



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

## Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Kilkenny Lion De
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 October 2023
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0037059

## About the designated centre

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

L'Arche Ireland - Kilkenny Lion De provides 24 hour care and support for people over 18. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's social model of care. In this home a service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The house is a large dormer bungalow with an attached apartment, located on the periphery of a rural town. Each of the four residents have their own bedrooms. Bedrooms are also provided in the house for volunteers working for the provider. This centre contains a kitchen/dining area, sitting room, staff facilities and bathrooms.

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

Number of residents on the date of inspection:

3

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 (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
Tuesday 24 October 2023	11:00hrs to 17:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

The designated centre comprises a large dormer bungalow in a rural location. It was in close proximity to a town in Co. Kilkenny. The immediate impression of the home was that it was warm, nicely decorated and maintained to an overall good standard. Residents and staff had decorated the centre for Halloween. One resident enjoyed showing the inspector a pumpkin which they had carved and placed at their front door.

Two residents lived in the main house in which they had access to a sitting room, kitchen, bathrooms and each resident had an individually decorated bedroom. The third resident lived in a self-contained apartment which was attached to the house. They had their own sitting room, kitchen area, bathroom and bedroom. The resident that lived in the apartment had free access to the main house if they so wished. They often choose to come up to the main kitchen for meals. This was observed on the day of inspection, the resident enjoyed a cup of tea in the house on their return from day service before going to their apartment to watch preferred television programmes.

The inspector met all three residents who lived in the centre on their return from days services. The residents had spent the day at a pumpkin picking event. On their return, each resident was observed to complete individual routines and prepare themselves tea and refreshments. Some residents choose to take some time to themselves while others congregated in the kitchen and were seen to positively engage with staff and volunteers. All residents appeared comfortable and at ease with staff members and volunteers present. Residents, staff and volunteers were observed to interact as a group in a warm manner which contributed to a positive atmosphere during the inspection.

In summary, residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. The inspector found that the provider was providing a service which provided a good quality of life to residents.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clearly defined management system in place which ensured the

service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. In line with the provider's model of care, support was provided to residents by paid staff members and volunteers who lived in the centre. In doing so the provider had put in place a consistent staff team with paid staff members available to residents 24 hours, seven days a week. The provider had also ensured that adequate support and supervision was provided to volunteers who were made aware of the needs of residents and how to support them. It was observed throughout the inspection that residents appeared comfortable in the presence of staff members and volunteers present.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that the staff team in the centre had up-to-date training and were appropriately supervised. Staff members and volunteers spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. Records reviewed also indicated that training was provided in areas such as fire safety, infection prevention and control and safeguarding.

Improvements were required to written policies and procedures. While the provider had ensured policies developed were reviewed and updated at intervals not exceeding three years, some policies required review to ensure they contained the required information as set out in Schedule 5. For example, a policy was available in relation to the admission and discharge of residents but did not contain information relating to the temporary absence of residents. The provider advised the inspector that this policy was currently under review.

## Regulation 15: Staffing

The inspector reviewed samples of the roster and found there was a core staff team in place supplemented by a group of live in assistants which ensured continuity of care and support to residents. On the day of the inspection, the registered provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Paid staff members were available to residents 24 hours, seven days a week. A sample of staff files were reviewed and contained information and documents specified in Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and first aid. Where refresher training was due, there was evidence that refresher training had been scheduled. Staff were supervised appropriate to their role.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits as required by the regulations. These audits identified areas for improvement. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

## Regulation 30: Volunteers

The inspector reviewed a sample of volunteers files in the centre and found that they each contained their roles and responsibilities in writing and Garda Vetting. Volunteers were supported by paid employees while working in the centre.

They had completed training's in line with those completed by paid employees in the organisation and were in receipt of a thorough induction when they started in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. Information guiding residents how to complain was available to them.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Improvements were required to written policies and procedures. While the provider had ensured policies developed were reviewed and updated at intervals not exceeding three years, some policies required review to ensure they contained the required information as set out in schedule 5. For example, a policy was available in relation to the admission and discharge of residents but did not contain information relating to the temporary absence of residents. The provider advised the inspector that this policy was currently under review.

Judgment: Substantially compliant

### Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. Residents were supported to make decisions about their care and about the day-to-day running of the centre. Residents had experienced a recent bereavement in the centre, it was evident that a key focus of the centre was to ensure residents' received the care and support to manage this significant event according to their individual needs.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans and risk documentation. The inspector found good evidence of residents being well supported in the majority of areas of care and support.



Residents were supported to participate in meaningful activities of their choice through the provider's day services and activities in the wider community such as swimming, gardening and attending the cinema. Opportunities to engage in such activities were actively encouraged and supported within the designated centre which had access to a vehicle to facilitate these. Visitors were also welcomed to the designated centre.

A sample of residents personal plans were reviewed. These plans were found to be comprehensive in nature and to clearly outline the supports they may require. It was clearly outlined how they liked to be assisted with their support needs. They were being supported to develop and achieve their goals. Their health care needs had also been assessed and they were being supported by health and social care professionals in line with their assessed needs.

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. However, where residents were supported with their finances by others, bank account statements were not readily available to the provider for review and complete reconciliation. The provider had identified this and was currently engaged with external parties in order to resolve the issue.

There were appropriate procedures in place to ensure that each resident living in the centre was kept safe. For example, relevant safeguarding training had been provided to all staff and volunteers while information on how to raise safeguarding concerns was displayed in the designated centre. Staff spoken to demonstrated a good understanding of how to respond if they had any safeguarding concerns. It was also seen that intimate care plans were in place to guide practice in this area. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff members and volunteers.

### Regulation 11: Visits

Visitors to the centre were welcomed. Facilities were also available in the designated centre for residents to receive visitors in private.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. However, where residents were supported with their finances by others, bank

account statements were not readily available to the provider for review and complete reconciliation. The provider had identified this and was currently engaged with external parties in order to resolve the issue.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

All residents were supported to maintain personal relationships and links with the wider community. Residents were supported in participating in both day services and recreational activities of their choice. For example, swimming, gardening and cycling.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was suited to the needs of residents living in the centre at the time of inspection and provided for the facilities as required by the regulations. Since the last inspection, works had been completed to bathroom and laundry facilities. It was noted though that aspects of the premises required maintenance. For example, the kitchen required upgrading. This had been identified by the provider and works were scheduled for completion.

Judgment: Compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

A policy was in place to ensure staff managed and administered medication in a safe and responsible manner in line with best practice. Staff had received training in the safe administration of medications. The provider had appropriate and suitable practices in relation to the ordering, receipt, prescribing, disposal and administration of medicines. The inspector observed secure storage for medication. There was evidence of regular checks being completed on the medications received.

Judgment: Compliant

## Regulation 6: Health care

Appropriate health care for the residents was provided. The healthcare needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultation with staff. Residents were seen to be treated in a respectful manner by staff and volunteers present throughout the inspection while choice was actively encouraged within the centre.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for L'Arche Ireland - Kilkenny Lion De OSV-0001953

Inspection ID: MON-0037059

Date of inspection: 24/10/2023

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies set out in Schdule 5 are now in place. Additional information has been added to the Admission and Discharge Policy as required. 01/12/2023.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Ongoing consultation between Resident and Advocate from the National Advocacy Service and family to address these issues around the resident’s finance. 12/02/2024  The PIC has put a date system in place with specific dates to ensure that the resident receives Bank Statements for review by PIC. 1st November 2023	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	12/02/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/12/2023