Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	22 July 2026
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0047302

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:	4

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2026	09:25hrs to 16:10hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre. The inspector found that the staff team and management team were working to provide the residents with a good quality of life. Concerns were found on this inspection in regard to fire safety, staff access to the registered provider's policies and with the unannounced provider visits. These concerns are discussed under the relevant regulations.

The designated centre is located in a rural setting close to a town. The home was a large dormer bungalow with one resident having their own self-contained apartment. This was working well for this particular resident and they were able to spend time in the main part of the home if they wished. The premises was well maintained and spacious for the residents. The residents had access to large bathrooms and had a laundry area where they could manage their own laundry. Residents' artwork and personal pictures were on display throughout the centre and the centre had a homely look. Bedrooms were decorated in a personalised manner with, for example, one resident having an interest in clocks which was reflected in their bedroom. The garden area provider ample space for residents to sit out and the garden area also provided a tunnel for growing fruit and vegetables which the residents liked to maintain. There was an area with a barbecue that the residents had recently used in the good weather.

There were four residents living in the designated centre on the day of the inspection. One resident spent some of their week at home with their family. Three of the residents were met when they returned from their day service. Two of the residents sat for a time with the inspector in the sitting room of the home. One resident returned with them also but chose not to spend time with the inspector. The residents spoke about what they had done for the day and the good weather. They looked forward to relaxing and listening to music in the sitting room after their day.

The inspector met some of the staff team during the inspection it was evident that the staff team knew the residents well and were working with the residents in a person centred manner. The staff spoke about the family contact the residents had and how they had been on overnight trips and also that some of the residents were planning a foreign trip. When the residents returned to the centre the staff team interacted with the residents in a kind and respectful manner.

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

Capacity and capability

The registered provider had in place an appropriate management structure in the designated centre which was familiar to the staff team. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. Concerns regarding the providers' unannounced visits are discussed under Regulation 23: Governance and Management.

There was a staff team in place to support the residents. The levels of staffing were suitable for the residents.

Documentation associated with the designated centre such as the statement of purpose and provider's Schedule 5 policies met the requirements of the regulations and were subject to review. The policies were not accessible to the staff working in the designated centre on the day of the inspection.

Regulation 15: Staffing

The registered provider had ensured there was an appropriate staffing levels, with the appropriate qualifications and skill mix to support the needs of the residents and the size and layout of the designated centre. The staff team was consistent and the current vacancy in the staff team was being covered by regular relief staff.

The person in charge had maintained an actual and planned rota for the designated centre. This was made available to the inspector and clearly set out the staffing levels available to the residents on a given day.

Judgment: Compliant

Regulation 23: Governance and management

The register provider had ensured that the designated centre was appropriately resourced. There was a clearly defined management structure in place with a full-time person in charge in place. The management team had a consistent presence in the centre. Staff meetings were taking place on regular basis where the staff team discussed such topics as incidents and the residents' schedules.

An annual review had been completed in the last 12 months in November 2025. This was completed with actions identified. This was made available to the inspector on the day of the inspection.

The registered provider is required to nominate a person to carry out an unannounced visit to the designated centre at least every six months. A report is required to be compiled for each of these visits. There was only one of these visits completed in the previous 12 months in April 2026.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had reviewed the statement of purpose in the last 12 months in January 2026. The statement of purpose was available in the designated centre on the day of the inspection.

The registered provider did not have the information regarding the registration details of the centre as required by Schedule 1 of the regulations. This was inserted into the statement of purpose before the end of the inspection and all the other information set out in Schedule 1 of the regulations was contained in it.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing and implemented the policies and procedures set out in Schedule 5 of the regulations. These policies and procedures were reviewed within the last three years.

Staff in the designated centre did not have access to these policies and procedures as they were now reviewed and updated on an online system which was not accessible in the designated centre due to connectivity issues.

Judgment: Substantially compliant

Quality and safety

The person in charge had ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Residents had appropriate plans in place to support them with more positive behaviour. Residents had plans for activities and goals such as foreign trips in their personal plans.

The premises was well maintained and was meeting the needs of the residents with adequate bathrooms and private and communal space for residents. Risks identified in the designated centre were well managed and reviewed.

Fire precautions in the designated required review and particularly in managing fire safety at night in the centre. This is discussed under Regulation 28: Fire Precautions.

Regulation 13: General welfare and development

The registered provider had provided residents with opportunities for occupation and recreation. The residents attended a day service and spoke with the inspector about their busy days when they returned to the designated centre.

Residents' personal plans contained information on meeting up with friends in the wider community and how they planned to go on holidays and day trips.

The provider had ensured that family contact was maintained for the residents and family visits were encouraged and facilitated by the provider. One resident spoke about meeting their family member many days throughout the week.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was laid out to meet the number and needs of the residents. All residents had their own private spaces and were able to spend time in their own personal areas. One resident had an individual apartment which worked for them and the other residents.

The inspector completed a walk through the premises and found that the home was clean and suitably decorated. The premises provided the residents with access to kitchen areas, suitable storage, bathrooms and access to a laundry area. The outdoor area was large and provided areas for recreation for the residents such as a tunnel for planting crops.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which identified hazards and assessment of risk throughout the designated centre. Measures and actions were identified to control these risk assessments. The measures and actions were in place to control specified risks in the regulation such as the unexpected absence of a resident and self harm.

The person in charge had reviewed the individuals' and designated centre's risk assessment in the previous 12 months. Residents' individual risk assessments included measures in relation to skin integrity and potential falls.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. While there was evidence that fire fighting and prevention equipment such as the fire alarm, extinguishers and fire detectors were serviced and checked there was no evidence the emergency lighting had been serviced and checked.

Fire doors checked during the inspection by the inspector were operating correctly and fire safety information was available to staff. Staff were completing fire safety checklists on a daily basis in the centre.

While fire safety drills had been completed there were no fire drills that had taken place with minimum staffing levels, that would be available to residents at night. The personal evacuation emergency plans of the residents did not reflect the differences in evacuating residents at night.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive assessment of need which identified the health, personal and social care needs of the residents.

The person in charge had reviewed the individual assessments and each personal plan within the last 12 months and had ensured that residents' changing needs were reflected in these personal plans.

The person in charge had ensured the designated centre was suitable for the residents. The residents were planning activities for the year such as going on foreign trips. The residents' schedules were busy during the day with their day service.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that restrictive practices used in the designated centre were kept under review and were removed where possible.

The person in charge ensured that all staff were provided with training in the area of positive behaviour support including de-escalation and intervention techniques. Behaviour support plans were in place which gave staff detailed information on how to support residents in this area. These plans explained to staff what proactive and reactive strategies could be used with residents. The positive behaviour support plans had been created with the input of a behaviour support specialist and were reviewed within the last 12 months.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

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

Inspection ID: MON-0047302

Date of inspection: 22/07/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Unannounced Visits will be done in the appropriate time frame by the L'Arche Ireland Audit Team. Completed By: November 2026	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • Updated Policies are now available in the centre in hard copy. IT work will be carried out in October to ensure that the centre will have access to all polices at all times. Completed by: 7th October 2026	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • All emergency lighting has been checked and serviced. • PEEPS plans have been reviewed to take in to account nighttime evacuation. Completed • Fire Drills will be completed at different times of the day including night/evening times. Completed by: 30th Septemeber	

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/11/2026
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	30/11/2026

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	02/09/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2026
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	07/10/2026