**Centre name:** L'Arche Cork An Cuan  
**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** Announced  
**Number of residents on the date of inspection:** 4  
**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

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<td>28 July 2016 08:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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**Summary of findings from this inspection**

Background to the inspection:

This was an inspection following an application to register the centre by L’Arche Ireland Services which provides a range of day and residential services in Cork and is part of worldwide federation of faith communities. This was the second inspection of this centre following the previous inspection in April 2016.

Since the last inspection an application had been made to increase the number of residents living in the centre from four to eight. As part of the application, L’Arche Services had bought two new detached houses side by side in an excellent location...
in a community setting. The new houses were a short walk from the house that is currently part of the centre. Each of the new houses would accommodate two residents. The area is serviced by a regular bus service with shops, churches and a day service close by.

Since the previous inspection one resident had been discharged. There was evidence that this had been planned carefully, with the resident fully involved in the process and provided with all relevant information. While the resident had been discharged from the centre they were still part of the wider L’Arche community and actively involved with L’Arche Services. Since the last inspection, one person had been newly admitted to the centre and three other people had made applications to transfer to the centre from other L’Arche Services.

Description of the service:
The model of care for the service is a shared living arrangement with people with disabilities, and those who assist them, living together as a community. All residents had access to a day service. In addition, 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. A number of residents had undertaken further training and education including courses in the local university.

There was a clearly defined management structure that identified the lines of authority and accountability. In addition, all the actions identified on the previous inspection had been completed satisfactorily. The board of directors of L’Arche Ireland provided oversight of the management of the community. In addition to the board of directors, there was a local committee currently made up of eight people with a wide range of qualifications, skills and experience including financial, legal and medical knowledge. Management of the provision of residential care was delegated to the residential services coordinator who supervised the centre. He was nominated as the person in charge and he reported to the community director who was responsible for the overall operational management and development of all of the services and outreach projects that were part of L’Arche in Cork. The management team also comprised the assistant’s coordinator, the financial property coordinator, the service community nurse and the coordinator of the day service that most of the residents attended.

How we gathered our evidence:
The inspector met and spoke with the four residents currently living in the centre and spoke at length with a person who wished to live in this centre. In addition, four families had completed questionnaires prior to the inspection providing feedback on the centre. In general, the feedback was positive. One family said that their loved one “was very well looked after”. Another family said that “the L’Arche community is a wonderful place to be involved with. As well as their social and medical needs, their spiritual needs are looked after”. Feedback questionnaires were also received from four residents and one prospective resident. Again the comments about the service were very positive with one resident saying “I feel loved. I can feel the love here with my new friends”.
Overall judgment of our findings:
There was evidence of good practice. A number of residents and staff had recently received training in LÁMH (which is a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) from a speech and language therapist.

There was evidence that the personal planning process reflected goals that were relevant to the person’s life. As part of the process for reviewing personal goals each resident was invited to chat about their goals at regular intervals.

The Action Plan at the end of the report identifies areas where improvement was required. These included:
• complaints management
• healthcare planning
• the residents’ guide.
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):
No actions were required from the previous inspection.

Findings:
There was evidence that residents were consulted with about their care and that residents’ privacy and dignity was respected. However, some improvement was required in the recording and resolving of complaints.

At the previous inspection it was found that there had been an incident where an unauthorised person stayed overnight in the designated centre. Since that inspection the service had reviewed the safeguarding arrangements and were satisfied that it had put steps in place to prevent a similar incident occurring in the future. The person in charge and the community director, who provided oversight of the services in the region, had issued clear communication to all house leaders that visitors could not stay in a designated centre. The policy on welcoming visitors to our community houses had been updated to outline that the centre “was unable to facilitate overnight stays for visitors”. However, as the centre was part of the wider L’Arche Community the policy did allow for “current community members, visiting past assistants or employees who have up to date police clearance may stay”. This was subject to “the household (i.e. residents) agreeing this at their house night (resident meeting)".

The inspector found that residents could keep control of their own possessions. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.
There was evidence that residents were consulted with and participated in the organisation of the centre. There were weekly resident meetings where things like meal choices and activities for the week were discussed. All residents were also invited to participate in a listening group facilitated by the community director. This afforded residents to have a voice in how the L’Arche services in Cork were being managed. One resident had recently attended the national listening group for L’Arche Ireland where the organisation’s vision and mission had been discussed.

Residents who spoke with the inspector were satisfied with where they lived and that their rights were being respected with one resident emphasizing that “I have rights here. I can do the things I like to do”.

There was a complaints policy which identified the person in charge as the designated complaints officer to ensure that all complaints were investigated properly. In the feedback forms submitted to HIQA prior to the inspection both residents and families knew who the complaints officer was and how to make a complaint. However, there was inconsistency in how complaints were being recorded. In some instances they were recorded in the complaints log and in other cases in the house meetings. Also, it was not always recorded if the complaint had been resolved to the satisfaction of the person making the complaint.

**Judgment:**
Substantially Compliant

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was evidence that residents were supported to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs were met.

Communication assessments had been completed for all residents which outlined the methods residents use to communicate their needs and wishes. Personal plans viewed by inspectors contained detailed information in relation to the individual communication requirements of each resident. Communication needs were recorded in each resident’s personal plan. For example, information in personal plans included whether residents communicated verbally or by using non-verbal communication means, and how residents communicate when they were “content” or “distressed”. For one resident,
recommendations from a speech and language therapist had been incorporate into their care plan.

A number of other policies were available in easy-to-read format including the statement of purpose, the residents’ guide and the complaints policy. Communication tools included a “post box” for each resident in the kitchen area for post or items of interest to the resident.

A number of residents and staff had recently received training in LÁMH (which is a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) from a speech and language therapist.

Music systems and television was provided throughout the centre and a number of residents had televisions in their own room. There was also access to the internet.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community. One resident said to the inspector that they had “their family at home and their family here”.

Families were very involved in the lives of residents and close contact was maintained either through visits home or telephone calls. The inspector received a number of completed relative questionnaires from family members which were highly complementary of the service and these outlined that families said they could visit any time. One resident said that “I have family and friends here and they can come visit”.

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 of the residents, who worked as part of an artists’ group, had their artwork displayed prominently throughout the house. Since the previous inspection they had finished a new piece of art depicting the last supper and this was hanging in the dining room.
Care plans read by the inspector had evidence of family input.

**Judgment:**
Compliant

| **Outcome 04: Admissions and Contract for the Provision of Services** |
| Admissions 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):** |
| No actions were required from the previous inspection. |

| **Findings:** |
| There was evidence that residents’ admissions were completed in a timely manner. There was also evidence that each resident had a written agreement of the terms on which that resident lived in the centre. |

Since the last inspection one person had been admitted to the centre and three other people had made applications to transfer to the centre from another L’Arche service. The admission process for the newly admitted resident included an application, an interview with the prospective resident and an assessment of the capacity of the service to support the person to live a full and meaningful life. There was evidence of coordination by the L’Arche services of all aspects of the supports required by this resident. The family said that “the Larche nurse has been wonderful with medical needs and making sure everything is up to date.” The inspector spoke with the newly admitted resident who outlined that they were “delighted with the move” and was “so happy living here”.

The inspector met and spoke with two of the three residents who had applied to transfer from an existing designated centre managed by L’Arche services. One of the prospective residents said they were “very excited about moving into a brand new house”. The person in charge and the community director explained how the referral and admission process for these three residents had progressed. Even though the residents were already living in the L’Arche community, there was evidence that the proposed move had been planned carefully. There was comprehensive information available from each resident’s current residential service, day service and meetings with the resident and their families. In relation to any new admission, consideration had also been given to the needs of the current residents. Meetings and information sessions had been held with the current residents to provide them with all the information regarding the expansion of the centre to accommodate new residents.
As on the last inspection each resident had a contract also called a service agreement. The service agreements seen by the inspector were all in easy-to-read format and had been signed by the resident. Each contract outlined the terms on which the resident resided there.

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

Findings:
Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. In addition, there was evidence that residents were supported in transition between services. However, some improvement was required in the updating of healthcare plans.

Since the last inspection one resident had been discharged in accordance with the centre’s policy for admissions including transfers and discharge. This policy outlined that “the resident may be discharged for changing needs including physical/medical/behavioural or needing other specialised type service”. There was evidence that the proposed move had been planned carefully, with the resident fully involved in the process and provided with all relevant information. While the resident had been discharged from the designated centre they were still part of the wider L’Arche community and actively involved with L’Arche services.

Improvements to the person-centred planning process were noted since the last inspection. In the feedback submitted to HIQA one family confirmed that “the personal plan is reviewed every year”. In addition, there was evidence that the service community nurse employed by L’Arche services had started to attend the person-centred planning meetings of each resident. This meant that the goals set for residents accurately reflected their assessed healthcare needs. The service community nurse had also developed an assessment form called the “nursing medical update for the annual
person centred review” and this was in use for all personal plan reviews completed since
the last inspection.

The personal planning process reflected goals that were relevant to the person’s life. For
example, in the care plan meeting for one resident it was said that they “want to live in
a community residential setting with one or two peers of a similar age”. The admission
of this resident to the new houses would achieve this goal. As part of the process for
reviewing personal goals each resident was invited to chat about their goals at regular
intervals. These chats (called reference meetings) usually took place in a café or hotel
and gave residents the opportunity to talk in a relaxed environment about what was
important to them in their lives.

At the last inspection it was found that relevant healthcare information was not always
available in the centre, in particular if families accompanied a resident to a healthcare
appointment. Since then the service community nurse had liaised with each resident’s
doctor and up-to-date information was now available. The healthcare needs of all
residents were being met, through attendance at consultant appointments and
healthcare screening as required. However, resident healthcare plans were not always
updated following these appointments.

Judgment:  
Substantially Compliant

**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):**
No actions were required from the previous inspection.

**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.

Since the last inspection an application had been made to increase the number of
residents living in the centre from four to eight. As part of this process L’Arche services
had bought an additional two new detached houses side by side in an excellent location
in a community setting. Each of the new homes were over two floors with front and rear
gardens as well as off street parking. The houses had an A3 energy rating. Each of the
new houses provided a lounge, an open plan kitchen, dining and family room, an utility
and toilet on the ground floor, with four bedrooms (main en suite) and a bathroom on
the first floor. One of the new houses had a sun room extension. Each of these houses would accommodate two residents.

The new houses were a short walk from the house that is currently part of the centre. The area was serviced by a regular bus service with shops, churches and a day service close by.

**Judgment:**
Compliant

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### 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):**
No actions were required from the previous inspection.

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected.

Each resident had participated in identifying specific hazards relating to their lives. Since the last inspection the process for risk assessment included all hazards relevant to each resident. These were contained in a personal risk management plan. In addition, each resident had a falls risk assessment in place. There were also local safety statements in place which contained risk assessments relevant to each house.

The inspector saw the record of incidents since the last inspection. Four incidents had occurred in total: one was a medication incident, two falls and one violent incident. All incidents had been followed up by the person in charge and measures put into prevent them happening again.

During this inspection the fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules and all relevant certificates were available on site. This included relevant certification for the two new houses.

Since the last inspection fire evacuation drills continued to be undertaken every two months involving the residents. 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.
### 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):

No actions were required from the previous inspection.

### Findings:

As on the last inspection there was evidence that adequate systems were in place to protect residents from being harmed. A restraint-free environment was promoted in the centre.

There was a policy on safeguarding vulnerable adults and there were records to show that all staff had received training on protecting vulnerable adults. Since the last inspection there had not been any incident or concern reported in relation to safeguarding.

There was a policy on challenging behaviour and records indicated that staff had received training on dealing with positive approaches to behaviours that challenge.

### 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):

The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
It was a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

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):
No actions were required from the previous inspection.

Findings:
Residents’ opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

There was a policy on access to education, training and lifelong learning. Each resident had participated in a process to see what further education or training needs they may have. A number of residents had undertaken further training and education including courses in the local University. L’Arche services also supported residents to actively participate in in-house training like communication, fire safety and staying safe.

All residents had access to a day service. In addition, 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.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence that residents were being supported on an individual basis to achieve and enjoy the best possible health. For example, one resident had an assessed healthcare need in relation to breathing. This resident had been shown the correct inhaler technique by the service community nurse and was supported by staff in relation to the correct technique.

For any new resident the person in charge outlined that the resident had the option of attending a general practitioner (GP) of their own choice. The inspector reviewed a sample of residents’ healthcare files and found evidence of regular GP reviews and up-to-date records of referrals to consultant specialists were maintained for residents.

There was evidence of good access to specialist care in psychiatry, for any resident who required it. Since the last inspection a referral had been made to a consultant psychiatrist in relation to one resident’s assessed healthcare need.

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):
No actions were required from the previous inspection.

Findings:
Each resident was protected by the centre’s policies and procedures for medicines management.

The medicine prescription and administration records for newly admitted residents were reviewed by the inspector. An appropriate reconciliation of medicines had been completed by the service community nurse in conjunction with the residents’ doctor and pharmacist.

Each resident was supported by the community nurse to complete a self-medication risk assessment, as required by the regulations.
Since the last inspection the pharmacist had undertaken an audit of medicines management to included things like medicine administration, disposal of medicines and record keeping.

L’Arche service had provided medicines management training to staff so that they could appropriately support residents to take medication. The service community nurse outlined that it was planned that she would be available to support and train staff in the safe administration of medicines.

One medication error had been recorded on the incident reporting system since the last inspection. There was evidence that this incident had been followed up appropriately.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose is a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents’ wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was “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”.

**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):
No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. In addition, all the actions identified on the previous inspection had been completed satisfactorily.

The board of directors of L’Arche Ireland provided oversight of the management of the community. The board was made up of nine people who were personally committed to the vision, mission, values and principles of L’Arche and were professionally competent to ensure the provision and development of a quality service. In addition to the Board of Directors, there was a local committee currently made up of eight people with a wide range of qualifications, skills and experience including financial, legal and medical knowledge.

Management of the provision of residential care was delegated to the residential services coordinator who supervised the centre. He was nominated as the person in charge and reported to the community director who was responsible for the overall operational management and development of all of the services and outreach projects that were part of L’Arche in Cork. The management team also comprised the assistant’s coordinator, the financial property coordinator, the service community nurse and the coordinator of day service, which most of the residents attended.

There were two house leaders/coordinators who provided support to residents and supervision to staff. One of the house leaders was in place in the house that was currently the designated centre. He had worked in L’Arche services for approximately eight years and he was very committed to supporting residents to live fulfilling lives. There had been a second house leader recruited for the two new houses. She had a degree in psychology and had been a member of the L’Arche community for a number of years.

Since the last inspection L’Arche services had completed an annual review in relation to quality and safety of care. This was a comprehensive review coordinated by an external person.
### 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):**
No actions were required from the previous inspection.

**Findings:**
The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA of any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent. Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. In particular, L'Arche Services had recently purchased the two new build houses in the community. In addition, in the last year substantial fire safety works had also been undertaken for the existing house.

**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):**

No actions were required from the previous inspection.

**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 the feedback provided to HIQA prior to the inspection one family said that “more permanent assistants should be employed. Not having enough helpers, be they volunteers or paid helpers can be a draw back.” An actual and planned staff rota was maintained and was seen by the inspector. Currently the four residents in the house were supported by a staff of 4.5 whole time divided into 1.4 management, 0.1 administrative support, and three care support staff. There was a house leader, who supervised the staff and managed all aspects of the running of the home including the care and support of the residents. On a day-to-day basis the residents were supported and cared for by a team of support staff.

For the new houses that were to be part of the designated centre it was proposed to have a separate house leader with responsibility for the two houses. The inspector met the house leader during the inspection and she appeared committed to providing quality care to residents. The care support staff who would work in the new houses were currently working elsewhere in L’Arche services and had experience and knowledge of supporting the particular residents who were to move in.

The inspector reviewed staff files for the additional staff members 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).

**Judgment:**
Compliant
**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):**

No actions were required from the previous inspection.

**Findings:**

L’Arche services had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were specific to this centre and some were available in an easy-to-read format.

A copy of the residents’ guide was available in each resident’s personal file. However, the residents’ guide did not include the following items which were specified in the regulations:

- The terms and conditions relating to residency
- How to access inspection reports

A directory of residents was maintained in the centre and was made available to the inspector.

**Judgment:**

Substantially 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
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:

There was inconsistency in how complaints were being recorded. In some instances they were recorded in the complaints log and in other cases in the house meetings. Also it was not always recorded if the complaint had been resolved to the satisfaction of the person making the complaint.

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

**Please state the actions you have taken or are planning to take:**
The complaints procedure will be reviewed and updated and the complaints log will include actions taken and whether or not the person making the complaint was satisfied with the result.

**Proposed Timescale:** 31/10/2016

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

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:**
Health care plans will be updated in order to inform care given as required.

**Proposed Timescale:** 30/11/2016

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The residents’ guide did not include the following items which are specified in the regulations:
- The terms and conditions relating to residency
- How to access inspection reports

3. **Action Required:**
Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.
**Please state the actions you have taken or are planning to take:**
The residents guide will be updated in order to include terms and conditions relating to residency and access to inspection reports.

**Proposed Timescale:** 31/10/2016