

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	L'Arche Ireland Kilkenny - Lion De
Centre ID:	OSV-0001953
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	L'Arche Ireland
Provider Nominee:	Mairead Boland Brabazon
Lead inspector:	Declan Carey
Support inspector(s):	Ann-Marie O'Neill (Day 1)
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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.

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:
09 August 2017 09:45	09 August 2017 18:30
16 August 2017 15:30	16 August 2017 19:30

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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The previous inspection took place on 20th and 21st January 2016 to inform a registration decision and the designated centre was registered. There were eight actions required from the previous inspection. The aim of this inspection was to ensure the provider had implemented the actions from the previous inspection and to assess their continued compliance in the quality of service being delivered to the residents.

How we gathered our evidence:

Inspectors met with two staff members and one volunteer and spoke with both of them about the service being provided to residents. An inspector met with all

residents and spoke in detail to two residents on the day two of the inspection. Inspectors spoke with the person in charge and a person participating in management at length throughout the course of this inspection. Inspectors also had the opportunity to speak with the provider nominee.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The designated centre was located on the periphery of a local town and was operated from a large, detached dormer bungalow. The provider outlined, that the centre supported people with a range of individual support needs and provided 24 hour care to adults with disabilities.

Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. All actions from the previous inspection were adequately addressed by the provider and there were adequate arrangements in place to provide residents with a caring and supportive environment. Staff, volunteers and residents knew each other well and residents were observed to be relaxed and happy in the company of both. Residents told inspectors that they liked living in the centre and that they were supported by staff and volunteers.

Of the outcomes assessed; residents' rights, healthcare needs medication management and statement of purpose were found to be fully compliant.

Social care needs, risk management, safeguarding, governance and management and workforce were found to be substantially compliant. However, inspectors found a moderate non-compliance in the area of admission and contract for the provision of services.

These were further discussed in the main body of this report and in the action plan at the end.

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):

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

Findings:

Inspectors found that residents' rights, dignity and privacy were provided for and promoted in the designated centre.

Inspectors found that residents were consulted in the centre regarding their care and support needs, any issues they wished to discuss, activities and other day to day issues on a formal and informal basis. The centre held a listening group which was held regularly to discuss and inform residents of the plans for the future.

For example, inspectors viewed a sample of the minutes of these meetings and found that residents made choices about trips away, staff/volunteer changes, human rights, communication within the centre and the role of the external advocate. The listening group was facilitated by management in the designated centre. Residents outlined to an inspector they would speak to the person in charge and the registered provider on an individual basis.

Residents were responsible for making menu choices for themselves with support of staff and volunteers. The planned meals for each day were on display in the kitchen area. Some residents did their own cooking with support from staff. Residents had the option to participate in activities or engage in employment in the local town. The person in charge outlined some residents choose not to participate in activities and some residents outlined this was case, when spoken with inspectors.

On the first day of inspection, residents were on holidays in various locations and the person in charge outlined residents had been involved in the planning of the location

and activities. Residents were supported by staff while on holidays and were in different locations on the day of inspection.

Each resident had their own individual bedroom and some residents had their own living space within the centre, decorated to their individual taste and preference. Residents' personal information was stored securely in locked presses to promote their privacy when not in use.

Some residents were supported and encouraged to manage their own finances and inspectors found evidence that staff assisted them with budgeting skills. A review of the financial records for residents informed inspectors that there were robust systems in place to support residents in managing their finances appropriately, on the day of inspection.

Residents could keep control of their own possessions and had an inventory of their own belongings. Inspectors saw that there was adequate space for clothes and personal possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

Overall, inspectors observed that residents had freedom to exercise choice in their daily lives. Inspectors observed residents were supported to leave the designated centre and accompanied by staff or volunteers.

There was a system in place for the management of complaints. The complaints process was clearly on display with contact information on how to make a complaint, who to contact and how to appeal the decision if the person was not satisfied. Staff outlined complaints were reviewed by management in the designated centre and all complaints on file were resolved to the satisfaction of complainants. Inspectors reviewed a number of complaints and saw that they were followed up appropriately. For example, an electrical item was not working in the centre, a complaint was lodged and the item was replaced.

The person in charge outlined residents had access to advocacy services and outlined some residents had contact with the external advocate as observed by the inspectors. There was also a human rights committee in operation in the centre. Inspectors observed residents were registered to vote with their local authority.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found there was a policy in place for admissions, transfers, transitions, discharges and the temporary absence of residents and along with a written contract of care agreement. However, inspectors found that fees to be charged to residents for services provided were not adequately detailed and itemised.

Inspectors found there was a contract of care agreement in an accessible version only, which outlined some of the terms and conditions of services to be provided. From a sample of files viewed, Inspectors observed residents had a written agreement and were signed by residents and/or their representative.

The contract of services agreement set out the services to be provided for each resident however, the fees to be charged were not adequately detailed and itemised. For example, the contract of care outlined each resident paid an amount per week for accommodation, heat and food. The person in charge provided a breakdown to inspectors that made up the weekly fees that residents paid. While this did include accommodation, heat and food, the fees included motor expenses, phone and internet costs and electricity costs. Over half of the weekly fee related to motor expenses and this was not itemised in contract of services agreement. Therefore residents were not clearly informed of what they were paying for. The person in charged acknowledged the contract of care agreements for all residents in the designated centre required review.

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):

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

Findings:

Overall, inspectors were satisfied that residents' social care needs were met through well maintained assessments and plans, with weekly timetables in place to ensure residents' individual preferences, likes, interests and needs were respected. However, a minor issue was identified in relation to the implementation of social care goals.

During the inspection a number of personal plans relating to the residents were viewed. These plans contained an assessment of the health, personal and social care support needs of each resident. Inspectors found that each resident was supported to maintain their social activities and achievement of personal goals.

There was evidence that the residents and their representatives or families were involved in the assessments to identify residents' individual needs and choices. Inspectors found that residents' personal goals and social activities were reviewed and progress was recorded.

Inspectors observed that allied health professional assessments and recommendations in personal plans were up to date and were regularly reviewed. Should a need be identified for residents, a support plan was put in place for each need. For example, some residents had assessments and support plans for mobility and swallow care.

Residents had the opportunity to participate in regional and international meetings connected with the provider and this was incorporated into some residents' personal care plans. Other residents had planned holidays and some had taken place and others were to take place this year.

Residents had the option of availing of formal day services for part of the week if they wished, and appeared in control of their daily and weekly plans. For example, residents had participated in advocacy and computer courses in recent months, in accordance with their own wishes. Residents also had the opportunity to participate in workshop facilities, a local café, use of a quiet room or could choose not to go to activities.

Each resident had a personal plan which included the assessment and planning for residents' social and personal needs. Residents also took part in yearly review meetings which set out a plan for the year. For example, some residents wished to take trips away, go to the theatre, decorate their own room and participate in sports. Inspectors observed that some goals had been achieved or were in the process of being achieved at the time of this inspection. However, where a goal was identified there was no action planning for goals, how to meet that goal, who is responsible and by when, documented on the day of inspection.

Inspectors observed that the residents had good access to the community. Accessible vehicles were available to the residents for daily use which allowed a choice of activities for each resident. Staff of the centre also supported residents to frequent local amenities such as shopping centres, cinema, a leisure centre and restaurants.

Judgment:
Substantially 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):

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

Findings:

The inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and adequate systems were in place for the management of risk in the centre. However, inspectors noted while all works in relation to fire systems were completed there was no fire certificate on the day of inspection.

Inspectors spoke with the health and safety officer, who outlined there was a system in place to carry out assessment and review of incidents and accidents. For example, the person in charge reviewed incidents and accidents in the centre and each was risk rated.

Inspectors were satisfied that where a risk was identified, it was appropriately addressed and actions put in place to mitigate it. For example, inspectors reviewed a number of risks in the centre including, trips and falls in the centre. These incidents were reviewed by the person in charge and within an audit system by the health and safety officer to determine if the risk was increasing or decreasing. One incident required medical intervention and was appropriately managed by staff and the person in charge. The audit system was reviewed by the person in charge and provider nominee on a quarterly basis. Each risk assessment set out review dates, changes and details of changes.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring. For example, there was a recent medication error and staff outlined this was discussed at staff team meeting to prevent a reoccurrence.

Inspectors found fire upgrade works had been completed in the centre and were ready to be signed off by an appropriately qualified fire safety engineer. However, there was no fire certificate for the designated centre on the day of inspection and the provider could not demonstrate that the works had been carried out to the required standard. The provider nominee outlined to inspectors they were waiting to confirm a date for the person responsible issuing the fire certificate, to visit the centre.

Fire drills were carried out on a quarterly basis and detailed documentation was available on the day of inspection, for each fire drill. All residents had individual personal emergency evacuation plan in place. This information was available on the residents' files in the centre and staff and volunteers were knowledgeable on supports required by residents.

Fire equipment such as fire extinguishers were installed and had been checked by an independent fire company. Inspectors observed emergency lighting, boiler and the fire

alarm were serviced recently. Fire compliant doors with smoke seals and automatic door closers were installed in the designated centre.

Of a sample of training needs viewed, all staff and volunteers had the required training in fire safety and manual handling. Staff outlined to an inspector fire checks carried out, the location of the fire assembly point and conducting fire drills in the centre.

The policy on infection control was detailed and it was observed that there was adequate hand sanitizing gels and warm water throughout the centre.

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):

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

Findings:

Overall, inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. However, inspectors found a documentation issue in some residents' positive behavioural support plans.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Inspectors observed residents to be relaxed in the presence of staff and volunteers on duty, on the day of inspection.

Staff and volunteers spoken with during inspection, were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

Intimate care plans for residents were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect. Plans were available in an accessible format and detailed daily support routines for residents.

Staff and volunteers, who spoke with inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. Plans had input from a multidisciplinary team, staff and family members or representatives. Plans contained background information, medical history, communications, proactive strategies, reactive strategies and residents' likes and dislikes.

Staff knew how to manage residents' assessed needs in line with policy, standard operating procedures and each resident's positive behavioural support plan. However, staff outlined some residents' positive behaviour support plans were not reflective of current practice in supporting residents. This included, extra reassurance for residents, contacting a more senior member of staff or out-of-hours medical assistance. Inspectors found there was no adverse impact on residents with some information missing from some positive behavioural support plans.

Staff and volunteers were trained in the management of residents' assessed needs that included de-escalation and intervention techniques as required.

Inspectors found there were no restrictions and the person in charge outlined there were no restrictive practices in the designated centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found residents were being supported to achieve their best possible health and all healthcare needs were met.

Inspectors found that residents had access to a General Practitioner (G.P.) along with access to additional allied health care professionals such as psychiatrist, chiroprapist, dentist, optician and audiologist. Residents had access to a behavioural support therapist on a regular basis. There was a registered nurse employed by the provider nominee and residents has regular access to this nurse.

Inspectors found there to be preventative health measures in the centre with annual medical reviews and other health screenings on a regular basis. Inspectors found that residents were supported to attend appointments and follow-up appointments.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, some residents had specific care plans in place such as swallow care plans and nutrition care plans. The inspector observed some residents had been supported by staff in the centre at meal time. Inspectors found comprehensive end-of-life care planning, policies and procedures in place.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Inspectors observed some residents were supported by staff and volunteers with the preparation and cooking of a meal. Inspectors spoke with residents who outlined a varied choice of meals was available in the centre and this was discussed on a weekly basis.

Meals were on display in the kitchen area in photographic format so residents were aware of the menu plan.

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:

Inspectors found safe practices in relation to the ordering, prescribing and administering of medicine in the designated centre.

There were appropriate documented procedures for the handling, disposal of and return of medications. Inspectors saw evidence that medication was reviewed regularly by their General Practitioner.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There was a system in place to record any medication errors. Inspectors observed that if an error were to occur it would be reported accordingly to the person in charge. The inspectors reviewed recent medication errors on record in the centre and found there

were appropriately managed, recorded and reviewed by the person in charge. For example, there was a signature missing in the medication administration record identified by staff during a medication audit. This was reviewed by the person in charge, discussed at a management and team meetings with staff and volunteers to prevent a re-occurrence of this incident.

Staff regularly audited all medicines kept in the centre and from viewing a sample of these audits, inspectors observed that all medications in use could be accounted for at all times. Residents were assessed regarding their abilities to self-administer medicine, and inspectors found evidence all residents required assistance with safe administration of medication.

The use of p.r.n (as required) medicine was in use in this centre for pain relief only. There was a protocol in place with clear indication of the maximum dosage to be given in a 24 hour period.

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):

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

Findings:

Overall, inspectors found that there was a defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered. However, inspectors found there was not an unannounced visit carried out on behalf of the provider at least every six months.

There was a clearly defined management structure in place which residents, staff and volunteers were aware of. This designated centre was staffed by the person in charge, house leader, deputy house leader and volunteers.

The centre was managed by a suitably qualified, skilled and experienced person in charge. From speaking with the person in charge at length over the course of the inspection, it was evident that they had good knowledge of the individual needs and

support requirements of each resident living in the centre.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations. The person in charge was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge was also supported in their role by the community leader and provider nominee who were also part of the management team in the centre. In the absence of the person in charge, the community leader would assume responsibilities in the absence of the person in charge.

There were a number of qualified social care workers and volunteers on duty in the centre. There was also an on call-system in place where staff could contact a senior manager, day or night in the event of any unforeseen circumstance.

The provider was not comprehensively reviewing the quality and safety of care at the required minimum intervals. An annual review of the safety and care provided in the centre was completed on behalf of the provider. One unannounced visit took place in the centre in November 2016 and the provider nominee acknowledged this was the last unannounced visit.

Random internal audits were carried out in the centre by or on behalf of, the person in charge in the areas of care planning, medication, finances and health and safety. The inspectors viewed a sample of these audits and found areas of compliance and non-compliance. Issues identified were adequately addressed that brought about positive change for residents, for example audits identified the requirement for a specific care plan for some residents.

Inspectors found staff meetings and management meetings took place on a regular basis and residents' needs were prioritized.

There were regular staff meetings organised by the person in charge involving all staff members and volunteers in the designated centre. The person in charge was committed to their own continuous professional development and engaged in all required staff training.

Throughout the course of the inspection the inspectors observed that residents were familiar with the person in charge, staff and volunteers and appeared very comfortable in their presence.

Judgment:

Substantially 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:

Inspectors found that there was sufficient staff numbers with the right skill-mix, and experience to meet the assessed needs of the residents. However, some gaps were identified in the supervision of some volunteers in the designated centre.

There was a team that consisted of a person in charge, social care workers and volunteers working in the centre.

Inspectors spoke with two staff, including one volunteer and it was found that all had a good knowledge of the residents needs and spoke very positively about the residents they supported.

It was also observed that staff held relevant qualifications in a health and/or social care and/or social science. All staff and volunteers were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

Inspectors observed that residents received assistance in a dignified, timely and respectful manner from staff and volunteers. From observing staff in action it was evident that they were competent to deliver the care and supports needs required by the residents. Residents spoken with were positive about the service provided.

The person in charge outlined staff and volunteers received informal supervision on a daily, weekly and monthly basis by management in the designated centre. Volunteers in the centre had a three month and one year evaluation outside the regular supervision, which was to be documented according to the centre's supervision policy.

Inspectors found supervision took place on a regular basis for staff and volunteers, however for some volunteers there was no supervision record for the previous six weeks, on the day of inspection. Inspectors found when supervision took place, it was effective in improving practice and outlining changes happening in the centre. The person in charge acknowledged there was a gap in formal supervision for some volunteers and outlined this would be addressed.

From a sample of files viewed, supervision records for staff and volunteers included different issues covered with the aim of improving their practice and to keeping up to

date with any changes in the centre.

From reviewing the training matrix in the designated centre, inspectors observed no gaps in training for staff and volunteers. Inspectors found staff and volunteers had training in safeguarding, de-escalation and intervention techniques, epilepsy, first-aid, medication management, manual handling, dysphasia and fire safety.

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:

Declan Carey
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-0001953
Date of Inspection:	09 & 16 August 2017
Date of response:	18 October 2017

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 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:

Inspectors found the contract of services agreement for residents required review.

1. 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

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

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 PIC will ensure that the Contract of care will be reviewed and information will be added to give a clear detailed over view of the fees that the residents are being charged for and any additional costs that may be required.

Proposed Timescale: 31/10/2017

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:

Inspectors found where a goal was identified there was no action planning for goals, how to meet that goal, who was responsible and by when, documented.

2. 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 PIC will review all goals and ensure that a plan is in place so that the goals are met and appropriately documented all relevant information such as who is responsible and an agreed time frame.

Proposed Timescale: 06/10/2017

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:

Inspectors found all works in relation to fire systems were completed, however there was no fire certificate and the provider could not demonstrate that the works had been carried out to the required standard.

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Fire Safety work has been completed at the property. The Director will work with the fire safety engineer to arrange a date for the Kilkenny Chief Fire officer to make the inspection for a fire certificate.

Proposed Timescale: 30/11/2017

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:

Inspectors found information missing in some residents' positive behavioural support plans.

4. 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:

A new Behavioural Support Plan will be developed adding all relevant information to ensure the residents needs are met at all times.

Proposed Timescale: 30/10/2017

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:

Inspectors found one unannounced visit had not taken place in the previous six months.

5. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced inspection took place on the 5 and 6th Sept

Proposed Timescale: 01/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors found there was a gap in formal supervision for some volunteers on the day of inspection.

6. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

The PIC will ensure that all formal support and supervision will be carried out on a regular basis within an appropriate time frame.

A system has been put in place to ensure central review that Support & Supervision has taken place on a regular basis.

Proposed Timescale: 01/10/2017