

**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 (An Solas/Chalets)
Centre ID:	OSV-0003419
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):	Noelene Dowling
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 02 May 2017 10:00 To: 02 May 2017 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 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 the centre's 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 4th and 5th December 2014 and this was an inspection to inform a registration decision. 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 eight staff members and interviewed five of them (social care workers, health care assistants, a nurse and a volunteer) about the service being provided to the residents. 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 spend time and speak with two residents.

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 house and semi independent detached bungalows located on the main campus.

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:

Staff, volunteers and residents knew each other well and residents were observed to be relaxed and happy in the company of staff. Residents told the inspectors that they enjoyed their life in the centre and that they were supported by the staff.

Of the outcomes assessed; social care needs, healthcare needs and medication management were found to be fully compliant.

Residents' rights, communication, admission and contract for the provision of services, safeguarding, governance and management and workforce were found to be substantially compliant.

However, inspectors found moderate non-compliance in the area of risk management.

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, their aspirations, any issues they wished to discuss, activities and other day to day issues. Residents' meetings were held regularly to discuss and inform residents of the plans for the future. For example, residents outlined they wished that the residents' meetings would take place every two months and this was accepted.

Residents were responsible for making menu choices for themselves each day of the week. Some residents did their own cleaning and cooking with support from staff. Residents told inspectors that they could choose what time they got up at and what time they dined at. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community in restaurants, pubs, shops, local clubs and visits to their relatives.

Each resident had their own individual bedroom, 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 the inspectors that on the day of this inspection

there were robust systems in place to support residents in managing their finances appropriately. Fee payments and other expenditure were detailed and transparent.

There was a policy on residents' personal property and records of residents property was observed in their files. Residents could keep control of their own possessions. 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 in the local area.

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 would be resolved.

Staff outlined not all verbal complaints raised informally were being recorded, as residents would discuss issues they were unhappy with in residents' meetings. While there was evidence that informal complaints were resolved locally, a record was not maintained to show the level satisfaction of the complainant or to monitor for trends or patterns.

Inspectors reviewed a number of complaints and saw that they were followed up appropriately. However, some minor complaints were dealt with by staff members, who were the subject of the actual complaints themselves. This was an area that required review.

Residents had access to advocacy services as observed by the inspectors and there was also a human rights committee in operation. Inspectors viewed minutes from a recent meeting in December 2016.

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):

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

Findings:

There was a policy available in the centre on communication with residents and overall the inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences. However, residents no access to the internet in this centre.

From a sample of files viewed the inspectors observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication care plan kept on each resident's file.

Some resident's used different methods of communication such as hand signals, photo cards, body language and assisted technology and each resident who had an individual communication need was assigned a reference support person who was a member of staff or volunteer.

Assistive technology (AT) was in use in the centre and the inspectors were informed by staff how this was supporting the communication needs of some residents. Resident's also used a mobile phone as a medium to communicate with family members.

It was also observed by the inspectors that some of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the resident's. Resident's also had ample access to radios, TV's, computers and local newspapers. However, some resident's outlined to inspectors they did not have access to the internet, having completed computer courses and having access to computers.

Overall the inspectors were satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective. It was also observed that staff and volunteers knew the preferred and individual style of communication for each resident.

Judgment:

Substantially 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):

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

Findings:

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. However, some residents' written agreements were not signed by the registered provider.

The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.

It was observed that one resident had recently transitioned into the centre, and family members spoke very highly of the supports provided during that transition and indeed the on-going continuing support and care being provided to their relative.

Judgment:

Substantially 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):

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.

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. Each personal plan was available in a format that was accessible to the residents.

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 regularly reviewed and progress was recorded.

Residents, their families and staff were involved in the annual review of each personal plan. Multidisciplinary input was evident in the personal plans reviewed by the inspectors. For example, 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 foreign holidays and some had taken place and others were to take place this year.

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 bowling, shops, cinema, swimming pools and restaurants.

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 the quiet room in the designated centre or take a day off during the week.

Each resident had a personal plan which included the assessment and planning for residents' social and personal needs. Personal plans were comprehensive and included clear information and offered a sense of the individual. Residents also took part in yearly review meetings which set out a plan for the year. For example, some residents wanted to attend more music sessions and local events.

Inspectors reviewed transition plans for residents who had recently moved in and spoke with both the resident and their family member. Inspectors found transitions into the centre were well managed and well planned out. For example, visits to the centre in advance, photographs of new living arrangements and meeting with new residents prior to the move.

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):

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

Findings:

There was one action required from the previous inspection and this had been partially but not fully resolved. This concerned the process for the emergency evacuation of the residents and the fire alarm system in the single bungalows. Inspectors also found that some improvements were required in systems for the identification investigation and learning from adverse events.

There was a satisfactory risk management policy in place and the risk register was very detailed for both environmental and individual risks for the residents pertinent to their assessed needs. These included falls risk assessments, leaving the centre unsupervised, choking, or risk from strangers. It was found that there were suitable systems in place to mitigate these risks, while not infringing on residents choice and preferences.

Fire training had taken place for staff and there was evidence of new staff or volunteers having a detailed fire safety induction. There was also evidence that the fire alarms and detection systems and emergency lighting were serviced annually and quarterly as required.

There were suitable fire doors exits were unobstructed and the staff completed the records available. There was an emergency plan and interim accommodation arrangements had been made. Staff had access to a robust on call system internally which inspectors saw had been responsive and effective on a number of occasions.

A review of the alarm systems and emergency lighting had been undertaken by an engineer contracted by the provider. The details of this proposed system and outlined that the current fire alarm systems while working, required updating as the system was not suitable for the designated centre.

It was also observed that some staff members were unclear about the actions required in order to evacuate the residents in the bungalows and the records available to the inspectors indicated that only one drill had actually included the residents. It was not demonstrated that they were adequately familiar with the evacuation process. It was also observed that while all residents had personal emergency evacuation plans in place, some of them did not provide sufficient detail regarding the changing mobility or sensory needs of some of the residents.

Systems for the identification investigation and learning from adverse events also required review. For example, a recent medicines error had occurred but the actions taken as a result were not sufficient in order to prevent a reoccurrence.

The inspectors saw that all residents in the semi independent bungalows had alarm systems in their bedrooms to call staff if they required their support in an emergency. Residents had been assessed as to their suitability for this level of support.

However, given the changing mobility and health status of a number of residents this emergency call system required review. The person in charge had been considering this prior to the inspection

It was also observed that a detailed pharmacy audit on medicines had been facilitated, as well as an analysis on accidents or incidents occurring in the centre. However, the information coming from those audits had not been sufficiently analysed to inform changes to practice. Inspectors were informed that a system was being implemented to address these issues.

This inspection also found that two staff did not have the required training in order to adequately meet the assessed needs of some of the residents. This matter was discussed with the provider who promptly arranged for this training to take place prior to the end of the inspection.

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:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The specific action from the previous inspection in relation to the use of restrictive practices was partially but not fully resolved. Improvements were required in the documentation in relation to the management and use of restrictive practices, behaviour support interventions and intimate care plans.

Two restrictive practices were in use and a revised updated policy was found to be in place. Having reviewed the rationale and the process regarding these practices the inspectors were satisfied that in both instances they were being used in line with the

assessed needs of the residents.

One to one staffing was also used effectively to minimise the use of environmental restrictions. However, the documentation available did not demonstrate a robust system for reassessment and ongoing monitoring of the need for these restrictions.

Inspectors reviewed the arrangements in place for a chemical restriction administered on a PRN (as required basis) which was used to support a resident. Inspectors found that this was carefully monitored, used in accordance with the protocol and overseen by the prescribing clinician.

Positive behavioural support was a feature of this service. For example, issues were discussed and residents were supported to understand their own behaviours, the impact on others and how best to manage them. If required external specialist support was sourced to provide additional guidance and support for residents.

However, the documentation in relation to the management of these issues did not support the details and strategies described by the staff in relation to them. Residents' intimate care plans while very detailed in respect of residents' care needs did not sufficiently take account of the need to protect residents' privacy and dignity. For example, there was no guidance for staff or volunteers in relation to the intimate care for residents of a different gender or to take account of residents preferences.

There were induction systems to ensure new staff or volunteers were made aware of these needs and appropriate behaviours were evident however.

The policy on the protection of vulnerable adults was in accordance with the national revised policy. Staff had undergone training in the revised HSE policy and were able to articulate their knowledge of the policy and required reporting systems.

It was also observed that systems of external advocacy could be sourced if and when required by a resident.

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):

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

Findings:

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health.

Inspectors found that residents had access to their own community nurse on site and local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, speech and language therapy, dietician services and physiotherapy.

Inspectors found there to be preventative health promotion in the centre such as ensuring residents availed of annual flu vaccines and routine health screenings.

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, care plans from speech and language therapy and psychiatry were regularly reviewed. Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, daily recording of food and fluid intake and weight monitoring. Residents also had an up to date hospital passport and overall health care plan in their individual files.

In general, the inspectors found that residents were enjoying good health, with any risk or need in relation to healthcare identified and supported by the staff team. Inspectors reviewed documentation regarding the end of life plans for some residents. Inspectors found plans were dignified and holistic approach to end of life care plans, with the wishes of each resident recorded.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Some residents assisted with the preparing and cooking of meals at their own participation level. Residents enjoyed making meals from fresh ingredients with little reliance of convenience food. Inspectors found a balanced diet was encouraged in the centre.

Meals were on display in the dining 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):

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

Findings:

The policy on the management of medication was centre specific and in line with legislation and guidelines. The systems in place for the receipt of, management, administration, storage and accounting for medications were satisfactory.

There were appropriate documented procedures for the handling, disposal of and return of medications. No controlled medications were being administered at the time of this inspection but staff were aware of the necessary procedures if this was required.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service.

Regular audits of medication administration and usage were undertaken by the dispensing pharmacist. Audits of any errors were also undertaken and remedial actions taken when such incidents occurred although these were not frequent.

Additional food supplements were used only if prescribed by the GP. This service provided was a social care model but the provider employed a community nurse part of whose role was to undertake medication management training with staff. This included a competency assessment.

To support the staff the medication is dispensed in a sealed system with photographic descriptions of the medication available. No emergency modification was required for the residents.

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):

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

Findings:

There were three actions required from the previous inspection and these had been partially but not fully resolved. There was evidence of improved oversight and monitoring of practices by the person in charge and the provider. Inspectors acknowledged that line management supervision systems had recently commenced with schedules to undertake this at circa six to eight weekly intervals.

The managerial supervision was seen to be very focused on performance and residents care. However, the quality of the supervision provided to staff was not satisfactory to promote accountability and development.

Specific training deficits which had been identified at the previous inspection including supporting residents with meals and medicines management had been addressed.

The person in charge was suitably qualified and experienced with a team leader and deputy employed to oversee the delivery of care in the centre. Governance was also supported by the additional roles including the health and safety officer, community leader and community nurse.

The provider had undertaken the required two unannounced visits to the centre. The reports were detailed and focused on resident's wellbeing, safety, staff training and access to allied services. However it was not apparent how or if any actions identified on the report had been addressed. This was discussed at feedback with the provider who agreed to address this.

An annual review of the safety and care provided in the centre was completed on behalf of the provider and was detailed in parts of the review. The inspectors viewed a sample of this report and found it addressed issues relating to social care and healthcare needs. The inspectors observed issues that were identified in this annual review were addressed or there was an action plan in place to address issues with a specific timeframe and person responsible for completing them.

From a review of governance meeting minutes, team meetings and weekly coordinator meetings records, the inspectors were satisfied that residents' needs were prioritised and reporting systems were effective. The provider and person in charge were well-known to the residents and were regularly present in the centre.

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):

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

Findings:

The 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 staff training, qualifications, supervision and information required in schedule 2 of the Regulations.

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

From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. The inspectors spoke with five 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 the most staff held relevant qualifications in a health and/or social care and/or social science. However, the person in charge outlined one staff member employed in the designated centre as a health care assistant did not have a relevant qualification. The person in charge outlined the care provided by this member of staff to residents was of a high standard and this person participated in accrediting training.

All staff and both 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 not maintained and available in accordance with the Regulations. For example, some staff did not have two written references or details and documentary evidence of any relevant qualifications.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner from all 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. Feedback from one family member and all residents spoken with was also positive about the service provided.

A sample of staff supervision records informed the inspectors the person in charge did not ensure that all staff were appropriately supervised. The person in charge outlined

staff received informal supervision on a daily, weekly and monthly by management in the designated centre.

However, the documentation found some members of staff had been supervised once in the past year and other documentation described supervision meetings as a general discussion around a particular human resource issue. The person in charge outlined to inspectors one member of staff was not appropriately supervised as required by Regulations.

The person in charge had delegated the supervision function to person's participating in management in the designated centre. Inspectors acknowledged that line management supervision systems had recently been reviewed and the centre commenced with schedules to undertake supervision every six to eight weeks. This process was well underway with some members of staff, these staff were appropriately supervised on a regular basis in improving their practice and to keep up to date with any changes happening in the centre.

From reviewing the training matrix in the designated centre, inspectors observed gaps in training for some staff. For example, there were gaps in training documented for some staff in the areas of manual handling, epilepsy awareness, diabetic training and emergency first aid. However, the person in charge identified dates for emergency first aid training prior to the end of the inspection.

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-0003419
Date of Inspection:	02 May 2017
Date of response:	21 July 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 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:

Some complaints were dealt with by staff who were the subject of complaints themselves.

1. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not

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

involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

A deputy complaints officer has been appointed and will deal with complaints in the absence of the Complaints Officer or under certain circumstances if the Complaints Officer is not in a position to do so or is indicated in the complaint.

Proposed Timescale: 28/07/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Some residents did not have access to the internet.

2. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The resident now has access to the internet for her own personal use.

Proposed Timescale: 06/06/2017

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:

Some residents' written agreements were not signed by the registered provider.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All residents' contracts have been signed and the PIC will ensure that in the future all contracts and written agreements will be signed by the appropriate people.

Proposed Timescale: 30/06/2017

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:

Staff were unclear about their roles in relation to an emergency response alert for residents in the bungalows. Inspectors found that some improvements were required in systems for the identification investigation learning from adverse events. Efforts to involve residents to promote their knowledge of evacuation procedures was not adequate.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All staff will be trained again on the evacuation of the house and chalets. All residents take part in the fire drills and are familiar with what to do in the case of an emergency. A fire drill took place on the 14-5-2017.

The risk management system will be reviewed, with a new recording system, which will support review and learning from adverse events

Proposed Timescale: 27/07/2017

Theme: Effective Services

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

On this inspection it was found the current fire systems while working were not suitable for the designated centre and require upgrading, as outlined by a report carried out by an independent fire engineer.

5. 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:

A meeting took place on Friday 6th July with the fire engineer to discuss the upgrade of the fire alarm system. The system will be upgraded in the coming months.

Proposed Timescale: 01/10/2017

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:

Documents in relation to the use of restrictive practices and behaviour support did not demonstrate that the systems were used in accordance with national guidelines and reviewed.

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Restrictive practices will be reviewed at team meetings 6 monthly, at the person's annual review and as required

Behaviour support will be provided in line with national guidelines and will be reviewed at team meetings 6 monthly, at the person's annual review and as required.

Proposed Timescale: 28/07/2017

Theme: Safe Services

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

Residents' intimate care plans did not sufficiently take account of the need to protect residents' privacy and dignity

7. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

A new Intimate care plan has been written up for the resident and will be discussed with all staff at the house team meeting.

Proposed Timescale: 30/06/2017

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:

There were not effective arrangements in place to support, develop and performance manage all members of the workforce.

8. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A new system has been put in place to ensure and review that Support & Supervision takes place on a regular basis.

Proposed Timescale: 07/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all documents as required by Schedule 2 of the Regulations were present in personnel files.

9. Action Required:

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

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

The PIC will ensure that all staff documentation is in place as required by Schedule 2 in the future.

Proposed Timescale: 30/06/2017

Theme: Responsive Workforce

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

From reviewing the training matrix in the designated centre, the inspectors observed gaps in training for some staff.

10. Action Required:

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

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

The PIC will ensure that all staff training is kept up to date and documentation will be kept to show when training has taken place.

Proposed Timescale: 28/07/2017