



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

## Issued by the Chief Inspector

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|----------------------------|------------------------|
| Name of designated centre: | L'Arche Cork An Cuan   |
| Name of provider:          | L'Arche Ireland        |
| Address of centre:         | Cork                   |
| Type of inspection:        | Short Notice Announced |
| Date of inspection:        | 21 April 2021          |
| Centre ID:                 | OSV-0001963            |
| Fieldwork ID:              | MON-0032380            |

## About the designated centre

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

This centre is a faith community belonging to an international federation of communities. It is comprised of three houses in the suburbs of Cork City. At the core of the community is the relationship between persons who have an intellectual disability and those who choose to support them in the community. The centre provides full time residential accommodation for adults, both male and female. Residents have access to a nurse within the service, and to a GP of choice. The model of care provided is a social model of care. Residents engage daily with the local community through day services, shops, restaurants, choir, church and can access the city by car and/or bus. Residents are supported to access community based employment, should they wish to, and a variety of day services of choice.

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 7 |
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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 |
|----------------------------|-------------------------|----------------|------|
| Wednesday 21<br>April 2021 | 10:20hrs to<br>16:20hrs | Elaine McKeown | Lead |

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with five residents in the the designated centre, two in one of the houses and three outside in the back garden of the other house located nearby. To reduce movement in the house as a result of the COVID-19 pandemic, the inspector was located in the sitting room of one of the houses. The inspector was introduced to residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment, PPE.

On arrival the inspector was greeted by a resident who had returned to the designated centre a few days previously after spending time over Easter with family members. The resident chatted away to the inspector in the sitting room outlining their love of golf and how they were looking forward to getting their second dose of the COVID-19 vaccination so they could go back enjoying their hobby again. They spoke of how they were lucky to have two homes: the family home and the home they shared with one other resident in the designated centre. The spoke of the great amount of support the entire staff team provided to them at all times. They identified key staff members to whom they would discuss any issues which included the person in charge and the team leader. They outlined how they were being supported to follow a healthy eating plan and had engaged in regular art activities, listened to favourite musicians on CDs and wrote a story during the pandemic restrictions. They spoke with their friends and family regularly on the phone and looked forward to movie nights with their peers at the weekends.

The inspector spoke with another resident out in the back garden while enjoying the sunshine. The resident was very happy to be living in their home and enjoyed the company of their peers. They enjoyed helping out with household chores and knew what to do if the fire alarm was activated.

During the inspection, the inspector spoke with three family representatives on the phone. All spoke of the positive impact the staff team had on the lives of their relatives. They were all assured that their relative was very well looked after and outlined how they could talk to any of the team if they had any concerns. They found the communication from the staff team was great and they felt they were kept informed of important issues as required. Families were supported to have their relatives visit them and they were also supported to visit the designated centre while ensuring adherence to the public health guidelines. One of the residents who was being supported to go home regularly understood the requirement for them to limit their contacts on their return to the designated centre. Their family representative explained to the inspector that they themselves found this a difficult part of the restrictions for the resident to have to do this each time. However, the staff team ensured the resident was supported to go out for daily spins and had day service staff provide them with support during the day in the house during this time. Another family representative outlined how their relative was so happy with their service that they declined to go to the family home for Easter, they wanted to stay

in the designated centre. The representative spoke of how this gives them reassurance that their relative is content and happy. Another representative spoke of how their relative had embraced change during the restrictions. Prior to the pandemic this resident would have gone home twice a month. Following implementation of the pandemic restrictions the resident chose to remain in the designated centre and did not visit the family home until Christmas and had chosen to spend only a few hours at home on Easter Sunday. The resident was given a present of a tablet device at Christmas and since then they make regular video calls to relatives and more importantly to see their dog.

At the end of the inspection, the inspector went to the back garden of the other house in the designated centre where they met the three residents currently living in the house. The residents sat together while engaging in conversations with themselves and the larger group of staff members and the inspector. The residents spoke of activities that they enjoyed during the restrictions which included going to a beach recently and having a picnic, with ice cream treats afterwards. One of the residents, proudly told the inspector that some of their art work had sold following an exhibition and they were delighted with this. They also spoke of how they were actively involved with staff and other peers in the national organisation in a review of the charter of the service and had spoken on a webinar about this subject in the weeks prior to the inspection. Another resident spoke of the different hairstyles that staff had supported them with while the hairdressers remained closed. The residents spoke of events that had occurred in their own lives, such as the loss of family members and how staff had supported them to watch the service on-line. In addition, the residents told the inspector of happy events that had happened in the lives of some of the staff supporting them. Residents spoke of how they were going to have a party when the pandemic restrictions are no longer in place as they are missing socialising with their friends and they discussed how one staff member was going to take them fishing. The residents were very happy to be able to attend their day service and told the inspector how they had enjoyed a cake there the day before the inspection to celebrate a birthday of a peer. The residents also spoke of how they were looking forward to a new resident coming to live with them in the coming weeks. They had met the person a few times and hoped the resident would be happy to live with them.

It was evident that residents were supported by a staff team that were familiar to the residents. The team was comprised of paid members of staff and volunteers that lived with the residents as part of the faith community that operated the designated centre. The staff were flexible in their approach to supporting residents and throughout the inspection were observed to respond to residents in a respectful and professional manner.

## Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents. However, at the time of the inspection not all staff had completed training in areas of managing challenging behaviours and medication management.

The person in charge worked full time and had responsibilities for this designated centre and in the provider's day service which residents from this designated centre attended regularly. The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. They were assisted by a consistent staff team that was comprised of staff members and volunteers in each house. The provider referred to the volunteers as live- in assistants and was part of the faith community service provision. Each house had a team leader and a deputy team leader had recently been appointed who provided support to both houses each week.

The number and skill-mix of the staff team was found to be appropriate to the number and assessed needs of the residents. There was a planned and actual rota in place which showed continuity and consistency of staff by a core staff team. One of the team leaders outlined how the appointment of a deputy house leader further assisted with the overall administration of the designated centre which included completing the schedule of audits and review of documentation.

The person in charge was aware that staff required refresher training in the area of managing behaviours that challenge with training scheduled for staff in the weeks post this inspection. However, following a review of the training matrix on the day of the inspection, the inspector noted 88% of staff required refresher training in managing behaviours that challenge and 44% in medication management; this training had been identified as a control measure in the centre's risk register as being required by all staff who were responsible for the administration of medications.

The inspector reviewed the records of a planned admission of a resident to the designated centre. The transition plan had to be re-adjusted when the pandemic restrictions were implemented in March 2020. However, there was documented evidence of ongoing consultation with the resident in conjunction with another provider who currently supports the resident with day services and the staff team from the designated centre. The resident has been supported to visit the house and meet their peers on a number of occasions while adhering to the public health guidelines. In addition, the three residents living in the house had bought flowers and a gift for the new resident when it was their birthday during the summer of 2020. All three residents told the inspector they were looking forward to the resident coming to live with them which was scheduled to happen in July 2021. The staff team also remained in regular telephone contact with the resident during this transition period.

It was evident there was good oversight in this designated centre. The provider had ensured an annual review and unannounced six monthly visits to the designated centre had been completed. The audits scheduled for 2020 had also been completed

which included financial, infection prevention and internal safeguarding audits. Actions identified had been progressed and completed. The house leaders also completed a quarterly assurance report for the designated centre which identified areas for review. This included any additional support residents may require during periods of changing needs or experiencing difficulties during the pandemic restrictions. The inspector was also informed a new retirement co-ordinator was available to support the residents and staff team to identify any changing needs and future planning to ensure the ongoing supports are available to all of the residents.

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including on-line training in safeguarding, fire safety and infection prevention and control. A schedule of training for 2021 was also in place. However, not all staff training was up-to-date at the time of the inspection.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to



govern the centre ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge ensured planned new admissions to the designated centre were supported and in line with the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured that an appropriate and effective complaints procedure was in place. It was evident that solutions were found to resolve complaints made by residents to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected. However, there were gaps in the documentation of some risks.

The inspector reviewed three personal care plans that outlined the personal, social care and health needs of the residents. Residents had taken part in their person centred planning meetings and had identified goals that they would like to achieve. The plans were subject to annual review; in addition, each resident had a key worker with whom they had regular meetings. These meetings reviewed many aspects of each individuals life including if required the progression or adjustments of goals. For example, one resident planned to attend live shows and the cinema; while this could not be progressed due to the pandemic restrictions staff supported the resident to attend a movie night at the weekends with their peers. Another resident was being supported to save their money and planned to visit a European capital once the restrictions were lifted to visit a friend. Residents were also being supported to engage in gardening and music activities such as learning to play the guitar. The residents' healthcare plans were detailed, regularly reviewed and included a planned appointment list for upcoming appointments for each resident, including appointments as part of the national health screening programme. In addition, the person in charge had scheduled refresher training in the management of epilepsy for all staff in the weeks following this inspection in advance of the admission of the new resident in July 2021. The inspector was also informed of the planned review of the supports required by a number of residents due to their changing needs which have been monitored by the staff team in recent months.

The provider had ensured residents had the ongoing support from the multi-disciplinary team, including input from positive behaviour support specialists. The support plans were subject to regular review and one resident had been supported to have an easy-to-read version of their plan provided to them. All staff spoken to during the inspection were familiar with the supports required by individuals which included supporting individual activities at times when individuals had chosen to not participate in group activities such as music events in the house or go out for a spin with their peers. However, not all staff had up-to-date training in managing behaviours that challenge, this will be actioned under Regulation 16: Staff training.

The provider had measures in place to ensure that all residents were protected from potential sources of infection; this included completing regular cleaning schedules in-line with public health guidelines and monitoring residents and staff for signs of illness. All staff had undertaken training in areas of hand hygiene and the use of PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. A self- assessment of the preparedness of the designated to support residents during the pandemic, issued by the Health Information and Quality Authority, HIQA had been completed and subject to regular review. In addition, contingency planning was also the subject of regular review in the

designated centre. The staff team had attended a webinar in recent months on the topic of infection control. The provider also ensured that each house was visited monthly by the nurse to facilitate an open discussion on infection prevention and control. This nurse was part of the infection prevention and control team which was also comprised of the persons in charge of this designated centre and one other designated centre to ensure consistency in protocols/procedures and up-to-date information which was communicated back to the staff team.

The provider had ensured there was a regular review of risks identified in the designated centre and there were no escalated risks at the time of the inspection. The centre specific risks included the un-intentional mis-administration of medications with one of the controls requiring all staff to have completed medication management training. As already outlined in the previous section, not all staff had this training completed at the time of the inspection, this will be actioned under Regulation 16; Staff training. While risks had been identified for individual residents there were some gaps in the documentation of risks for the designated centre which included the risks of adverse weather events and the risk of a resident's unexplained absence from the designated centre.

During the inspection, residents were observed to engage in cooking activities and other household chores with staff support. The inspector noted that the atmosphere was relaxed and un-rushed, with a sense of home and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines.

### Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

The registered provider supported residents to receive and visit family members while adhering to public health guidelines.

Judgment: Compliant

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| <b>Regulation 12: Personal possessions</b>   |
| The provider ensured residents personal possessions were respected and protected.  |
| Judgment: Compliant  |
| <b>Regulation 26: Risk management procedures</b>   |
| The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place. However, there were gaps in the documentation of some risks which required review. |
| Judgment: Substantially compliant  |
| <b>Regulation 27: Protection against infection</b>   |
| The registered provider had ensured measures were put on place to protect residents from potential sources of infection, including COVID-19 by adopting procedures consistent with those set out by guidance issued by HPSC.   |
| Judgment: Compliant  |
| <b>Regulation 28: Fire precautions</b>   |
| The provider had ensured that effective fire safety management systems were in place in the designated centre that were subject to regular review. Staff and residents participated in regular fire drills.  |
| Judgment: Compliant  |
| <b>Regulation 5: Individual assessment and personal plan</b>   |
| Residents' health, personal and social care needs were reviewed annually with evidence of multi-disciplinary input. The input of residents and family  |

representatives was evident and goals were identified in line with residents' wishes.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to have the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals and engage in national health screening programmes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Positive behaviour support plans were detailed, subject to regular review and guided staff practice.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make choices and decisions with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                        | Substantially 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 31: Notification of incidents                             | Compliant               |
| Regulation 34: Complaints procedure                                  | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 11: Visits  | Compliant               |
| Regulation 12: Personal possessions                                  | Compliant               |
| Regulation 26: Risk management procedures                            | Substantially 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 7: Positive behavioural support                           | Compliant               |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights                                      | Compliant               |

# Compliance Plan for L'Arche Cork An Cuan OSV-0001963

Inspection ID: MON-0032380

Date of inspection: 21/04/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Two of the care staff who had not been documented as attending training in the administration of medication had already done the training. The matrix has been updated. Another member of the team did medication training however he did not pass the test. This care assistant does not administer medication. This is manageable among the team as the rest of them have been trained. The house leader medication training refresher is scheduled to take place. MAPA training is scheduled to take place for all staff and assistants who require it.</p> |                         |
| Regulation 26: Risk management procedures  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• A general risk assessment for the absconding of a resident and also for extreme weather conditions will be completed for each of the houses.</li> <li>• We are including the thermometer as a “touch point” on the cleaning schedule.</li> <li>• An “action taken” column will be included on the fridge temperature form</li> <li>• We will note any action taken in relation to PCP goals on the reference meeting forms with the volunteer assistants in order to keep them up to date.</li> </ul>                        |                         |

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation             | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|------------------------|--|-------------------------|-------------|--------------------------|
| Regulation 16(1)(a)    | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.  | Substantially Compliant | Yellow      | 30/06/2021               |
| Regulation 26(1)(c)(i) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident. | Substantially Compliant | Yellow      | 30/06/2021               |
| Regulation 26(2)       | The registered provider shall ensure that there  | Substantially Compliant | Yellow      | 30/06/2021               |

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|--|--|--|--|--|
|  | are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. |  |  |  |
|--|--|--|--|--|