



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

Name of designated centre:	L'Arche Ireland - Kilkenny Lion De
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	12 December 2018
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0021628

About the designated centre

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

L'Arche Ireland - Kilkenny Lion De consists of a large dormer bungalow with an attached apartment, located on the periphery of a rural town. The centre can provide a home for up to three residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, prayer room, staff facilities and bathrooms. 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. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Current registration end date:	25/05/2019
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or 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
12 December 2018	08:30hrs to 15:00hrs	Conor Dennehy	Lead
12 December 2018	08:30hrs to 15:00hrs	Tanya Brady	Support

Views of people who use the service

Inspectors met all three residents who lived in the centre. These residents used some verbal communication and inspectors had an opportunity to talk with each of the residents while also observing residents in their environments and in their interactions with staff. Resident questionnaires were also read by inspectors.

Residents spoken with indicated that they liked living in the centre, liked living with their peers and were happy with the support provided to them. Residents also spoke about some of the activities which they took part in such as gardening, going for meals out, visiting friends, working in a coffee shop and candle making. Residents appeared very happy with such activities.

All residents were observed to be comfortable and relaxed with staff members and volunteers present. Positive and respectful interactions were observed between residents, staff and volunteers throughout the inspection. This contributed to an overall positive atmosphere throughout the inspection.

All three residents also completed questionnaires, with the assistance of staff, friends or relatives, describing residents' views of the centre they lived in. These questionnaires indicated a high level of satisfaction with all aspects of life in the centre such as activities, bedrooms, the food provided and staff support.

Inspectors also had the opportunity to speak to representatives of the two residents who spoke positively of the lives that residents experienced in the centre and the support that was provided by staff and volunteers.

Capacity and capability

The provider was actively facilitating residents to live in a community environment which promoted their quality of life. Throughout this inspection residents were seen to be treated in a caring, positive and respectful manner while being facilitated to engage in meaningful activities. Inspectors were satisfied that the provider had been successful in putting in place structures and supports to ensure that residents were provided with a good quality of life. This was reflected by strong levels of compliance found across the regulations reviewed during this inspection.

In line with the provider's model of care, resident support was provided by paid staff members and live-in volunteers. Such volunteers lived and worked at the centre for a specified period of time. To ensure adequate oversight of this arrangement and a continuity of support for residents, the provider had put in place a suitable person in charge and a consistent staff team. The provider had ensured that at least one paid member of staff was present in the centre throughout the majority of the week while an out-of-hours on call system was in place if required. Volunteers were aware of this system and of the situations where using this system would be required.

In addition the provider had taken steps so that volunteers were adequately supported and supervised. Such arrangements helped to ensure that volunteers were made aware of the needs of residents and how to support them. It was also noted that arrangements were in place for staff members to receive supervision while there were various weekly meetings involving the person in charge, staff and volunteers. Such meetings provided an opportunity for issues such as accidents and incidents, risk, safeguarding and residents' needs to be discussed.

As observed throughout the inspection, there were positive, respectful and warm interactions between residents, staff and volunteers. Staff members and volunteers spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. It was noted that training in a range of areas, such as fire safety, safeguarding and medicines, was provided to all staff and volunteers. This gave assurances to inspectors that the provider was committed to ensuring that all staff and volunteers were suitably trained to provide appropriate support to residents living in the centre.

Provider unannounced visit reports and annual reviews are important in order to review the quality and safety of care and support that is provided to residents. To ensure overall oversight of the designated centre and the services provided, the provider had been carrying out these regulatory requirements at the required intervals. Evidence was seen that the provider had responded to any issues identified by such management systems. In addition, the provider was also carrying out additional audits and reviews in areas such as medicines, health and safety and residents' finances to ensure that these areas were effectively monitored.

It was also noted that the provider was responsive to issues which were raised by residents. For example, it was seen that residents were supported to understand the complaints procedures in place through weekly resident meetings with support provided to raise complaints if required. It was also observed that the procedure for complaints was on display throughout the designated centre. In line with the provider's policies in this area, a log of complaints was maintained in the centre which included the nature of any complaints made, actions taken and the satisfaction level of residents following the outcome of the complaint.

Overall inspectors were satisfied that the day-to-day operations and management of the centre were accurately reflected in the centre's statement of purpose. This is a key governance document which describes the service to be provided. The provider had ensured that a statement of purpose was in place, had been subject to recent review and contained key information as required by the regulations such as details of the staffing complement and the organisational structure in place.

Regulation 14: Persons in charge

At the time of this inspection the person in charge was responsible for three designated centres in total. Based on the compliance levels of this inspection, this arrangement was not found to have a negative impact on the service provided to residents nor the overall management of the centre. The person in charge

demonstrated a good understanding of residents' needs and was also actively pursuing further education.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a consistent staff compliment was provided to support residents and supplement the live-in volunteers. A sample of staff files were reviewed which contained all of the required information such as two written references and evidence of Garda vetting. Planned and actual rosters were maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Meetings involving the person in charge, staff and volunteers took place at weekly intervals. Training was provided in a range of areas and records reviewed indicated that all paid staff members were up to date in areas such as fire safety, safeguarding, medicines, manual handling and de-escalation and intervention.

Judgment: Compliant

Regulation 23: Governance and management

Arrangements were in place to monitor the service provided to residents including unannounced visits carried out by the provider, annual reviews and specific audits. Evidence was seen that issues identified by such management systems were acted upon. A clear governance structure was in place within the designated centre. As evident by the overall compliance levels found on this inspection there were adequate resources, supports and systems to ensure the effective governance of the centre which was focused on improving residents' quality of life.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of residents' contracts for the provision of services were reviewed. This is an important document for setting out the service to be provided to residents and it was noted that the contracts had been amended to provide a clearer overview of the fees charged to residents. This was found to be an area for improvement during the previous HIQA inspection in August 2017. The provider had policies and practices in place relating to admissions but there had been no new admission to this centre since the previous inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which accurately described the nature of the service provided and contained the required information, such as details of the staffing complement in place, the centre's organisational structure and the arrangements made for dealing with complaints. The statement of purpose was noted to have been recently reviewed.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were an important part of the service provided to residents in line with the provider's model of care. Consequently the provider had ensured that robust recruitment procedures were in place. This included obtaining evidence of Garda vetting for volunteers while volunteers' roles and responsibilities were set out in writing. The provider had also put in place systems for the supervision of volunteers. These included weekly meetings with staff and structured formal supervision.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display throughout the designated centre while residents supported to understand the complaints process through weekly resident meetings. A log of complaints was also maintained which included the satisfaction levels of residents following any complaints made.

Judgment: Compliant

Quality and safety

Residents were supported to have a good quality of life within a community environment that was suited to their needs. It was observed that residents were appropriately supported and encouraged to enjoy a life of their choice and participate in activities which they enjoyed. This was reflected in an overall strong level of compliance across relevant regulations.

Inspectors observed that the environment in the designated centre was warm, clean and welcoming. The residents had input into the décor and it was noted that Christmas decorations had recently been put up. This contributed to a homely environment and it was observed that residents' personal belongings and decoration choices were displayed throughout and not simply in their individual rooms. The residents moved freely throughout the centre and from the apartment into the main house, but residents' privacy was observed to always be respected.

There was evidence that residents were supported in understanding their rights and had recently been offered the opportunity to vote. It was seen that residents were consulted in relation to the running of the centre through weekly house meetings where matters such as everyday house tasks, activities and complaints were discussed. It was also noted that residents had been facilitated to meet with an advocate if required.

Two residents were fully verbal and one was partially verbal using a combination of speech, sign and symbolised communication systems. All were happy to speak to inspectors and to invite them to visit their personal spaces and to talk about their photographs and favourite items. Residents reported to inspectors that they liked living in the designated centre. Residents were seen to be fully participating members of the household and were observed to help with everyday tasks. Residents were supported to be independent in carrying out tasks with the aid of clear symbol supported activity charts and schedules.

Residents' communication needs were met. Individual communication requirements were highlighted in residents personal plans and reflected in practice. Symbolised communication systems were on file for residents who required same. Staff and volunteers were observed to communicate well with all residents using visual cues where necessary such as personalised communication boards. These were noted to assist residents to choose menu choices, activities, daily activities and journey destinations.

Inspectors were satisfied that residents and their families had input into the setting of agreed goals and outcomes as set out in their personal plans. Personal plans are important in setting out the needs of residents and the supports required to meet these. Residents were supported in achieving personal goals and targets such as developing increased independence. Staff and volunteers present during the

inspection had good understanding of the residents' needs and the supports necessary to provide for these.

In line with their needs and wishes, residents had access to day services and supported employment; the centre had access to vehicles to facilitate this. Residents reported that they liked going to these services and had clear favourite activities such as printmaking and gardening, that they shared with inspectors. It was observed over the course of the inspection that residents were supported to attend sporting and social activities individual to them including swimming, cycling, meals out and trips to the cinema.

Visitors were welcome to the designated centre and residents were supported to have friends and family to the designated centre or to meet them in other locations. There were private or communal spaces for residents to host friends or family. It was noted that staff and volunteers actively encouraged residents to be independent in the preparation of snacks or drinks for their visitors. Such findings provided assurances to inspectors that residents were appropriately supported to maintain personal relationships and links with the wider community.

Inspectors were satisfied that the provider adopted a positive approach in helping residents manage and understand their own behaviour. This was done with the support of an assessment by an appropriate professional and their recommendations were included in planning for residents. Residents were using photographs of facial expressions to help understand emotions and positive discussions about feelings were encouraged. The provider had clear documentation in place outlining areas for staff and volunteers to be aware of and positive strategies to implement, staff and volunteers were familiar with these on the day of inspection.

The provider supported residents in attending regular meetings with the provider's safeguarding representative. Training records reviewed indicated that all staff and volunteers also received frequent training on topics relevant to protection of residents. Accessible information including photographs and symbols was displayed and available to residents to remind them of who to talk to if they had a concern as well as how to contact them.

It was seen that the provider was taking steps to ensure the health and safety of residents. For example, appropriate fire safety systems were present in the designated centre. These included a fire detection system, emergency lighting and fire fighting equipment such as fire extinguishers which were subject to regular maintenance checks by external contractors. It was also noted that fire drills were taking place at regular intervals while the procedures for evacuating the centre in the event of a fire were on display throughout the designated centre.

Overall the inspectors found that there were systems in place to effectively support the residents and provide for their health, personal and social care needs.

Regulation 10: Communication

The communication needs of the residents had been appropriately assessed and the registered provider had appropriate supports in place to implement recommendations.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that residents were free to receive visitors and that facilities for residents to meet with friends or family were provided.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that all residents maintained personal relationships and links with the wider community. Residents were supported in participating in both day services and employment as well as in recreational activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre met the needs of the residents as they presented on the day of inspection. The centre was clean, well decorated and well maintained.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide available to all residents that contained all required information such as services and facilities provided. The guide was presented in an accessible format for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were present in the designated centre which included a fire detection system, emergency lighting and fire fighting equipment such as fire extinguishers. Such systems were subject to regular maintenance checks by external contractors while internal checks were being carried out. Fire drills were taking place at regular intervals while the procedures for evacuating the centre in the event of a fire were on display throughout the designated centre. Provision was also made for all staff and volunteers to receive fire safety instruction.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place with clear documentation to support the assessment and review of these. Residents had access to an accessible version of their plans. It was reported to the inspectors by families that the residents and their family were fully involved in the personal planning process and goal setting. Evidence was seen that residents were supported in achieving goals such as developing increased independence. Based on the overall findings of this inspection, the inspectors were satisfied that arrangements were in place to meet the needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The Provider had ensured that all staff and volunteers had received training in relevant areas. Clear documentation was available to all staff regarding appropriate behaviour, and de-escalation strategies. Staff reported that there were familiar with procedures. Inspectors were satisfied that there were no restrictive practices in operation in the designated centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the skills necessary for self care and protection. Relevant policies in this area were in place and staff and volunteers had received appropriate training. Residents were observed to be comfortable with all staff and volunteer present on the day. Guidance to support staff and volunteers around intimate personal care was also in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were facilitated in participating in many aspects of the running of the designated centre. There was evidence that the residents are provided with accessible information on their rights and were recently supported in voting. Advocacy services were facilitated for residents where required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant