



Office of the Chief Inspector

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:	Announced
Date of inspection:	15 May 2019
Centre ID:	OSV-0001963
Fieldwork ID:	MON-0022443

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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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
15 May 2019	09:30hrs to 17:30hrs	Elaine McKeown	Lead

Views of people who use the service

On the day of the inspection, the inspector met with five of the seven residents. The inspector was warmly greeted and welcomed into the first house by one resident. The inspector was invited to join three residents and staff in the dining room. All residents spoke positively of their experiences in the centre. The residents outlined a long list of activities that they enjoyed which included swimming, boxing, music, running, cookery and art to name just a few. Two residents spoke of their plans and how they were looking forward to an upcoming city break to a European city with staff to visit friends.

One resident proudly spoke of a recent art exhibition that they had been supported to hold in a local town. The resident had sold some of their art work and showed the inspector some of their work that was on display around the house. This person also travelled independently on public transport and spoke of how they really enjoyed their home and all the staff that supported them.

The other two residents living in the first house showed the inspector their rooms which were decorated to their own personal tastes and reflected their interests. The rooms contained many photographs of themselves and family members, lots of jewellery and awards that have been won over the years for different activities.

Later in the day, the inspector met with two other residents in another house. One resident came up from their day service in between activities to spend time talking with the inspector. They outlined all the jobs they undertook in the day service and how they enjoyed going to concerts naming many popular artists as favourites. This resident had enjoyed attending concerts in the recent past and was looking forward to attending more this year. The resident enjoyed going into the city to meet their friends and they used public transport independently. Another resident spoke with the inspector after they came home from a guitar lesson which they really enjoyed. This resident told the inspector they love to play golf and had recently won an award in a competition. The resident had participated in the Special Olympics and really enjoyed music which staff support him to participate in regularly.

All of the residents spoken to were able to explain what they would do in the event of a fire and where the assembly point for the houses were located. They all were aware of the complaints procedure.

The inspector reviewed six satisfaction questionnaires that had been completed by residents about the care and support they receive. Overall, residents were happy living in the centre and described staff as being supportive, friendly and helpful. Residents were happy that they participated in a range of activities including regularly hosting dinner for their peers. Where a resident had made a complaint they were satisfied with the outcome and support received from the staff team. Residents were also happy that their families could visit them and that staff

supported them to visit their families.

The inspector was invited to join both residents and staff as a video made by the group was shown. This video which had the theme music of the very popular television show "Friends" playing throughout gave an insight into life in the houses. It portrayed a sharing, caring and family setting. The group were very proud of their production and it gave a very good overview of life for the residents in this centre.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. There was a clear governance structure and effective operational management systems in place. Overall, the inspector found that the centre was adequately resourced to meet the needs of the residents. In addition, the provider had addressed the actions from the previous inspection.

The person in charge was responsible for the operational management of the centre and demonstrated good leadership in their role. He worked full time and was found to be knowledgeable regarding his role and responsibilities. The person in charge is responsible for one other designated centre with additional responsibilities in the provider's day services. The person in charge is supported by two house leaders in the houses. Both of these staff met with the inspector during the inspection and were knowledgeable of their roles and responsibilities.

The number, skill-mix and qualifications of staff on duty in the designated centre was found to be appropriate to the number and assessed needs of residents. There was a planned and actual rota in place which showed continuity and consistency of staff was maintained by a core staff team. Staff allocation was reflective of residents needs throughout the day and night time staffing consisted of sleep over staff in each house.

Staff who spoke with the inspector were knowledgeable of the residents' assessed needs and the provider had a staff training matrix which identified staff training needs. However, at the time of inspection, two staff members required refresher training in managing challenging behaviour. One staff member required refresher training in fire safety. The staff have been scheduled to attend refresher training in the weeks following the inspection. This was also an action in the previous report but the staff from the previous action had completed their training as per the provider's response following the last inspection.

The inspector reviewed documentation regarding the planned admission of a resident into the centre in the coming months. The residents of the centre had been consulted and involved in this process. The resident has visited the designated centre and has spent time with the other residents. This resident also attends the same day service which has assisted with the process.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of the registration for the centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured sufficient staffing levels were in place to meet the assessed needs of the residents. There was continuity of care and a planned and actual roster was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training and staff did receive on-going supervision and appraisal. However, not all staff had received refresher training in fire safety and crisis intervention.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information relating to residents living in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records of the information and documents in relation to staff specified in Schedule 2 were maintained and available for review during the inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge had good oversight of the centre and was supported by two house leaders and the staff team. There were systems in place, such as audits, staff supervision, availability of operational policies and meeting notes, to ensure that the service was provided in line with the residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider is currently supporting one person's admission into the centre in the coming weeks from their family home. This person is known to the residents and staff. This is taking place in an organised manner in accordance with the current residents' consent. The provider is supporting all parties through this transition period.

Judgment: Compliant

Regulation 3: Statement of purpose

Following a review of the statement of purpose with the person in charge, amendments were made to the document ensuring that the revised statement of purpose contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that an effective complaints procedure was in place for all residents and was in an accessible format. The complaints procedure included an appeals process and was displayed in a prominent area in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared, implemented and made available to staff the policies required by Schedule 5. All policies had also been reviewed and updated as per the requirements of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that this was a well-managed and safe service. The provider had measures in place to ensure there were robust quality and safety procedures in place in the centre. The inspector reviewed the actions from the previous inspection and the provider had addressed all of the actions.

While walking around the designated centre with a resident, the inspector noted an issue with the carpet on the top step of one of the stairs. The inspector brought the matter to the attention of the person in charge and house leader. The issue was resolved immediately by the provider.

The inspector found that the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. Assessments of the residents' health and social care needs were completed to a good standard. Individual personal plans were observed to be person-centred, incorporating the choices and preferences of individual residents.

Throughout the inspection all staff were observed to engage with residents respectfully and positively and provide person centred support. The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were systems in place to support the management of behaviours that challenge.

Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers- with such equipment being serviced at the required intervals to ensure they were in working order. Fire exits were observed to be unobstructed on the day of inspection, while the fire evacuation procedures were also on display in an easy-to-read format. All residents had individualised personal emergency evacuation plans (PEEP's). However, not all staff had completed refresher training in fire safety. Also, the details included in the documentation of the fire drills did not include the staff names to ensure that all staff had completed a fire drill.

Overall, the residents and staff have created comfortable homes which meet the assessed needs of the residents.

Regulation 10: Communication

The registered provider ensured that residents were supported and assisted to communicate in accordance with their needs and wishes, including access to internet services.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that residents were able to receive visitors as per their wishes and residents were also supported to visit family members.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge ensured that residents were supported to access opportunities for education, training and employment. Opportunities to participate in activities were done in accordance with residents' interests and assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the layout and design of the designated centre met the needs of the residents. It was clean, suitably decorated and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Special dietary requirements were supported by knowledgeable staff. Residents had an active role in purchasing and

preparing food which reflected individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire safety measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, completion of fire evacuation drills and individualised emergency evacuation plans for all residents. However, not all staff had received refresher fire safety training. This is actioned under Regulation 16: Staff Training and Development.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust reviews of medication management within the centre leading to safe medication management practices. Some residents were supported to independently manage their own medication needs with staff assistance being provided to ensure medication was taken as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' needs and staff knowledge. Residents' participated in their annual review meetings and their personal goals were being progressed.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that the healthcare needs of the residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up-to-date knowledge and skills to respond and support residents to manage their behaviour. However, two staff required refresher training which has been scheduled for the coming weeks. This is actioned under Regulation 16: Staff Training and Development.

Judgment: Compliant

Regulation 8: Protection

The registered provider had appropriate systems in place to protect residents from all forms of abuse. All staff were facilitated with training in relation to the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident in accordance with their wishes consented to decisions regarding their care and support. All residents had exercised control and choice over their daily life.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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
Regulation 4: Written policies and procedures	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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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-0022443

Date of inspection: 15/05/2019

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has completed his fire training and training in challenging behaviour has been scheduled for those who require it.	

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	26/07/2019