



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Cork
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	10 March 2021
Centre ID:	OSV-0003421
Fieldwork ID:	MON-0032137

About the designated centre

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

The statement of purpose was a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents' well being and safety. L'Arche Cork is a faith community that provides a service of residential and day care for adults with intellectual disabilities. At the core of L'Arche is the relationship between persons who have an intellectual disability and those who chose to support them in the community. The stated objectives of the centre were to provide a high standard of care in accordance with evidence based best practice; to enable residents to live safe, happy and fulfilled lives so that they can play their part in society as full caring human beings; and to share life and build community with our residents so that together we can change the world one heart at a time, starting with our own.

This centre consists of three houses based in the suburbs of Cork city. In relation to staff support there was a residential services coordinator and each house had a house/team leader. Residents are supported at all times by paid staff and a number of live-in assistants (volunteers).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 March 2021	10:00hrs to 16:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

From what residents told us and the inspector observed, it was clear that residents were enjoying a good quality of life where rights were promoted and respected. Residents told the inspector that they loved their home, that they were well supported by staff members and volunteers, and that they engaged in activities that they enjoyed. Although some improvements were required regarding the capacity and capability of the registered provider, these issues had little impact on the quality of service provided to residents.

The inspector visited one of the three houses in the designated centre, where they met with the three residents that lived there. The inspector also had the opportunity to meet with five residents from the other two houses, after an invitation to meet them in their day service.

Residents told the inspector that they were happy in their home, with a number of residents telling us that they loved it there. The designated centre was operated by a faith community, where residents were supported by paid staff members and volunteers who lived with the residents in the designated centre. One resident told the inspector that it was 'great' that the volunteers lived with them in their home.

Residents were aware of the lines of authority and accountability in their homes. Residents were able to name the deputy team leader and the team leader, and it was evident that they knew them well. Residents also told the inspector that the person in charge called in to visit them on a regular basis. The inspector observed interactions between residents and staff members and noted them to be respectful in nature.

It was evident from what residents told the inspector that they were provided with opportunities to access occupation, recreation and training. One resident told the inspector that they were the house secretary. The resident answered the telephone in their home when it rang, and directed the calls to the intended recipient. The resident told the inspector that they had completed work experience in a local college, where they had gained experience working behind the desk in a similar role.

Another resident spoke about their job in a local theatre. The resident told the inspector that they were not working at present due to COVID-19. It was evident that the residents choice not to return to work was respected and they were supported to attend a day service program.

One resident told the inspector that they enjoyed cooking and that it was one of their goals for 2021. The resident's family owned a restaurant in the past and it was evident that this was important to the resident. The resident told the inspector that they enjoyed making home-made pizza, garlic bread and salmon risotto. The resident regularly shared their love of cooking with those they lived with, making

meals for them to enjoy.

Holidays were enjoyed by residents on a regular basis, before the COVID-19 pandemic. Residents told the inspector that they had travelled to France and Spain, and that they also enjoyed holidays in Ireland. One resident told the inspector that they missed going on holidays, and that they hoped to be able to go again soon.

Residents told the inspector about the activities that they participated in during the COVID-19 pandemic. A number of residents told the inspector that they now watched mass online, and that this was important to them. Residents also spoke about activities including art, acting and theatre, music and sport. When the inspector visited one of the houses, residents were observed making bracelets and knitting. There was evidence of artwork completed by residents on display in the residents' home.

One resident told the inspector that they had a number of pets that lived in the shed in their home. It was evident from speaking with the resident that they enjoyed looking after their pets, ensuring that they were fed and well looked after.

Residents knew that they could talk to staff members if they had an issue, or if they wanted to make a complaint. One resident spoke about a recent complaint that they had made. It was evident that the resident was happy that staff members had dealt with the complaint, and that they were satisfied with the outcome. It was evident that residents were regularly supported to make complaints, and that action was taken to improve service provision following complaints made by residents.

It was evident that residents were supported to live a life that promoted and respected their choices and wishes. The next two sections of this report will present the findings in relation to the governance and management arrangements in place, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided to residents was safe, consistent and appropriate to residents' needs. However, improvements were required in areas including the staff rota. Improvements were also required to ensure that the information required by the regulations was submitted to the Health Information and Quality Authority (HIQA) in the correct format, in a timely manner.

The designated centre had a consistent staff team which comprised of staff members and volunteers. A number of the volunteers lived in the designated centre with the residents, and were referred to as live-in assistants. Each of the three houses had an appointed team leader who reported to the person in charge. The person in charge fulfilled the role for this designated centre alone. It was noted on

discussions with the person in charge that they knew the residents well, and had an excellent knowledge of their support needs.

It was evident that oversight was maintained through the completion of a variety of service reviews, which included the annual review and unannounced six monthly visits to the designated centre. It was noted that although the annual review included consultation with residents' representatives, it did not include consultation with the residents. The person in charge also completed a schedule of audits throughout the year. Audits were completed in a number of areas including staff training, safeguarding of vulnerable adults and infection prevention and control measures. There was evidence of learning, with actions and areas for improvement identified.

An actual and planned roster was available in the designated centre. It was noted that improvements were required to the roster to ensure that it clearly indicated the staff members and volunteers on duty, the time that they were on duty and that it was properly maintained. On review of the designated centre's training matrix, it was identified that two staff members had not received refresher training in the safeguarding of vulnerable adults, while one staff had not received refresher training in first aid.

It was evident that residents were supported to make complaints in the designated centre. It was also observed that positive changes were made in response to these complaints. For example, it was identified that one resident had made a complaint regarding the time they received medications. Staff members sought advice from a medical professional, and a plan was put in place to change the medication administration time for this resident. It was documented that the resident was happy with the actions taken to address their complaint.

The registered provider had not ensured that the documentation required to renew registration of the designated centre had been submitted to HIQA in the correct format. On review of the designated centre's statement of purpose, it was identified that it did not contain all of the information set out in Schedule 1 of the regulations. The person in charge was appointed to the designated centre in November 2020. However, the registered provider had not ensured that full and satisfactory information regarding the matters set out in Schedule 3 had been submitted to HIQA, within 10 days of the appointment of the person in charge. This information was submitted after the inspection of the designated centre, to support the application to renew the registration of the designated centre.

The registered provider had not notified the chief inspector of the appointment of a person participating in management in the designated centre within 28 days. It was identified that this person had been appointed to the role in February 2020, following a review of the documentation to renew registration of the centre. The chief inspector was notified of this change after the inspection carried out in March 2021.

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had not ensured that full and satisfactory information regarding the matters set out in Schedule 3 had been submitted to HIQA, within 10 days of the appointment of a new person in charge. This individual was appointed to the role in November 2020, however the information set out in Schedule 3 was not received until March 2021.

The registered provider had not notified the chief inspector of the appointment of a person participating in management within 28 days. It was identified that this person had been appointed to the role in February 2020. The chief inspector was notified of this change after the inspection carried out in March 2021.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge held the necessary skills and qualifications to fulfil the role. This individual was known to the residents, and worked in the designated centre on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual and planned roster in the designated centre. It was noted that improvements were required to the roster to ensure that it clearly indicated the staff members and volunteers on duty, the time that they were on duty and the individual who covered the staff break times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff members had received appropriate training, including refresher training. Two staff members had not received refresher training in the safeguarding of vulnerable adults, one staff had not received refresher training in first aid.

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality and safety of the service provided in the designated centre had been carried out. However the review had not provided for consultation with the residents that lived there.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted to HIQA to support the application to renew the registration of the designated centre. This document was also available on the day of the inspection. However, it did not contain all of the information as specified under Schedule 1.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an appropriate and effective complaints procedure had been put in place. It was evident that improvements to service provision were made following complaints made by residents.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. From what residents told us, it was evident that they were happy with the support that they received in their home.

Residents had taken part in their person centred planning meetings, where they identified goals that they would like to achieve each year. There was evidence of multi-disciplinary input, and where residents had identified support needs these had an associated plan of care. There was evidence that residents had been offered access to national health screening programs including diabetic retinal screening and bowel screening. A number of residents told the inspector that staff members had supported them to attend medical appointments, including receipt of the COVID-19 vaccine.

An individual COVID-19 risk assessment had been developed for each resident, highlighting the risk of COVID-19 for each resident, in line with their assessed needs. In doing so, plans had been developed to support residents in the event they needed to self-isolate or they contracted COVID-19. There was evidence that regular COVID-19 management meetings had taken place to ensure that the designated centre would be prepared in the event of a COVID-19 outbreak. On review, the registered provider had noted that the checklist for temperature checks in one of the houses had not been documented for a period of six weeks. Following a review of the checklists for temperature checks by the inspector, there was evidence that systems had been put in place to ensure this information was documented and consistently recorded in the designated centre.

Residents participated in regular house meetings where they discussed issues including safeguarding, complaints and COVID-19. During these meetings, residents also discussed the weekly menu and activities. From speaking with residents, it was evident that they engaged in a wide variety of activities. Residents were also supported to access facilities for occupation and training in line with their likes and wishes.

Regulation 13: General welfare and development

Residents told the inspector that they had access to facilities for occupation and recreation in line with their need and wishes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a resident's guide, which contained the

information specified in regulation 20.

Judgment: Compliant

Regulation 27: Protection against infection

A number of measures had been put in place to protect residents from potential sources of infection, including COVID-19. There was evidence that regular COVID-19 management meetings had taken place to ensure that the designated centre would be prepared in the event of a COVID-19 outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the designated centre. Residents told the inspector about fire drills they had taken part in, and what they do when the fire alarm is activated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident that residents' personal plans and goals were reviewed on an annual basis. There was evidence of multi-disciplinary input, and involvement of residents' representatives in line with residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with access to healthcare professionals including their general practitioner (G.P). It was also noted that residents were supported to engage in national health screening programs including diabetic retinal screenings and bowel screenings.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. Following review of the documentation, it was evident that allegations of suspected abuse and been reported to statutory bodies.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they exercised choice and control in their daily lives. Interactions with staff and residents were noted to be respectful, and promote the dignity and privacy of each resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for L'Arche Ireland - Cork OSV-0003421

Inspection ID: MON-0032137

Date of inspection: 10/03/2021

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Future information to be supplied will be generated at local level using the forms available on the HIQA website.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A new template has been developed that will be used across the designated centre showing the times of work and scheduled break times of all staff, assistants and volunteers.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A monthly meeting is taking place between the PIC and the training organizer to ensure	

that all training needs, including refresher training, are identified. Staff training that is due to expire within 3 months will be identified and training scheduled accordingly. The training matrix will be examined against certificates on file.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
Consultation with residents has been included in the most recent Annual review-completed

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of Purpose has been updated and forwarded to the HIQA office.

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
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	18/03/2021
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and	Not Compliant	Orange	18/03/2021

	satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/04/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	18/03/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	29/04/2021

	out in Schedule 1.			
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