



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Dublin
Name of provider:	L'Arche Ireland
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	08 March 2022
Centre ID:	OSV-0003418
Fieldwork ID:	MON-0027658

About the designated centre

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

L'Arche Dublin is a community based service in Co. Dublin providing care and support for nine residents over 18 with an intellectual disability. The centre is located close to the centre of a seaside town. The centre comprises of three houses in close proximity of each other. The first house consists of 10 bedrooms, two of which are ensuite. It also contains two offices, a living room, sun room, kitchen come dining room, living room, pantry, laundry room, visitor's room, two bathrooms with bath and shower facilities. There is a large front and back garden with two wooden structures used as an office and an art room/training room. The second house is close to the first and contains seven bedrooms, four bathrooms, a living room, kitchen/dining room, laundry and office. There is also a back garden with a building which is used for visitors. Both houses are close to a variety of local amenities such as shops, pubs and churches. The third house has three bedrooms, a bathroom, kitchen and sunroom. There are good local transport links close to the centre and residents have access to vehicles in the centre to support them to access activities and venues in line with their wishes. Residents are supported on a 24 hour basis by a staff team consisting of a person in charge, deputy team leaders, nursing staff, social care workers and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 (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 8 March 2022	09:30hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well managed and well run centre. A number of residents told the inspector they were happy and felt safe living in the centre. Residents were supported by a staff team who were familiar with their care and support needs. Overall, the houses were warm, clean and homely. The provider was aware of areas where improvements were required particularly in relation to the premises and they were actively recruiting to fill vacant positions. Some renovations were being completed at the time of the inspection.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. There were eight residents living in the centre and the inspector had the opportunity to meet and briefly engage with six of them.

On arrival, one resident greeted the inspector and checked their photo identification before welcoming them into their home. They told the inspector what their plans were for the day which included going to day services. They also chatted about some things that were important to them and about the things they liked to do to stay busy. They discussed trips abroad which they had really enjoyed and talked about their next planned trip. They told the inspector they were very happy living in the centre, and that if they had any problems they would talk to staff or the person in charge.

One resident was just finished their breakfast when the inspector visited their home and they were chatting to staff at the kitchen table. They greeted the inspector with a smile and said they would talk to them later in the day. Later they invited the inspector to see their room where they were relaxing after their lunch, which they said they had really enjoyed. They were watching one of their favourite television programmes and playing cards. They talked about a recent holiday they had enjoyed, and discussed how much they were looking forward to the next one, a hotel stay with their keyworker.

The inspector also had an opportunity to meet another resident living in this house in the afternoon. They told the inspector they were happy and liked living in this house and talked about their favourite sports and the activities. Another resident in this house also requested to meet with the inspector in the afternoon and they spoke about how happy and safe they felt in the centre. They discussed how important their independence was to them and how they would like to live independently in the future. They described how staff were supporting them to work towards this.

In the second house the inspector had an opportunity to meet one of the residents living there. They were relaxing in their room watching a video on their phone. They

said they were happy and felt safe and said they would speak to staff if they had any problems. They talked about things they enjoyed doing, and things they had to look forward to. The other resident living in this house was spending time in their room and did not wish to engage with the inspector.

In the third house the inspector had an opportunity to meet one of the residents who lived there, as the other resident was at day services. They spoke about their favourite football teams and about how much they enjoyed watching sports. They also spoke about their favourite music artists. They told the inspector they were happy living in the house and that they got on well with their housemate. They said they would go to any member of the staff team if they had any problems or concerns.

In addition to meeting six residents, six residents completed, or were supported by staff to complete questionnaires. These questionnaires had been sent to the designated centre for residents and their representatives in advance of this announced inspection, in order to capture their views on aspects of care and support in the centre. Residents indicated they had been living in the service between one and 25 years. Feedback in the questionnaires was overall very positive.

Residents included things they liked to do in their homes in the questionnaires such as, karaoke, watching movies, playing music, baking, playing games, doing chores around the house, having parties in the house, and playing the drums. They also referred to their day services and their favourite things to do in their local community such as, going to the local pubs and restaurants, taking part in the local tidy towns, going to the local men's shed, going bowling, going to bingo, and going to concerts. The following are a samples of the comments residents included in their questionnaires, 'I like this home because everyone is nice', 'I would not like to change anything', 'I am happy with everything', 'I am happy that staff bring me out everyday', and 'I love the staff'.

Residents referred to the impact of the COVID-19 pandemic on their access to activities they used to enjoy, but spoke with the inspector about how they were now enjoying these again. They also referred to this in their questionnaires. Each resident indicated in their questionnaire that they were happy with the arrangements for visitors in their home, and some referred to the availability of private spaces to meet them in.

When asked in the questionnaires if there was anything they would like to change, one resident said that the noise from the kitchen and other areas sometimes bothered them, and that sometimes they were cold, but they also indicated that they were aware of the complaints process and had raised their concerns, and were happy with the outcome. Another resident indicated they wanted a new wardrobe for their room but that this was being sourced at the time of the inspection. Measurements had been taken and plans were being drawn up. A number of residents referred to other improvements they would like to make to their homes, including more storage. Renovations and maintenance works were ongoing in the centre at the time of the inspection, and these included the addition of storage in some areas. A number of residents also included some foods they would like more

often, on their questionnaires.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that were happy living in the centre, and that they felt safe there. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement in line with the findings of this inspection and had plans in place to complete works in a number of the houses, and they were actively recruiting to fill vacant posts.

The provider had submitted an application to renew the registration of this designated centre and had submitted all of the required information with this application. This inspection was completed to inform the registration renewal of the centre.

The person in charge had been working in the centre for a number of years and they were found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. They were regularly visiting each of the houses and monitoring the quality of care and support for residents. They were supported by a number of team leaders who were found to be knowledgeable in relation to residents' likes, dislikes and preferences. They were motivated to ensure residents were happy and safe in their homes and making choices in relation to their day-to-day lives.

There were effective systems in place for the day-to-day management of the centre which tracked what documents required review, and when. Regular audits were being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience. Kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately.

From a sample of rosters reviewed, all the required shifts were covered and the

rosters were well maintained. Planned and unplanned leave was covered by a small number of relief staff. The provider had recognised the need for additional staff and while they were working on recruiting to fill these post, relief staff were completing shifts and staff were completing additional hours. There had been a small number of positive cases of COVID-19 in the centre in the months preceding the inspection and it was evident that every effort was made by staff to ensure that shifts were covered and that residents were in receipt of continuity of care and support.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. They were in receipt of regular formal supervision. A number of staff told the inspector they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support. There were a number of live in volunteers in the centre and they were in receipt of the same levels of training, support and supervision as members of the staff team.

Residents were protected by the complaints policies, procedures and practices in the centre. As previously mentioned a number of residents described the complaints process to the inspector and indicated in their questionnaires that they were aware of the complaints procedures. There was a complaints log maintained and follow ups and the satisfaction level of complainants were recorded. The inspector reviewed a sample of complaints and found that they had all been recorded and followed up on in line with the organisation's policy.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were some staff vacancies in the centre at the time of the inspection and the provider was in the process of recruiting to fill these and to ensure they had a relief panel available to cover for staff's planned and unplanned leave.

Planned and actual rosters were in place, and they were well maintained. A sample of staff's files were reviewed and contained the information required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs.

Staff were in receipt of regular formal staff supervision in line with the organisation's policies and procedures. Staff who spoke with the inspector said they were well supported in their role.

Judgment: Compliant

Regulation 21: Records

There were systems in place to ensure that records were up-to-date, accurate and supporting the effective and efficient running of the centre. Records were maintained and available for the inspector to review and the sample reviewed were found to be accurate, up-to-date and easily retrievable.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation to their homes.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Live in volunteers had their roles and responsibilities in writing and they were in receipt of regular formal supervision and support. They were completing a comprehensive induction programme and were in receipt of the same training as other staff in the designated centre. They had Garda and vetting from their country in place.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of

the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy.

An easy-to-read complaints process was on display and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents indicated they were aware of the complaints process in their questionnaires.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services, and to take part in activities in accordance with their interests.

The provider was aware that improvements were required in relation to the design, layout and accessibility of areas of the centre to ensure it was suitable to meet residents' needs. They had secured funding to complete the required works and plans were in place to make some areas of the houses more homely during renovation works, and to make additional storage available.

For the most part, residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. The provider had developed procedures and contingency plans in relation to COVID-19. There had been a small number of positive cases of COVID-19 in the centre in the months

before the inspection, and it was evidence that additional control measures were implemented to prevent outbreaks. Staff had completed a number of infection prevention and control related trainings. Each of the houses were found to be clean throughout and there were systems in place to ensure that each area of each of the houses were cleaned regularly. However, a number of areas and surfaces were damaged and these were affecting the ability to clean and disinfect them. The provider was aware of this and the required works were planned. There were stocks of personal protective equipment available and systems for stock control. However, a number of staff were observed not wearing their masks properly during the inspection.

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. Fire drills were occurring regularly and residents had a personal emergency evacuation plans in place.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

There were a number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them, and were regularly reviewed.

Regulation 17: Premises

The provider was aware that improvements were required to ensure the premises was designed and laid out to meet residents' needs. Works were in progress at the time of the inspection which included the installation of new floors, painting and decorating, and the widening of a number of doors.

Plans were in place for bathroom renovations and the funding had been secured for other works in the centre, some of this particularly relating to accessibility in the centre. These plans included making some areas of the houses more homely during renovation works, and making additional storage available.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the

information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. However, the inspector observed a number of staff not wearing their face masks properly during the inspection. For example, some were wearing their masks below their nose or under their chin.

There were a number of damaged surfaces in bathrooms and other areas of the houses where it was not possible to clean and disinfect them effectively. The provider was aware of this and these areas were due for repair or replacement when renovations were being completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff and volunteers had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

Regulation 7: Positive behavioural support

Support plans were developed for residents and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices.

Staff had completed training to support residents in line with their assessed needs. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection.

Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for L'Arche Ireland - Dublin OSV-0003418

Inspection ID: MON-0027658

Date of inspection: 08/03/2022

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: We have a recruitment drive for the last few months that has been quite unsuccessful. However, recently after using a different software tools in our recruitment drive, we have attracted a number of applications for HCAs and a Nurse. We have just offered positions to three HCAs and will be interviewing candidates for our second nurse position in early April. In addition, we plan to build on this new momentum and populate additional people to our Relief Panel.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is a significant drive occurring at present in the community to address the needs in two of the houses. This has been helped by securing additional capital funding from the HSE late in Q4 of 2021. Works have been consistently delayed due to COVID positive cases (both on and off site). To date new flooring has been completed in one of the houses. Another house is awaiting completion of same. Communal areas in need of attention have been repainted. Doors are being widened to permit safer access and egress. Three of our showering areas are scheduled for a complete refurbishment. An additional outbuilding has been built to provide additional storage for resident's belongings.	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To move more towards compliance in this important area the Management Team will continue to supply suitable PPE, educate, support and encourage the Team towards compliance. The additional COVID IPC measures (temperature checks, surface cleaning, etc.) will continue. The key areas in this endeavor are the weekly Team Meeting and day to day monitoring.</p> <p>The ongoing work to improve the houses, will replace the damaged areas. The new surfaces will be easy to clean and maintain to the appropriate standard.</p>	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/07/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	29/07/2022

	suitably decorated.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2022