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

Name of designated centre:	L'Arche Cork An Cuan
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 November 2018
Centre ID:	OSV-0001963
Fieldwork ID:	MON-0025405

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 based in 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. 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

How we inspect

To prepare for this inspection the inspector or 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
28 November 2018	09:00hrs to 17:40hrs	Michael O'Sullivan	Lead
28 November 2018	09:00hrs to 17:40hrs	Liam Strahan	Support

Views of people who use the service

Inspectors met with five of the seven residents. Residents spoke highly of their home. They described a large variety of activities that they partake in, visits home and hosting visits. They expressed to inspectors the levels of independence that they are facilitated to have and the support that they can access when needed. Residents informed inspectors of how staff support them to attend the GP, as needed or to access transport when it is raining.

Capacity and capability

Overall the service was well run and had good outcomes for residents. However some improvements were needed with regards to auditing so that the provider could assure themselves of the quality and standard of service being provided. The provider was aware of this at the time of inspection and had planned training in this area.

The provider had delegated responsibility and accountability appropriately. There was a clear management structure with a person in charge of the centre, supported in their role by a person participating in management. Additionally two house managers were in place within the centre to ensure day-to-day management. House meetings were held weekly, and minutes of these demonstrated that they were meaningful to the quality of service provided.

A suitable roster was in place. This planned ahead monthly and included events and appointments as well as whom was on duty. This system proactively ensured that residents needs were planned for. Records indicated that there was also some flexibility; for example one resident wished to visit their family and changes to the roster were made to facilitate this.

A percentage of the staff in this centre work as regular-based volunteers for blocks of a year, or longer. This resulted in annual staff turnover. The person in charge described the process for ensuring that there is continuity of care during such staff-transitions. Additionally some staff stayed longer. There was a training plan in place, together with an induction phase for new staff. Training included (but was not limited to) fire safety, crisis intervention, safeguarding, diabetes management, administration of medicines, nutrition, infection control, epilepsy and communications. One training session was required for refresher fire-safety and safeguarding. Overall a high level of staff training was achieved.

A sample of staff files were reviewed, however these required improvements.

Evidence of qualifications were not held on file. Work histories were not always complete. Some photographic identifications were out of date. Some staff required a second reference. The provider had ensured that all staff had garda vetting and police clearance from their respective country of residence.

There was however some improvements required in relation to auditing of the service. At the time of inspection the internal audits within the centre were limited to health and safety, medicines management and a review of incidents. Other audits had ceased in late 2017 as management had found the audit tools available to them to be unfit for purpose. In response to this several members of management had been scheduled for training in auditing and this was due to happen in the week following inspection. Going forward it will be important that the provider equips itself with auditing skills as these skills will facilitate the provider to be formally assured of the services delivered in the centre.

The provider had undertaken two inspections of the centre in the previous year, however one of these was not unannounced, as required by Regulation 23(2). An annual review of the quality and safety of care had been completed for the previous calendar year, however this related to the provider entity rather than the individual designated centre, as required by Regulation 23(d). Moreover the resulting action plan related to multiple designated centres. This introduced an unnecessary complication to the implementation of improvements.

There had been no recent admissions to the centre. However some residents had transitioned between houses within this centre. Records indicated that the residents were very much involved in their transitions plans, and the process was conducted in accordance with resident preferences and changing needs.

An adequate policy was in place for complaints. This was accessible to residents. Records indicated that the complaints process informed practice and worked to the satisfaction of residents.

Inspectors noted that staff interaction with residents was cordial, respectful and dignified. Good outcomes for residents were evident, and a healthy atmosphere was witnessed within the houses.

Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was appointed by the provider.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a suitable number of staff with an appropriate skill mix were rostered. A portion of the staff in this centre were people who were on placement for a year, or period of years. The person in charge was mindful of continuity of care in how staff changes occurred.

However not all schedule 2 documents were on file, and some photographic Identifications were out of date. Garda vetting was on file within all staff files reviewed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of training. One person required refresher training in relation to fire safety. One person required safeguarding training. Notes in staff files demonstrated that staff are subject to ongoing supervision and appraisal.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was available within the centre. This however required the addition of each resident's General Practitioner's details and date of admission.

Judgment: Substantially compliant

Regulation 23: Governance and management

A suitable management structure was in place with lines of authority and accountability.

While inspections by the provider were occurring, unannounced inspections on a six monthly basis were not occurring. Audits at a local level were limited to health and safety and medicines practices. The annual review of the quality and safety of service provided was not centre specific, rather it was applicable to the provider organisation as a whole.

The provider was aware of these shortcoming prior to the inspection and had planned audit-related training for the week following this inspection.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The centre had no recent admissions. However some residents had transitioned between houses within the designated centre. Records of this indicated that these transitions within the centre had occurred in an organised manner in accordance with residents' expressed preferences and needs. The provider had also designed an easy read format of the contract and this was discussed with the person in charge during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents indicated that the person in charge was submitting notifications to the Office of the Chief Inspector, as required by regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There had been no periods where the person in charge was absent for a period of 28 days or more. The provider was aware of the need to notify the Office of the Chief Inspector should such an absence occur.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints procedure was in place and was on display in the centre. The complaints log recorded details of complaints, as required. A suitable complaints officer and appeals officer had been appointed, and a suitable other person had been appointed to oversee the implementation of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared, implemented and made available to staff the policies required by Schedule 5. However some of these were outside of their review time frames.

Judgment: Substantially compliant

Quality and safety

The overall environment was welcoming, homely and specific to the assessed needs of residents. Residents appeared happy and very well cared for. Interaction between staff and residents was observed to be respectful and friendly. Residents were meaningfully involved with local services, their community and their families. The inspectors found all three premises were modern, warm, clean, comfortable and well-decorated throughout. Residents had put their own individual stamp on the homes they resided in. Residents moved freely between premises and were used to attending for meals in each others houses. All gardens were well-maintained. Two properties were in the ownership of the provider and one was secured on a leasehold to 2025. Maintenance of the leased property was managed by the provider who had dedicated staff who addressed issues in a timely manner. Minor brickwork repair to an external garden wall was awaited.

All residents communicated verbally and were happy to talk to the inspectors, especially about their welfare. In all, inspectors met with five residents. Some notices were in easy-to-read format. Residents had access to a main television and the Internet. Residents used electronic tablets and some had their own personal mobile phone. The provider had a communal television for each property and some residents had chosen to put televisions in their bedrooms. Internet access was available and some residents had game consuls in their bedroom.

All food was prepared on site by staff. The food was observed to be wholesome and nutritious and residents helped in food preparation. Residents went shopping with staff to the local shops. There was evidence and a menu reflecting a good choice of food to cater for all tastes and preferences. There was no restriction to food and snack availability to residents and all dining areas had open access. Staff members observed to be engaged in food preparation adhered to a high standard of cleanliness.

Each resident had a comprehensive individual assessment and care plan in place.

There was evidence of the resident, their family members and staff input to agreed goals and outcomes. Residents were achieving personal and social goals and leading very active lives supported by staff. Residents attended concerts, places of interest, foreign holidays, hotels breaks and took an active part in choirs, prayer groups and music sessions as well as sports at both local and national level. Residents were supported to travel independently on public transport and there was evidence of positive risk taking to assist resident independence and autonomy.

Risk management was provided through the use of a risk register and the most recent risk assessment of November 2018 had measures and actions in place to control specified risks. While the risk evaluation was of a good standard, it did not reflect the named individual responsible for the risk.

There was evidence that each resident had an intimate care plan in place. Audits had been undertaken in relation to the safeguarding of residents in the first quarter of 2017. Minor incidents between pairs of residents were well documented and recorded on incident forms, however, these similar incidents continued to happen without entry in individual residents' care plans or follow through on actions in the behavioural support plan.

Healthcare plans for each resident were of a good standard. Access and attendance with general practitioners, allied health professionals and multi-disciplinary team members were well recorded. Each resident had a hospital passport. There were medical histories in place and residents had a choice of general practitioner. A nurse employed by the provider attended to residents' healthcare needs, follow ups and attended to residents' houses if a resident was unwell. There was evidence that the provider was actively responding to residents changing health needs and modifying the living environment to accommodate specified needs.

The designated centre had a comprehensive policy on the prevention of infection. Staff practice on the day of inspection was observed to be of a high standard. Staff members were diligent in their hand washing.

Fire precautions were in place ensuring the safety of residents. Staff training was up-to-date. Fire systems were checked and documented by staff. All equipment was subject to certification by a recognised contractor and in date. Records of fire drills undertaken demonstrated that all residents could be evacuated in the event of a fire at periods of maximum and minimum staffing levels. Each resident had a personal emergency evacuation plan in place and instructions on how to respond to a fire alarm or evacuation were on display. Gas boilers were serviced annually and the person in charge had informed the landlord of the leased property that the service for 2018 was due.

The provider had an assessment in place in relation to self-medication and one resident was supported to self medicate at the time of inspection. There was appropriate storage in place for medications which were stored within individual boxes for each resident and secured in a locked cupboard. There was documented evidence of a number of medication omissions relating in many instances to resident movement between the designated centre and their family home. A more robust

medication system was required to reduce the level of such incidents.

There was a residents' guide in place which outlined a summary of services and the terms and conditions to residents. The inspector reviewed the providers easy to read format of contract renewal for residents. The person in charge was advised that any future renewal documentation should reflect the prescribed costs to residents rather than their signature indicating they are happy with charges. Residents were involved in the running of the centre through daily activities, chores and weekly meetings where news and plans were discussed. Residents enjoyed members of their family or friends coming to visit. There was sufficient areas where residents could receive visitors privately and recent donations to the community had been used to greatly improve communal visiting areas.

Regulation 10: Communication

The registered provider ensured at all times that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors and that suitable communal space was available for that purpose.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care that supported them to develop and maintain meaningful links with the local community.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the lay out and design of the designated centre met the needs of residents, was in a good state of repair and was clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents had an active role in purchasing, preparing and availing of nutritious and wholesome food that was influenced by residents individual choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents' guide available to all residents that clearly outlined the services and facilities, terms and conditions of residency and arrangements for residents to be involved in running the centre. The person in charge had produced and trialled an easy to read format for residents and undertook to reflect the costs of residency in the next renewal.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that a risk management policy was in place. The risk register for the centre required a named person responsible for identified risks as well as a risk assessment of the unexpected absence of a resident and the risk assessment of using vehicular transport.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected against the risk of

healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective fire and safety management system in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were practices in place for the safe ordering, receipt, prescribing, storage and disposal of medicines, however, the system in place needed to address and reduce the errors of omission when residents were on leave.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a comprehensive assessment and plan in place that addressed the health, personal and social care needs of each resident. This plan was subject to regular review and residents had achieved high levels of outcomes set.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that each resident was in receipt of appropriate healthcare and support for identified needs. The registered provider had applied a nursing resource to all residents that followed residents needs from their residence to the day service.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that therapeutic interventions were implemented for residents. Review was required to be included in the personal planning process where residents and all staff could be absolutely clear on what constituted appropriate behaviour and what boundaries would be applied if necessary, to safeguard vulnerable individuals. In such incidents it was important that the expressed wishes and feeling of all effected residents be sought, considered and documented, especially where residents level of vulnerability and capacity differed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop skills necessary for self care and protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0025405

Date of inspection: 28/11/2018

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A complete review of all personnel files will be completed by the person in charge	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff member will attend both safeguarding and fire safety refresher training	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: G.P.'s details will be included in the Directory of Residents by 31/03/19	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Centre specific six monthly unannounced visits by the RPR will occur in compliance with Regulation 23.2

Audit related training has taken place

The person in charge will put in place a schedule of audits to be completed through the year. These will include the support of other members of the management team in order to ensure shared responsibility and will have clear deadlines.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
As part of the schedule of audits put in place by the person in charge all written policies and procedures referred to in Schedule 5 will be gone through and any that have not been reviewed within the required time frame will be reviewed.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The person in charge will ensure that the risk register includes a named person who is responsible for any identified risks. A risk assessment for the unexpected absence of a resident and on the use of transport vehicles will be included.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The person in charge has reviewed all of the medication errors with the house leader. The person in charge will review and update the system in place where residents are going on leave.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Ongoing support is in place in order to ensure the safety and dignity of residents in the house. Further behavioural support will be sought from a multidisciplinary behavioural support team. The care plan will be updated referring to the positive behaviour support plan. Expressed wishes and feelings will be taken into account.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/03/2019
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	31/03/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/03/2019
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	30/04/2019

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/04/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/04/2019

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	31/03/2019
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Substantially Compliant	Yellow	31/03/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Substantially Compliant	Yellow	31/03/2019

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/04/2019