



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Kilkenny Lion De
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	01 February 2021
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0029601

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

L'Arche Ireland - Kilkenny Lion De provides 24 hour care and support for people over 18. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's social model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area. In this home a service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The house is a large dormer bungalow with an attached apartment, located on the periphery of a rural town. Each of the four residents have their own bedrooms. Bedrooms are also provided in the house for volunteers working for the provider. This centre contains a kitchen/dining area, sitting room, prayer room, staff facilities and bathrooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 1 February 2021	11:00hrs to 16:45hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with two residents on the day of inspection. A third resident was observed returning from a trip to the shop. A fourth resident was staying at home with their family for an extended period of time, due to the COVID-19 situation.

The residents with whom the inspector spoke, had limited vocabulary but good understanding of the spoken word. Both residents welcomed the inspector to their home and were eager to engage with her. They indicated they were happy with their life in the centre by answering yes to direct questions put to them, by the relaxed demeanour they displayed and by the way they took pride in showing the inspector their accommodation. One resident smiled when answering and both residents were very relaxed in their surroundings and in the company of staff.

One resident, who had moved from their family home to this house in the previous months, was particularly at ease in their surroundings. This resident invited the inspector to see their room. The room was spacious, had a good view of the countryside and a good view of the garden and polytunnel. The resident appeared happy to have this attractive view from their bedroom window. The resident was content to rest in their room and listen to the radio, an activity which the resident particularly enjoyed and something they were used to doing when they lived at home with their family.

A significant amount of work had been undertaken to ensure the resident adapted to their new home. Being mindful of the resident's limited vocabulary, the resident and their family had drafted a list of words the resident regularly used and their meaning. This was helpful in staff understanding the resident's communications. Plans of care were set out with this knowledge and insight into the resident's needs. The resident's morning and evening routines were well documented, thus facilitating as easy a transition as possible from the family home to this new home.

One resident, with limited vocabulary communicated with the inspector about their recent visit to a local dentist. This involved a change of their usual dentist and included a dental procedure which could be painful. Staff were aware of the resident's identified high pain threshold and were particularly mindful of this in initiating and organising the dental appointment. The carrying out of the procedure and the follow up, required close monitoring of the need for pain relief. The resident told the inspector they would be returning for a follow up appointment. From their communications and observations with the resident, the inspector concluded that the resident was relieved to have had the dental problem addressed and comfortable about attending for the follow up appointment. The manner in which this issue was addressed by staff was indicative of the sensitive way matters of

health and wellbeing were attended to. Staff were proactive. They were observant of the resident's needs, as this resident could not articulate easily the dental issue. As the resident's pain threshold was high, such a dental issue required vigilance from staff in order to identify in a timely manner that a matter needed to be attended to.

One resident and a staff member, showed the inspector the bathroom and toilet facilities. Plans were underway for one bathroom to be upgraded. This was to include the removal of a bath and the installing of a shower. This was being done with the aim of supporting a resident's independence in attending to their personal care needs.

All communication between resident and staff was seen to be friendly, respectful and convivial. It was clear both staff and residents knew each other well. Both parties spoke with ease about day to day matters such as buying seeds for the polytunnel, colouring hair, the impact of COVID-19. Conversation was very positive and good humoured in nature.

Staff spoke about the sense of family and community which characterised the centre and this was also evident in the manner in which the written documentation was recorded. Documentation was clear to read, was non judgemental in its tone and focused on placing the residents at the centre of all matters. Residents were central to all decisions. They were considered and referred to as the "core members". Other members of this community model of care included volunteers, many from overseas, who took a year or two to work along side the core members and staff employed by L'Arche. This combination brought an interesting and holistic dimension to the manner in which support was provided. Core members benefited from the support available from staff and volunteers and in turn volunteers learnt about the residents, their lives, their needs; skills which influenced their future working lives in a positive way.

One resident had to temporarily give up work in a coffee shop due the COVID-19 pandemic. The resident subsequently took up a new activity including cooking and also engaging more fully with other residents. The resident was hopeful of returning to work when the pandemic situation allowed for this. Prior to restrictions, some residents attended the cinema in the locality. One enjoyed going to the pub for a social drink. During COVID-19 restrictions the resident enjoyed a bottle of their favourite drink in the home.

In general, residents had lived in the centre for many years and appeared comfortable and relaxed in their home. One of the "newer" residents, now living In L'Arche for four months, epitomised the overall atmosphere. Their adaptation to this comfortable home was such that they looked like they had lived there "all their lives".

Capacity and capability

The findings of this inspection were, in many aspects, similar to the findings of the previous inspection. Throughout this inspection residents were seen to be treated respectfully and in a caring and positive manner. The provider sought to enable residents to live in a community environment that enabled them to live a meaningful life. As evidenced by good compliance across the regulations inspected, the provider had been successful in putting in place structures and supports to ensure that residents were provided with a good quality of life.

A statement of purpose, a document which describes the service, was available. The ethos of the service, as set out in this statement of purpose was that those who lived there did so "in a spirit of friendship". The underlying principle was that core members (those who received a service from L'Arche) were involved in all aspects of life within the home and amongst the wider community. The inspector was satisfied that this ethos was carried out in practice.

As outlined in the statement of purpose, an organisational structure was in place within the centre, where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place to ensure that the provider's Board of Directors were aware of how the centre operated. An experienced person in charge was in place who was responsible for three designated centres in total. The provider had put in place structures to support the person in charge in their role. This included the presence of a house leader who had a key role in the day to day running of the centre.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The annual review included the views of residents and families.

In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents.

In line with the provider's model of care, support was provided to residents by paid staff members and live-in volunteers. In doing so the provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting a continuity of care.

As observed throughout the inspection, residents appeared comfortable in the presence of staff and volunteers.

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported

by the provider representative who had a regular presence in the centre and was well known to core members, staff and volunteers. The service also benefited significantly from the appointment of a house leader and the availability of an experienced nurse.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff and volunteers had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE. Documentation was in place to evidence this and staff with whom the inspector spoke confirmed they had this training.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that effective governance and management arrangements were in place including effective management to ensure the risk of the introduction of and the transmission of infection was minimised.

The required resources, including personal protective equipment had been sourced. The inspector was satisfied that the person in charge had good awareness and was supported by the clinical guidance of an experienced nurse.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission practices were well thought out and a new resident was seen to have had a good transition to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were an important part of the service provided to residents. As such the provider had ensured that robust recruitment procedures were in place. Police checks from the respective countries that the volunteers came from had been conducted. The provider had also put in place a system for the formal and informal supervision of volunteers, a tailored induction programme and a comprehensive training programme.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated annually. They were clear to read and understand. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, each resident had their own bedroom which they personalised. The house was homely, well maintained and attractively decorated. There was a large garden area and laundry facilities were in an adjacent building to the main house.

Staff were aware of residents' underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge described how residents were supported to access other healthcare services external to the centre including psychiatry, psychology, physiotherapy, dental. Many of these services were provided through the primary health care services. Nursing advice and care was available internally from a nurse who had worked with the service for many years and was an integral part of the organisation's support structure.

Despite the restrictions and constraints on movements and travel, residents partook in exercise and activities which brought pleasure to them. The inspector observed residents returning from a trip to buy vegetable seeds. There was a polytunnel in the centre in which to grow these seeds and a spacious garden area which was also suitable for growing plants. Since the COVID-19 restrictions came into operation, residents, staff and volunteers had spent much time cooking, baking and trying new recipes. Overall this was reported as having increased residents' participation in the running and operation of the centre. One resident had work in a local coffee shop. This had stopped due to the pandemic but the resident was hopeful that it would resume at a future date. One resident liked to attend to their own laundry and this was facilitated. For other residents, support was offered in this area.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, residents were provided with information and helped to understand the precautions such as hand hygiene and

cough etiquette, that needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

Residents and family members were actively involved in the life of the centre. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Residents viewed this centre as a good place to live. Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents enjoyed the garden, partook in baking, learnt new skills such as use of computer for zoom calls.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed and observed throughout the duration of this inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a regular basis. The facilities available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained. Daily, weekly, monthly and annual cleaning schedules were in place. The guidelines and record templates available to staff, provided clear guidance to ensure that cleaning and disinfection were at an appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place on a regular basis. The local fire emergency services were familiar with the layout of the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. Support was provided as needed to residents, in the context of the risk to them from COVID-19 or indeed the risk that they may inadvertently pose to others. The inspector viewed the individualised plans in place should a resident be suspected or contract COVID-19. These were succinct, specific to the resident and staff were familiar with the plans. Staff had been advised of the symptoms of COVID-19 and including the possibility of atypical presentation and the importance of detecting and reporting any variation from the residents normal baseline. Overall, care plans were written in a respectful way demonstrating much sensitivity and awareness of residents' needs.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these while the health of residents was regularly monitored by the nurse working in the service.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse. This included having written policies and the provision of training for staff. Throughout the inspection residents were seen to be comfortable in the presence of staff members and volunteers.

Judgment: Compliant

Regulation 9: Residents' rights

The ethos of the centre was to ensure that residents could exercise choice and control in their daily lives, for example, in the activities residents engaged in and voting. Residents were seen to be treated in a respectful manner throughout inspection. Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. Residents were also supported and encouraged to be part of the provider's human rights committee if they chose to do so.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant