

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by L'Arche Ireland
<b>Centre ID:</b>	OSV-0001953
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	L'Arche Ireland
<b>Provider Nominee:</b>	Mairead Boland Brabazon
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 January 2016 09:30	20 January 2016 18:00
21 January 2016 09:00	21 January 2016 14:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the first inspection of this centre which is part of an organisation which has a number of designated centres nationwide. This centre provides care for adult residents with an intellectual /physical disability and residents on the autism spectrum. All documentation required for the purpose of registration was available. The application is for registration for three residents.

This inspection was announced and took place over two days. All 18 of the outcomes were inspected against. This inspection found that the provider had a good level compliance with the regulations and standards. While this was the first inspection of

this centre there was evidence that the provider had made changes and improvements based on the actions and findings of inspection in another centre within the organization.

The commentary from the residents was very positive with regard to how their staff treated them, how they trusted them, how they had a lot of choice in their lives and enjoyed the activities and work they participated in. As part of the inspection the inspector met with residents and staff members. Practice was observed and the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and staff files were reviewed. Questionnaires had not been received by the Authority prior to the inspection.

There were effective and suitable governance arrangements in place. Staffing levels and skill mix were satisfactory and had been increased in the preceding months with the employment of full-time social care staff who acted as leader and deputy house leader. This augmented the primarily volunteer work force. Staff were observed to be respectful, attentive and proactive in meeting the needs of the residents.

There was evidence of good practice found in recruitment procedures, complaint management, access to health and allied health services and social care for residents.

Residents were involved in the development of personal plans and reviews to ensure their health, social and personal care needs were identified and supported according to their wishes. Care was provided on a one to-one basis at times to ensure resident's needs were met. Independent advocates were available for resident whose needs dictated this.

Some improvements were required in the following areas:

- suitable capacity assessments to promote residents rights
- adequate multidisciplinary involvement in residents annual reviews
- prompt access to psychological review
- systems for the identification of risk
- training in the procedures for the investigation of any potential allegations of abuse.
- documentation pertaining to residents

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disa

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

It was apparent to and observed by the inspector that the organisation and staff were committed to promoting resident's dignity and choice in how they lived their lives with some improvements required in decision making processes. An external advocate had been sourced for a resident who needed this support for care and consultation. A rights committee was in the process of being formed with two meetings held. The terms of reference were being developed to ensure it was effective and focused and from a review of the minutes of the meetings held this clarity of function was required.

Regular meetings were held with the residents. From a review of these it was apparent that their views were elicited and they informed changes to practices and routines. For example a resident had expressed wish to change his work schedule from gardening to music and candle making and this was immediately facilitated. The meetings also helped to ensure the residents were kept informed of any developments in their home such as new volunteers coming to work in the centre.

There was evidence that the provider nominee was regularly present to meet with the residents. However, the records maintained of the residents meetings did not consistently demonstrate that the issues raised were in fact addressed. From speaking with staff, residents and a review of daily and other records the inspector was satisfied that this was a documentary deficit only.

Staff knew the individual preferences of residents and the personal plans showed evidence of this and of the resident's involvement in their implementation.

The inspector had the opportunity to observe the interaction between staff and residents in both the centre and the day workshops. The manner in which residents were addressed by staff was seen by the inspector to be respectful, amicable and familiar. They were seen to respect the resident's privacy and there was a clear understanding that the house was the resident's home and this was respected.

The centre was seen to be personalised with photos and mementoes, books, toys, music systems, televisions and other equipment chosen by the residents themselves. Every effort was made to ensure residents were well informed in relation to their health and medication.

Resident's religious and spiritual needs were facilitated and a number of the residents attended mass in the local churches with the support of staff. Residents' personal belongings were itemised. The person in charge stated that the residents had been registered to vote in the upcoming election.

However, in some instances improvements were required to ensure decisions made were based on evidence based assessment and information which reflected the resident's wishes and capacity. No residents were self medicating and or deemed to have the capacity to manage their finances. However, there were no capacity assessments undertaken to inform these decisions by the provider.

A review of a sample of the records pertaining to the managements of residents finances indicated that all residents did have their own bank accounts and there were detailed records maintained of any monies paid to the organisation for services. Residents were supported by staff to make withdrawals and had monies available to them on a daily basis. Detailed records of withdrawals and spending were available and there were systems in place for oversight and review of this. None the less, due to the lack of capacity assessment the same system applies to all residents.

Residents did their own laundry, in some instances with staff support. There was ample space in bedrooms to hold clothing and other personal belongings and a resident had keys to the front door.

Inspectors reviewed the complaint policy which contained all of the requirements of the regulations and a person had been nominated to take oversight of this. The policy was available in pictorial and easy read format and a resident showed the inspector the photograph of the person who should deal with complaints.

A review of the complaint log indicated a small number of day to day complaints had been made and resolved locally. However, the records were not signed by the complaints officer who dealt with them.

This is actioned under Outcome 18 Records and Documentation.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed details in personal plans outlining resident's communication needs and there were very comprehensive communication passports available in the event of a resident requiring care in another service. Staff were observed to be very familiar with the resident's non verbal communication and what it meant. Pain assessments were seen on records where this was necessary. Where the residents could verbalise staff were seen to be patient and supportive in communicating with them.

There was evidence of referral to speech and language therapists to support communication.

Pictorial images to aid communication were used where residents needed this and pictorial schedules for activities and staff on duty were observed. Detailed daily records were maintained by staff to ensure continuity of care. The personal plans were synthesised in a suitable pictorial format for the residents.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw evidence from records reviewed and from speaking with residents that familial and significant relationships were respected and maintained. There was evidence of regular communication with families who were involved in all decisions and planning and attended the annual review.

An external advocate had been sourced for a resident in the absence of such familial

support. There was ample room in the house for visits to take place in private. There were regular home visits and transport and staff support was available. There was evidence that families were quickly informed of any incidents or changes in health status although again the records were not consistently completed to reflect this. Residents could, if they wished have friends to visit in the centre and attend social outings in the community and at the workshops.

The residents were a significant part of the local community. For example, they did their shopping locally, attended at various facilities including clubs, religious services and were registered and supported to vote.

**Judgment:**  
Compliant

#### **Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

#### **Findings:**

There was a policy on admissions which outlined the assessment and decision making process and took account of how the admission procedure would ensure that residents were suitable to live together. By virtue of their care needs and assessments it was observed that admissions and care practices were congruent with the statement of purpose.

There had been no recent admissions so the inspector was in this instance unable to ascertain the effectiveness of the admission process. There was detailed information on resident's health, medication, social care and communication needs available in the event of transfer to acute care.

The contractual arrangements for the service were outlined in pictorial format, signed by the resident or representative as necessary. Additional charges were identified in the contract such as if residents required staff support for holidays or outings.

**Judgment:**  
Compliant

#### **Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-*



*based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed the personal plans, medical records and daily records of all three residents and found good practice in the systems for assessment of resident's needs and welfare.

The personal plans were reflective of the assessments made in regard to residents' health or social care needs and support systems to be implemented.

There was evidence of referral and access to allied services including physiotherapy, chiropody, speech and language and the interventions recommended were included in the personal plans seen. There was evidence that the residents and or their representatives were included in the decisions and their preferences were elicited and supported. The personal plans were in pictorial format for the residents in a document entitled "My life my Work".

The plans included time frames and named those responsible for their implementation. Records of the annual reviews demonstrated that family members and or representatives and residents attended.

The personal plans detailed short long and medium term goals. Resident's daily routines were clearly identified and primary care, healthcare needs, social inclusion and development could be seen to be well supported.

However, the records of the annual reviews which were available did not demonstrate that the reviews were multidisciplinary or that the interventions and assessments of the allied practitioners informed the reviews and ongoing planning. In some instances the reviews dealt only with behaviour supports. In addition, there was a significant delay found in making a necessary referral to psychological services where this had been deemed necessary and which could have informed the reviews and interventions. While it was not always possible to determine the outcome of the planning process and if the goals set had been achieved, from discussion with staff, residents and a review of other documentation the inspector was satisfied that they were achieved. This documentary deficit is actioned under outcome 18 Record and Documentation.

The individual residents need for staff support and supervision were managed in a

person-centred way with one to one supports available if this was deemed to be necessary.

The social care needs of residents were very well supported with interesting and meaningful day-to-day and long term social activities including access to the community, doing their own housekeeping or taking part in local events. While there were daily schedules these were flexible to the wishes of the residents on the day.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre is suitable for its purpose with all necessary equipment supplied. It is comprised of a two story house which accommodates three residents and a number of volunteers. All accommodation for the residents is on the ground floor. Each resident has their own spacious bedroom with two having assisted en suites. There is a spacious bathroom with bath and assisted shower.

One resident's accommodation is within a self contained apartment which includes a living room, kitchenette, bedroom and bathroom. This can be accessed separately from the main house if the resident so wishes. A large homely kitchen and sitting room is available downstairs and there is an easily accessible garden to the rear.

Suitable and domestic style laundry and catering equipment is available. The centre had its own transport available for the residents.

There is one staff sleepover room located on the ground floor so that residents can have easy access to staff at night. The centre is well decorated and maintained with suitable heating, lighting and ventilation. The staff office and medication storage area is on the first floor.

Suitable furnishings were provided and the houses were very personalised in decor and with personal belongings. It was apparent that the residents had a considerable sense of ownership in the accommodation.

Currently no assistive equipment was required for residents. There was evidence of

regular servicing of heating and the vehicles were seen to have evidence of road worthiness and insurance. There were satisfactory arrangements for the management of clinical and other waste.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

Systems for identifying and responding to risk were found to be proportionate and balanced with some improvements required.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly by the health and safety officer. The risk management policy complied with the regulations including the process for learning from and review of untoward events.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control was detailed and staff articulated good practice in relation to this. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary. Residents have a number of risk assessments undertaken in relation to issues such as behaviour, falls or road safety. Audits of accidents and incidents had been undertaken and these demonstrated that remedial actions were implemented as they occurred and they were also used to inform changes to practice.

In practice, the system for the assessment and management of risk required some improvements to ensure the pertinent risks were identified, appropriately categorised and control measures implemented. The risk register was limited in scope and did not satisfactorily identify all potential risks. The system to categorise the level of risk likely hood or impact was not robust.

There were a number of risks not identified including the use of the stove, controls for a resident at risk of choking and the risk of unauthorised access by external persons to the resident in the apartment.

Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting serviced quarterly and annually as required. The provider had undertaken considerable work in the premises to ensure the fire management systems were satisfactory with the instillation of suitable alarms, lighting and fire doors.

Personal evacuation plans had been compiled for each resident. These were very detailed and identified how much support or direction the residents would need.

The inspector reviewed the fire safety register and saw that fire drills had been carried out at a minimum twice yearly and included the residents. Staff were able to articulate the procedures to undertake in the event of fire. A resident also confirmed this to the inspector. Any difficulties noted during the drills were addressed.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of adult abuse and the protection of vulnerable adults. The policy was satisfactory and in accordance with the revised HSE policy and there was a designated person assigned to oversee any allegations of this nature.

Records demonstrated that all current staff in the centre had received or were scheduled to receive up to date training in the prevention of and response to abuse.

There was regular access to managers for oversight of the residents' safety. They were supervised and supported when on any external events. Residents stated that they felt safe, could, and would let staff know if anything was wrong.

Staff were able to articulate their understanding and responsibilities in relation to this and there was a designated line of accountability identified which was understood by staff. Inspectors were informed by the person in charge that there were no allegations of this nature made or being investigated at this time.

However, a number of safeguarding officers had been appointed in October 2015. While some training had been made available to them the inspector found that they were not fully informed of the revised Health Service Executive (HSE) policy and procedures for the protection of vulnerable adults and in particular the process for the management of an allegation.

The inspectors were satisfied that the policies for the support of behaviour that challenges and the use of restrictive practices were based on national guidelines and good practice. There was an up-to-date policy on the management of behaviour that challenges and on the use of restrictive procedures.

From a review of the behaviour support plans and detailed functional analysis which was undertaken inspectors were satisfied that systems implemented were supportive and reviewed for their effectiveness. The provided clear guidance for staff. Behaviour support specialist had been sourced to offer guidance and advice to staff. Staff were able to state what interventions were effective and demonstrated a commitment to providing this support for the residents. For example, scheduled activities were in pictorial format so that the resident could see them and situations of noise and stress were avoided by altering routines.

The inspector found that restrictive practices were not implemented and a review of medication demonstrated that Pro-re-nata (as required) medication was not used to manage behaviours. Where behaviours had impacted on other residents in terms of inadvertent assaults the provider had taken appropriate and necessary action. The inspector saw that such incidents were managed sensitively. The views of the residents as to how the incidents should be managed or what their own preferences were had been elicited by the safeguarding officers.

Safeguarding plans had been implemented in consultation with the residents. One resident explained to the inspector the reason for the behaviour of the other resident and this understanding had helped to alleviate any distress caused. Staff had received training in an approved method of managing behaviour which included de-escalation and prevention and low arousal strategies. Staff including volunteers were able to outline these to the inspector.

**Judgment:**  
Substantially Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with the requirement to forward this information to the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that residents were supported and encouraged to develop meaningful day-to-day activities, skills and achieve long term aspirations according to their wishes and capacity. They told the inspector that they did computer skills, life skills such as road safety and money management, self care and cookery. Resident days were meaningful and person centred. One resident had a job in a local coffee shop managed by the organisation.

Another resident was participating in training for the Special Olympics. Within the workshops they did crafts which were sold and a resident showed the inspectors the cards he made and how to access the computer. Within the centre they were encouraged to take responsibility for their own house work, shopping and laundry with support from staff as they needed this. There was a significant level of social participation for residents on a daily basis, for example going to shopping centres or for meals out or to local events.

There were no assessment undertaken to ascertain residents needs for opportunities in education or training which would enhance this development. This was discussed with the provider who stated that they were in the process of developing such an assessment process.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found evidence that resident's healthcare needs were very well supported. A local general practitioner (GP) service was primarily responsible for the health care of residents and records and interviews indicates that there was frequent and prompt access to this service. Where residents could attend themselves or with family at the GP clinic they did so. Where this was not possible the GP visited at the centre.

There was evidence from documents, interviews and observation that a range of allied health services were available and accessed promptly in accordance with the residents' needs and changing health status. These included occupational therapy, physiotherapy, psychiatric services, chiropody, dentistry and ophthalmic reviews.

Residents had choice in attending such services and there was evidence that staff made efforts to ensure they understood the reason for the appointment and the outcomes.

Healthcare related treatments and interventions were detailed and staff were aware of these. Inspectors saw evidence of health promotion with regular blood tests, vaccinations, medication reviews and other clinical investigations sought.

The documentation indicated that all aspects of the resident's health care and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on, for example food allergies.

Families were involved with all health care related interventions. The inspector was informed that if a resident was admitted to acute services staff were made available to remain with them to ensure their needs were understood.

There was a policy on end of life care which indicated the emotional, physical and spiritual needs of residents would be supported. While this had not as yet been required in this centre the inspector was informed that where a resident became ill and wished to remain at home additional nursing or palliative care support had been made available.

Residents nutritional needs were addressed. They prepared their own meals with the assistance of staff where this was possible. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs. They were also aware of resident's preferences and they had significant choice. The kitchen was suitably equipped, domestic in style and residents had full access at all times in a homely and relaxed environment. Meals were shared with staff and the residents.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medications were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication. No controlled medications were being administered at the time of this inspection but staff were aware of the necessary procedures if this was required.

Inspectors saw evidence that medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. Regular audits of medication administration and usage were undertaken by the dispensing pharmacist. Audits of any errors were also undertaken and remedial actions taken when such incidents occurred although these were not frequent.

Additional food supplements were used only if prescribed by the GP. This is a social care model but the provider employed a community nurse part of whose role was to undertake medication management training with staff. This included a competency assessment. To support the staff the medication is dispensed in a sealed system with photographic descriptions of the medication available. No emergency modification was required for the residents.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.



**Findings:**

The statement of purpose had been forwarded to the Authority as part of the application for registration. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were suitable and effective governance systems in place. The provider nominee who was the service leader for the region had responsibility for all of the organisations designated centres nationwide. She was found to be very familiar with the care and social support needs of the residents.

Changes to the governance systems had been made since the organisations initial applications for registration to govern and promote accountability. These included the appointment of a community director who was responsible for financial management and overall service provision.

The person appointed to the position of person in charge of this centre had been in the organisation for a significant period of time and had training in intellectual disability, management and behaviour support. She was the person in charge of three other centres. However, as fulltime house leaders had been appointed to each centre there was no evidence that this arrangement had any negative impact.

As part of the registration process the person in charge and the provider nominee demonstrated their knowledge of the regulatory responsibilities and could be seen to be fully involved in overseeing the delivery of care. There was an appropriate day and night time on-call system in place.

Two six monthly audits /unannounced visits had been undertaken in 2015 and one in 2016. These were found to be detailed with the emphasis on rights personal planning and outcomes for the residents. Issues such as lack of evidence of multidisciplinary

involvement in the annual reviews, the necessity for advocacy and induction for staff had been identified. A number of issues had been or were in the process of being actioned.

The annual report was in progress although not yet fully compiled. The inspector saw that surveys had been sent to residents and to family members. The information from these surveys when returned would inform the report along with the synopsis of the three unannounced visits undertaken by the provider. The inspector was satisfied that these systems ensured an overview of the quality and safety of care.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge with the appointment of the community director to undertake this function.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

Sufficient resources for fundamental care including equipment, maintenance, and

upkeep of the premises, vehicles and staffing ratios were available and utilised for the residents benefit to ensure the care required could be delivered. A significant departure for this service was the employment of two suitably qualified social care staff to support the work of the volunteers and oversee the delivery of care.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The inspector saw and staff confirmed that they had a detailed induction programme which was designed to lessen the impact of change on the residents.

With the addition of the two fulltime social care staff the inspector was satisfied that the number and skill mix of staff were satisfactory. This addition also helped to ensure there would be continuity of care for the residents as the volunteers moved on.

There were two staff on at all times with a minimum of two sleep over staff at night. There was an actual and planned roster and the inspector saw that staff were available at flexible hours depending on the daily plans or activities of the residents. The rosters also dictated which of the volunteer staff were responsible each day for administering medication or undertaking the fire safety checks at night to ensure they were carried out.

Due to the assessed needs of the resident's fulltime nursing care was not required. There was a community nurse available a minimum of twenty hours per week who had considerable experience with persons with intellectual disability. This was seen to be of good benefit to the residents and an additional support for staff.

A number of supervision systems had been implemented to reflect the changes in governance. The house leader was responsible for the supervision of the volunteers and the person in charge supervised the house leader. From a review of the records the inspector formed the view that the content of the supervision should be revised to ensure it was effective from a line management as well as a supportive and developmental perspective. This was discussed at feedback with the provider who

agreed to review this.

Weekly meetings took place attended by the community director, person in charge and house leaders. From a review of the documentation the inspector found that the focused on residents care and reporting of changes and implementation of personal plans.

Examination of a sample of personnel files showed good practice in recruitment procedures for staff with all the required documentation sourced and verified by the person in charge including the oversees volunteers.

Examination of the training matrix demonstrated that all mandatory training was up- to- date for the staff including fire training, manual handling, and the protection of vulnerable adults, MAPA (a system for the management of behaviour and physical intervention) and medication management training.

Staff were observed to be competent in their roles, knowledgeable of the resident's needs and personal plans, respectful, fully engaged with and supportive of the residents at all times during the process. Residents stated and demonstrated to inspectors that they were comfortable and at ease with the staff.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the records required by regulation in relation to residents, did not consistently demonstrate the care delivered or the outcome of the personal plans made with residents.

Record pertaining to complaints were not always signed by the person nominated to address them.

Records pertaining to staff were found to be complete.

All of the required policies were in place and had been reviewed. Documents such as the residents guide and directory of residents were available. The inspectors saw that insurance was current. Reports of other statutory bodies were also available.

**Judgment:**  
Substantially Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by L'Arche Ireland
<b>Centre ID:</b>	OSV-0001953
<b>Date of Inspection:</b>	20 January 2016
<b>Date of response:</b>	18 February 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The provider did not undertake adequate assessments to ascertain the residents wishes and ability to retain control of personal finances and medication.

#### 1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

The Person In Charge will ensure that Financial and Self Medication assessments are carried out for the residents.

**Proposed Timescale:** 30/03/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The personal plan reviews were not informed by the interventions and assessment of the multidisciplinary services involved .

**2. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

All annual reviews will have a report reflecting the Multidisciplinary Involvement and this will inform personal care plans.

**Proposed Timescale:** 11/03/2016

**Theme:** Effective Services

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

There was a significant delay in assessing a psychological assessment recommended for a resident.

**3. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A referral has made for a psychological assessment for the resident.

**Proposed Timescale:** 30/03/2016

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

Systems for the on-going assessment and on-going review of risk were not robust. Some risks had not been identified.

### **4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Systems for the on-going assessment and on-going review of risk is being reviewed. The risks identified are being addressed, for example additional controls are being put in place, such as a fire guard and a bell alert for the resident who lives in the apartment

**Proposed Timescale:** 11/03/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Training in the process for managing allegations and carrying out an investigation was not satisfactory for the staff assigned this role.

### **5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Additional training and support is planned for the safeguarding officers on the policy and how to manage allegations. The safeguarding officers are booked for training with the HSE for designated officers on 10th & 11th March 2016.

**Proposed Timescale:** 08/04/2016

## Outcome 10. General Welfare and Development

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**



**in the following respect:**

**6. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

**Proposed Timescale:**

**Theme:** Health and Development

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

Resident did not have assessment which would inform decisions regarding education and training.

**7. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The resident's annual reviews will include education, training, and employment. Support will be provided to ensure all residents are enabled to access these if they choose.

**Proposed Timescale:** 11/03/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some records required for residents did not demonstrate the outcomes of the personal planning or the care delivered.

**8. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Records will reflect all professionals involved in the residents care and attending annual reviews.

The recommendation of all professionals will be integrated into the residents care plans and communicated with relevant staff. The residents' personal plan will better reflect the outcomes of the personal planning and the care delivered.

**Proposed Timescale:** 30/03/2016

**Theme:** Use of Information

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

Records of complaints were not consistently signed.

**9. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

All complaints will be signed by the appropriate people.

**Proposed Timescale:** 18/02/2016