



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Kilkenny (An Solas/Chalets)
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	30 September 2021
Centre ID:	OSV-0003419
Fieldwork ID:	MON-0026457

About the designated centre

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

L'Arche Ireland - Kilkenny (An Solas/Chalets) consists of a large main house and two smaller houses located in a small town setting. The larger house can provide a home for up to four residents and also provides bedrooms for volunteers working for the provider. This house also contains a kitchen/dining area, sitting room, sun room, staff office, prayer room, bathroom facilities and a utility room. The smaller houses are each divided into two separate chalets. Each chalet provides a home to one resident and includes a living/dining area, a bedroom and a bathroom. The centre provides 24 hour care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. The centre can accommodate a total of eight residents. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 30 September 2021	10:00 am to 5:30 pm	Sarah Mockler	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were being supported to enjoy a good quality of life and that the provider was ensuring residents were in receipt of a quality driven and safe service. From what the inspector observed, was told, and viewed in documentation, there was evidence of a person-centred approach to the delivery of services in this centre. Residents were consulted in relation to the day-to-day running of the centre and were playing an active role in their home. They were being supported to make choices and spend their time engaging in activities they enjoyed. Their independence was promoted and encouraged.

In line with public health guidance during the COVID-19 pandemic and in respecting residents' wishes to continue with their day as planned, the inspector did not spend extended periods with them. The inspector met and briefly engaged with five residents during the day. Observations, discussions with residents, discussions with staff, and a review of documentation were completed to get a picture of what life was like for residents in the centre.

On arrival at the centre, a resident warmly welcomed the inspector and presented a home baked cake that they had spent time making. They eagerly showed the inspector a recent certificate they had received from completing a course in relation to Covid awareness. The resident appeared happy and content and was observed to speak freely with the staff present. Positive interactions were noted, and light hearted conversations taking place between the resident and staff.

The inspector completed a walk around the centre with the house leader. The centre comprises a main house, where three residents lived. There were also four separate chalets, where four residents lived. The main house was large, which had adequate communal spaces available for residents. There was a large open plan kitchen and living area and individual bedrooms for residents and also for the live in volunteers. In this building, there was also some office space for staff and an apartment used for day services for the residents. It was warm, clean, and homely, with residents individual art work and pictures displayed throughout.

There were four individual chalets that comprised kitchen/living room, bathroom, and a bedroom/s. The inspector was invited into two of the chalets. Again they were found to be warm, clean, and individually decorated to each resident's specific taste. There were meaningful items on display in each person's home, such as family pictures and collectible items.

On the walk around, the inspector met with three residents. One resident had opted to come out of their chalet to speak with the inspector. Staff had expressed that this person seemed a little anxious around the inspection process, and the resident had requested that the inspector did not come into their chalet. The resident, with staff support, told the inspector about activities they liked to do. They had recently taken up knitting and stated they really enjoyed this new activity. The resident had

recently commenced a new day service program within the designated centre. The resident described some of the activities they were completing, such as baking and arts and crafts. The resident spoke about general news from their community and had mentioned that they had called in to one of their neighbours for a cup of tea earlier in the day. Interactions between the resident and the staff member at this time were familiar, kind and respectful. It was evident they had known each other for a long period of time.

The inspector was invited into two chalets by the residents that lived in them. Residents were proud of their homes and belongings and pointed out meaningful pictures and items. One resident pointed out their bird house and hedgehog home in their garden. They had enjoyed spending time in their garden and told the inspector that they recently received a green house as a birthday present. They spoke about visiting their neighbours in the other chalets. Family and the importance of maintaining relationships with different people were discussed, and residents spoke in detail about family visits and items they had recently received from families, such as flowers. They requested assistance from the team leader, such as asking them to go shopping for specific items. All requests for assistance were immediately addressed by the team leader in a kind and caring manner.

In the main house, the inspector met with two residents at different times throughout the day. One resident was waiting to go out and visit their brother and was all ready for the day out. The second resident came to speak with the inspector. They spoke about how much their life had changed for the better since they moved to the centre. They spoke about staff and stated they 'were angels without wings.' They spoke about courses they had completed and activities they liked to do. From speaking with the residents it was evident they were very involved in all aspects of the designated centre, and they were given choices in the care that was being provided. Their independence was encouraged and facilitated.

Four residents completed or were supported to complete a questionnaire in relation to their experience of care and support in the centre, in advance of the inspection. Residents indicated in their questionnaires that they had been living in the service between five and 43 years. The feedback in these questionnaires was positive.

Overall, residents indicated that they were happy with the comfort in the centre. They made comments such as 'I like that my bedroom is mine' and 'I like having my own space'. A number of residents referred to the impact of restrictions relating to COVID-19 on their access to activities, with a number of them referring to how much they were looking forward to accessing these activities again.

Residents were complimentary towards staff support in the centre. In their questionnaires, they described staff as "very good". Residents stated names of staff they would approach and talk to if they were unhappy with any aspects of their care and support.

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 the service's quality and safety.

Capacity and capability

This inspection was completed to monitor the centre's ongoing levels of compliance with the regulations and to help inform the decision around the upcoming renewal of the registration of this centre. The inspector found the centre to be well run and that there were good levels of compliance with the regulations. There were similar findings in the two previous inspections, evidencing the provider's ability to consistently provide services that enabled quality and safe driven care. Some minor improvements were noted across a small number of regulations. For the most part, the provider had self-identified these improvements in their audits and annual reviews.

An organisational structure was in place within the centre, where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place. An experienced person in charge was in place. They were responsible for three designated centres in total. Interactions across the day of inspection indicated that this person was very familiar with each residents' needs, likes and dislikes and was very much a part of the day to day running of the centre. The provider had put in place structures to support the person in charge in their role. This included the presence of a house leader.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances, and incidents. The management systems were ensuring services provided were safe and appropriate to meet residents' needs.

In line with the provider's model of care, support was provided to residents by paid staff members and live-in volunteers. In doing so, the provider had ensured that a consistent staff team had been put in place so that continuity care was provided. Volunteers with whom the inspector met, were positive in their comments relating to the training, support and supervision they received from management and staff.

Registration Regulation 5: Application for registration or renewal of registration

Documentation in relation the the renewal of the registration of the centre had been submitted within the relevant timeline.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff with the right qualifications and skills to provide consistent continuity of care to the residents living in the centre. Observations indicated that residents were very familiar with the staff team and appeared comfortable in their presence. Residents asked for assistance across the day, and this was provided in a prompt and caring manner.

The inspector reviewed a sample of staff files and found some minor gaps in the documentation. Some gaps in employment were noted and brought to the attention of the person in charge. The gaps in employment were accounted for but had not been documented as per requirements of schedule 2.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff and volunteers were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs.

Staff and volunteers had completed training such as fire safety training, managing behaviour that is challenging, and safeguarding, to name a few.

Discussions with staff indicated that the training they had completed was enabling them to effectively complete their roles. There were systems in place to monitor when staff required training, and the person in charge was able to discuss specific training needs.

Judgment: Compliant

Regulation 22: Insurance

As part of the renewal of the registration of the centre, the provider had submitted documentation to indicate that the centre was insured against accidents and injuries to residents.

Judgment: Compliant

Regulation 23: Governance and management

The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability. Staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have.

The centre was managed by a suitably qualified, skilled, and experienced person in charge. The centre was well run, and there were effective systems in place to ensure the quality of care was maintained at a consistently high standard. For example, the most recent six monthly provider audit had identified a gap in the residents' personal planning process. There was a plan in place to rectify this in the coming weeks. Regular staff meetings were occurring, and these were found to be resident focused with evidence of shared learning at these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose that reflected the service provided.

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.

They had a supervision agreement in place and were in receipt of regular formal supervision. There was an on-call system in place to ensure they had access to support 24 hours a day, seven days a week.

They had completed training 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

The Chief Inspector was notified of all the required information in line with the

timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in the centre were ensuring that residents were in receipt of good quality, person-centred and safe service. The person in charge and staff team was aware of residents' interests, wishes, and capacities. Some improvements were required in relation to the development of positive behaviour support plans and documentation around residents' refusal to access aspects of health care. These improvements would ensure that continuity of quality based care would be available at all times to residents.

Although there were some appropriate practices in relation to managing incidents of challenging behaviour, such as appropriate staff training, there were no specific behaviour support plans in place for certain residents that required them. These residents were being regularly reviewed by psychology and had other strategies in place to manage anxiety related behaviours. The provider had self-identified this as an area for improvement, and a behaviour support plan was in the process of being developed.

Appropriate healthcare was being provided to residents as required. Residents had access to a range of allied professionals such as dietitians, opticians, psychology, and chiropody. However, although the residents' right to refuse medical treatment was being respected, the documentation piece in relation to this needed improvement. It was not always evident if the residents' refusal to access some medical treatments was being brought to the attention of the general practitioner (GP).

Residents were protected by the policies, procedures, and practices relating to infection prevention and control. There were contingency plans in place for use during the pandemic, and staff had completed a number of additional infection prevention and control courses. There were cleaning schedules in place and access to stocks of personal protective equipment (PPE).

There was suitable fire equipment that was being regularly serviced. There were adequate means of escape and emergency lighting in place. Residents had personal emergency evacuation plans in place, which detailed any supports they may require to safely evacuate the centre in the event of an emergency.

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair. It was homely, warm, and clean with well kept garden areas.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained all the required information as required by regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures, and practices in the centre. The risk management policy contained the information required by the regulations.

Arrangements were in place to ensure control measures were relative to identified risks. Arrangements were also in place to identify, record, investigate and learn from incidents in the centre. Incident review occurred on a regular basis, and any learning identified was discussed at team meetings. There were systems in place to respond to emergencies and reasonable measures in place to prevent accidents.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures as practices in the centre. Contingency plans had been developed during the pandemic, and the staff team was completing regular infection prevention and control audits.

There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. There were stocks of PPE available. Staff and volunteers had completed a number of additional infection prevention and control related trainings during the pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and it was serviced as required. There were adequate means of escape and emergency lighting in place. The procedure for the safe evacuation of the centre in the event of an emergency was available and on display.

Residents had personal emergency evacuation plans, which clearly guided staff in relation to any support they may require to safely evacuate the centre. Fire drills were occurring at regular intervals, and different emergency scenarios were practiced. Staff spoken with expressed that they were confident in what to do in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was completed for residents that informed a person-centred care plan. It was evident that staff within the service worked with the residents to identify their strengths, needs, and life goals which resulted in residents engaging in meaningful activities and goals.

Although the residents' personal plan was being regularly reviewed and changes were being made in line with assessed needs, residents had not taken part in an annual review process since 2019. The provider had identified this as an area of improvement and had a plan in place to address this over the coming weeks.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was being made available for all residents within the service. Residents were supported by staff to access a range of allied professionals and specific medical supports as required. Due to the changing needs of some residents and specific assessed needs, some medical procedures were being refused by residents. Consent forms were completed by residents to indicate if they understood and consented to certain medical procedures and appointments.

Some residents had indicated on these forms that they did not consent to some

medical appointments. Through discussions with the person in charge it was evident that they were ensuring the medical needs of each person were being met. However, the documentation piece around the refusal of the medical procedures being brought to the attention of the GP needed improvements.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that training was available to staff and volunteers in de-escalation and intervention. There were few restrictive practices in operation in the designated centre. These were noted to have been assessed and were reviewed on a regular basis and were applied in line with evidence based practices and national policy.

However, not all residents had a positive behaviour support plan in place to help guide staff in the event of an incident of challenging behaviour. This had been identified by the provider as an area of need for some residents and had made referrals to psychology to ensure individual plans were being developed.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse. This included having written policies and the provision of training for staff. Any incidents that had occurred were investigated in line with national policy. Safeguarding plans were in place for residents that required them and were readily accessible for staff to review in the residents' personal plans.

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 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for L'Arche Ireland - Kilkenny (An Solas/Chalets) OSV-0003419

Inspection ID: MON-0026457

Date of inspection: 30/09/2021

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
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All Staff files have been reviewed and all documentation has been updated to ensure the files are in compliance with Schedule 2.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: On our Refusal of Medical Service Form an extra section has been added to give the feedback from the GP and who spoke with the GP about the resident.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Ongoing work is being done with the psychologist around Behavior Support. At present we are in the process of developing a Behavior Support Plan for the resident.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	01/11/2021
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	01/11/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation	Substantially Compliant	Yellow	01/12/2021

	every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
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