this policy and practice either at the time of the incident or since to ensure residents were protected from future potential breaches of residents' right to privacy in their own home. In addition, L'Arche service did not demonstrate how the implementation of this policy of allowing non-residents and non-staff to stay in the centre protected residents' right to privacy and their right to safety in their own home.

Outcome 9: Notifications

It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. The inspector saw documentation relating to an incident of staff misconduct that was not reported to HIQA. The inspector requested that a retrospective notification be submitted.

In addition to the items mentioned in this summary, the Action Plan at the end of the report identifies other areas where improvement was required. These included:

- person-centred planning
- risk management
- healthcare planning.

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:

A single aspect of this outcome was covered during this inspection. The inspector saw documentation relating to an incident where a visiting friend of a staff member had stayed overnight in the designated centre without suitable permission.

This issue was discussed with the person in charge, human resources personnel and with the provider nominee on behalf of L'Arche services. The inspector also reviewed the centre's policy relevant to this issue. This policy on "welcoming visitors to our community houses" outlined that people could stay overnight in the centre. The policy specified that "only those with a long term connection with L'Arche or its members may stay overnight. The House Leader can agree overnight stays up to three nights but a period longer than three nights must be agreed by the Houses Coordinator".

There had been an investigation into this incident of an unauthorized person staying overnight in the designated centre. The response to the particular incident had involved the human resources department contacting the staff member and an investigation had occurred. However, there had not been a systematic review of this policy and practice either at the time of the incident or since to ensure residents were protected from future potential breaches of residents' right to privacy in their own home. In addition, L'Arche service did not demonstrate how the implementation of this policy of allowing non-residents and non-staff to stay in the centre protected residents' right to privacy and their right to safety in their own home.

Judgment:

Non Compliant - Major

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 evidence that residents' admissions were in line with the statement of purpose. There was also evidence that each resident had a written agreement of the terms on which that resident lived in the centre.

Each resident had a contract, also called a service agreement. The service agreements seen by the inspector were all in an easy-to-read format and had been signed by the resident. Each contract outlined the terms on which the resident resided there including:

- the identity and mission of L'Arche
- admission and discharge
- day service arrangements
- privacy
- support and personal care
- health and safety
- person-centred planning
- complaints
- financial arrangements (one resident's contract outlined that there was a charge of "€92 per week for your living expenses, property expenses, transport and summer holidays")
- medical arrangements. This outlined that "L'Arche is responsible with you for all healthcare appointments"

There was a policy for admissions including transfers and discharge. The statement of purpose, which was a document intended to describe the service and facilities provided to residents, outlined the referral and admission process to the centre. This included an application, an interview with the prospective resident and the "capacity of the service to support the person to live a full and meaningful life". There was also a "come and see" part of the admission process including short visits, overnight stays and a six month trial period. The person in charge outlined that in the last six months one person had made an application to be admitted to the centre. While there was not a current vacancy, the person in charge outlined that it was anticipated that a vacancy would be available shortly. There was documentation to show that the admission process outlined in the statement of purpose had commenced.

Judgment:
Compliant

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:

Improvements to the person centred planning process were required.

There were two sets of resident records; the person-centred planning folder and a separate file for medical records (called "the personal file"). The person-centred planning folders were also available in an easy-to-read format in words and pictures. This included important relationships for the resident; where the person lived and worked; their interests and dreams.

The person-centred planning folders had the annual person-centred planning meeting. There was evidence that in addition to the resident, family and staff were invited to attend this meeting. This planning meeting reviewed things like:

- how have you been with your goals (from the previous year)
- home life
- day service
- social life
- skills
- health
- spiritual life
- hopes.

This planning meeting developed resident goals for the year. These goals were reviewed every six months. The inspector found that the review of the personal plan, and in particular the assessment of healthcare needs was not multidisciplinary. In particular, the community nurse employed by L'Arche services had not attended any of the person-centred planning meetings since she had started working for L'Arche six months previously. This meant that some of the goals set for residents did not tally with the healthcare information supplied at the person-centred planning meeting. For example,

one resident had a goal of walking to and from day service. However, the health needs in the person-centred planning meeting had identified that the resident had pain in their hip and knees.

The inspector also found that some aspects of the person-centred planning review were not effective. For example, in the planning meeting the resident had said under "home life" that they wished to move to another house. The resident had also said under "hopes" that they wished to live elsewhere "in a small house as part of L'Arche community". However, this was not referenced in the person's goals for the year.

The personal file contained the "healthcare plans" for residents including communication, recreation, safe environment, mobility, breathing, nutrition, skin care, sleep and spirituality. There was evidence that these healthcare plans were not taking into account changes in circumstances and new developments. In relation to the health needs of the person with pain in their hip and knees, the mobility care plan said that it was "not applicable at present". The community nurse outlined to the inspector that she had developed an assessment form called the "nursing medical update for the annual person centred review". This was a document that reviewed the resident's general health during the year, health goals identified, health goals achieved and any other relevant information.

Some of the healthcare plans were not being updated in a comprehensive manner. In some cases, residents were accompanied by their parents to a consultant specialist or dental appointment, with staff receiving information on the visit afterwards from the parents. This practice meant that staff may not have all information relevant to a resident's healthcare needs and any treatment or other intervention.

The inspector queried the choice of language used in one section of the person-centred planning documentation. This was discussed with the provider at feedback who outlined that she would review these issues.

In relation to residents being discharged from the centre there was a policy for admissions including transfers and discharge. The policy outlined that "the resident may be discharged for changing needs including physical/medical/behavioural or needing other specialised type service". The policy also outlined that process whereby a resident would be discharged including:

- reports prepared by the house leader
- two members the management team (or "council") meet the resident to discuss the report
- the admissions team and community council must approve the discharge.

The inspector was informed that one resident had been transferred from the centre to an acute general hospital in 2015. This resident was subsequently transferred to long-term care. There was evidence that the stages of the discharge process outlined in the policy had commenced. There was also evidence that the resident continued to receive appropriate supports from the service through provision of day activities and visits by staff and other residents.

Judgment:

Non Compliant - Moderate

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 location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre provided a home to four residents and was located in a community estate in a suburb of Cork city.

Each resident had their own spacious bedroom, one of which was on the ground floor. All the bedrooms were fully furnished and decorated according to an individual resident's personal choice and taste. There was adequate space for clothes and personal possessions in all bedrooms. One of the bedrooms had en suite facilities, including shower, toilet and wash hand basin.

There were two bathrooms upstairs with separate shower, toilet and wash hand basin; and there was a bathroom downstairs with toilet and wash hand basin.

On the ground floor there was a large sitting room with a comfortable couch and armchairs. One of the residents, who worked as part of an artists' group, had their artwork displayed prominently throughout the house.

There was a large kitchen area, a separate dining room with an adjoining utility area. There was also a large garden and the house overlooked a communal green area at the front.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The health and safety of residents, visitors and staff was promoted and protected. However, some improvement was required in relation to risk assessment.

The risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self-harm. All of these issues were also identified as hazards on the centre's risk register and had been separately assessed and risk rated. The centre had a risk register in place which was designed to log all the hazards that the organization was actively managing and it identified 12 specific hazards including slips, trips and falls, medication management, moving and handling and fire.

Each resident had also participated in identifying specific hazards relating to their lives. These were contained in a personal risk management plan. For example, each resident had a falls risk assessment in place. Residents said to the inspector that they travelled to work or into town "on their own on the bus everyday". However, a risk assessment was not available in relation to this hazard despite one resident's person-centred plan outlining that they "preferred an assistant to be with them when travelling".

The inspector saw the record of incidents reported from January 2015 to April 2016. All six incidents were classified as "violent incidents" and included one incident where a resident was throwing items and where a resident kicked another resident. All incidents had been followed up by the person in charge and there was evidence that these incidents had ceased due to the control measures put in place by the person in charge.

During this inspection, the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. The centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout.

There were fire evacuation drills being undertaken every two months involving the residents. The records of these drills indicated that it had taken between 30 seconds and one minute to evacuate the premises in drills. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection. One resident described how they “loved cleaning and tidying up”.

Judgment:
Substantially 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):

This was the centre’s first inspection by the Authority.

Findings:

The inspector found evidence that adequate systems were in place to protect residents from being harmed. A restraint-free environment was promoted in the centre.

There was an up-to-date policy on, and procedures in place for, the prevention, detection and response to abuse. The person in charge stated that there had not been any incident, allegation or suspicion of abuse of residents since the commencement of the regulations in November 2013. Training records indicated that all staff had received training on the protection of vulnerable adults. The inspector spoke to all staff working in the centre and all confirmed that they knew what to do in the event of any incident, allegation or suspicion of abuse. Residents who spoke to the inspector said they would go “straight to (the person in charge) if anything was worrying them”.

There was a policy on behaviour that challenges and records indicated that staff had received training on dealing with positive approaches to behaviours that challenge. Based on review of documentation and conversations with residents and staff, there were no residents currently in the centre who required support to manage their behaviour.

The inspector reviewed the management of residents’ finances and found the process to be transparent. There was a policy on residents’ finances and all items purchased for and by residents were verified by receipt.

Judgment:

Compliant

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:

It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. The inspector saw documentation relating to an alleged incident of staff misconduct that was not reported to HIQA. The inspector requested that a retrospective notification be submitted.

Judgment:

Non Compliant - Major

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 supported on an individual basis to achieve and enjoy best possible health. Some improvement was needed in relation to care planning for an identified healthcare need.

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews.

Each resident had an easy-to-read consent form for medical treatment and dental care. This was signed by the resident and the house leader. The community nurse outlined that she undertook an annual assessment of each resident's nutritional needs and

recorded each resident's weight monthly. If any residents were referred by their GP to a consultant specialist the community nurse tried to attend this appointment. When she started the post in 2015 the community nurse had identified that the service was not in a position to meet the nursing care needs of one resident. This issue is discussed in more detail under Outcome 5: Social Care Needs.

One of the residents was on a long-term medication. However, there was no care plan in place with respect to monitoring the resident's mental and physical health, assessing the effects and side-effects of medication, and actions required if the patient did not attend for the administration of the medication or showed signs of relapse or intolerable side-effects.

There was a policy and guidelines on residents' food and nutrition. Each resident also had a nutritional assessment in place under their healthcare plan. Residents explained to the inspector that they helped "getting dinner ready and cleaning up afterwards".

Judgment:
Substantially 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:

Each resident was protected by the centre's policies and procedures for medication management.

All medicines prescription and administration records were reviewed by the inspector. The prescription was transcribed by the pharmacist who also supplied the medication for these residents. Two residents had completed self-medication risk assessments which concluded that each of the two residents needed "help ordering and collecting their medication, reading the label, reminders on safe storage, occasional verbal prompts/reminders to take their medication". One of the residents explained to the inspector how they "took their tablets each morning at breakfast and each night before going to bed". The medication was stored in a locked cabinet. The house leader said that he checked the medicines administration record each month to see if the residents had taken their medicines as prescribed.

Staff confirmed that there was appropriate involvement by the pharmacist who had recently undertaken an audit of medicines management that included things like medicine administration, disposal of medication and record keeping.

L'Arche service had provided medication management training to staff so that they could appropriately support residents to take medication.

Five medication errors had been recorded on the incident reporting system from January 2015 to April 2016. There were three incidents where medication had been found on the floor; one medication administration error; and one incident where a resident had refused medication. All reported incidents were followed up to prevent similar events in the future.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability.

The nominee on behalf of L'Arche Services was the chief executive officer and she had responsibility for the oversight of the three L'Arche communities (Dublin, Cork and Kilkenny) applying to register with HIQA. There was another L'Arche community in Belfast which was not regulated by HIQA. The Board of L'Arche Ireland provided oversight of the management of each community. This was achieved by each community having a local committee, the chairperson of which sat on the Board and who provided reports to the Board.

The person in charge had been appointed in 2015. He was the residential services coordinator and also had responsibility for one other designated centre. He was employed full time and was found to have the skills and experience necessary to manage the centre. The nominated person in charge had a degree in fine art, a diploma

in personnel management and had worked for L'Arche Services for over 20 years.

The person in charge reported to the community director who outlined to the inspector that his role was to provide oversight of the services in the region. The person in charge met and held formal meetings with the community leader every month but also met with him on a weekly basis to discuss the day-to-day management of the centre.

There was a house leader/coordinator on site who provided support to residents and supervision to staff. The house leader had worked in L'Arche Services for approximately eight years and he was very committed to supporting residents to live fulfilling lives.

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. There were house meetings each Monday attended by staff and residents to discuss plans for the forthcoming week and any other issues of concern to residents.

The provider annual review in relation to quality and safety of care in May 2015 had reviewed a number of areas including: supports, effective services, safe services, healthcare, leadership and the use of resources. The actions from this review had been completed.

The provider nominee had ensured that two unannounced visits to the designated centre in relation to the quality and safety of care had been completed with the most recent in April 2016. There was a prepared written report available in relation to the areas that had been reviewed including: supports, effective services, safe services and healthcare. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

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:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

In addition to the house leaders there were two staff members on duty during the inspection. These staff members were called "house assistants". Each of these staff had previous experience of working with people with an intellectual disability. They lived in the house with the residents as part of the life-sharing philosophy of L'Arche services. Throughout the two days of the inspection residents were very comfortable with the staff members. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

There was a policy on recruitment and selection of staff and the inspector spoke with the Human Resources (HR) manager. The inspector reviewed all staff files and noted that each file had two professional references in place, a medical report from the staff member's doctor, a job description, police clearance checks and a record of vaccinations provided by the service (if required).

There was evidence of a comprehensive induction procedure, including monthly mentoring of new staff by the HR manager and regular supervision by the house leader. The HR manager outlined that there was a three month probation period for new staff.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff to the inspector and by training records. Further education and training was also in place covering things like moving and handling, risk assessment, communication and food hygiene.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by L'Arche Ireland
Centre ID:	OSV-0001963
Date of Inspection:	22 April 2016
Date of response:	30 May 2016

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 inspector saw documentation relating to an incident where there had been an unauthorised person staying overnight in the designated centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and 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:

Policy will be updated detailing protocol for safeguarding residents with regard to visitors staying overnight in their home.

Proposed Timescale: 30/06/2016

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:

The inspector also found that aspects of the person centre planning review were not effective. For example, in the planning meeting the resident had said under "home life" that they wished to move to another house. The resident had also said under "hopes" that they wished to live elsewhere "in a small house as part of L'Arche community". However, this was not referenced in the person's goals for the year.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:

The house team will review the need to include this residents wish to move house in his next person centred planning meeting. The PIC will communicate to the team the need to be more effective with PCP goals.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some of the healthcare plans were not being updated in a comprehensive manner.

3. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:

Care plans being updated to include more health care needs

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found that the review of the personal plan, and in particular the assessment of health care needs was not multi-disciplinary.

4. 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:

Nurse to sign off on all PCP goals, and attend PCP meetings where there are specific health concerns for the Resident involved

Proposed Timescale: 30/06/2016

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:

Residents said to the inspector that they travelled to work or into town "on their own on the bus everyday". However, a risk assessment was not available in relation to this hazard despite one resident's person centred plan outlining that they "prefer an assistant to be with them (when going to town)".

5. 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:

Risk assessments to be completed for use of public transport

Proposed Timescale: 30/06/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

It was a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. The inspector saw documentation relating to an incident of staff misconduct that was not reported to HIQA. The inspector requested that a retrospective notification be submitted.

6. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

Please state the actions you have taken or are planning to take:

NF07 form has been completed and sent into HIQA

Proposed Timescale: 30/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One of the residents was on a long term medication. However, there was no care plan in place with respect to monitoring the residents' mental and physical health, assessing the effects and side-effects of medication, and actions required if the patient did not attend for the administration of the medication or showed signs of relapse or intolerable side-effects.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

Set up visit to the G.P.in order to review all medication and the Care Plan will be updated accordingly

Proposed Timescale: 30/06/2016