

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

## Issued by the Chief Inspector

Name of designated centre:	L'Arche Cork An Cuan
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 May 2022
Centre ID:	OSV-0001963
Fieldwork ID:	MON-0028045

## About the designated centre

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

This centre is a faith community belonging to an international federation of communities. It is comprised of three houses in the suburbs of Cork City. At the core of the community is the relationship between persons who have an intellectual disability and those who choose to support them in the community. The centre provides full time residential accommodation for adults, both male and female. Residents have access to a nurse within the service, and to a GP of choice. The model of care provided is a social model of care. Residents engage daily with the local community through day services, shops, restaurants, church and can access the city by car and/or bus. Residents are supported to access community based employment, should they wish to, and a variety of day services of choice.

**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
Wednesday 18 May 2022	09:30hrs to 17:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with eight residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

On arrival, the inspector met with one resident who outlined how they had been supported by the staff team during the pandemic, in particular to maintain contact and visits with their family representatives. The resident also proudly spoke of their involvement with an on-going project being undertaken by the provider in the day service which included gardening and the development of a café. The resident also enjoyed golf regularly with a friend and had recently had a mini break away with a staff member in a large tourist town in another county. Another resident living in the same house had left to attend their day service before the inspector had arrived. However, the inspector met this person briefly when they returned in the afternoon. They smiled as they told the inspector they were very happy in their home before they returned to the kitchen to complete some household chores

The inspector met two other residents in another house during the morning. The residents had been informed that the inspector was coming to talk to them in advance. However, one resident misunderstood and thought the visitor was a family representative. Staff were observed to take their time to explain who the inspector was and offered the resident the opportunity to contact their relative by phone later in the day if they wished. Another resident spoke about their self-management of a medical condition and about their preferred activities. Both residents spoke about a number of activities they enjoyed regularly, including weekly movie nights in their home. Staff had supported the residents to create an area in the sitting room to project the images onto. They also explained to the inspector how the seating was re-organised to resemble a cinema while watching a movie. Staff explained this had commenced during the pandemic as a way of supporting the residents while they could not attend actual cinemas during the public health restrictions. In addition, one resident was supported by staff to explain to the inspector how they enjoyed meeting a friend for a walk and a hot drink every week.

Later in the afternoon, the inspector met with four residents living in the third house. All spoke with the inspector in a group in the sitting room. They spoke of how they were happy that some activities had returned such as community outings. The group were looking forward to a planned vacation with staff members the week after the inspection. Residents supported each other to inform the inspector of achievements such as completing a language course, writing songs and successfully

developing a new business idea during the pandemic. The residents also spoke of how they managed to support each other during a recent outbreak of COVID-19 in their home. None reported that they were very unwell during that period and all had made full recoveries.

The inspector also spoke to a family representative on the phone who outlined the dedication and on-going support provided by the staff team to their relative. This included assisting the resident to visit the family home, engage in community activities and advocate on behalf of their relative.

Throughout the inspection the dedication and commitment of the staff team was evident. Staff were familiar with preferences of each resident. Individual and group activities were supported in-line with public health guidelines. Residents had returned to their day services, initially in a pod system but this was subsequently reviewed by the provider as public health guidelines were eased. The inspector was informed residents were attending as per their wishes at the time of the inspection. One resident explained that they had chosen to take an additional day off once a fortnight, so they could engage in activities of their personal choice. A number of residents had informed staff that they missed the regular visits from friends to their homes. Prior to the pandemic residents visited the other houses in this designated centre regularly and had enjoyed having dinner together. While these activities had not yet re-commenced, due to the recent outbreak of COVID -19 in one of the houses, the inspector was informed staff were planning to have gatherings in the gardens where residents could meet their friends.

The inspector was given seven completed questionnaires during the inspection. These were reviewed the day after the inspection. While residents were very happy with their homes and the support they received from staff, there were a number of common observations. These included the temperature of the food, the room temperature in one of the houses and additional storage space for personal belongings. These will be further discussed in the capacity and capability section of this report.

The inspector observed some maintenance issues while conducting a walk around of the three houses which included a shortage of storage space in particular in one of the houses. At the time of this inspection, the provider was in the process of addressing this matter by installing additional office space in the back gardens of two of the houses. This would not adversely impact on the outdoor space available for residents to use but would improve the communal space available for residents in the three houses.

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

## Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. The provider had ensured actions from the previous inspection had been addressed. However, only one provider-led audit had been completed since May 2021. The provider had planned to complete an audit during quarter 1 2022. However, due to the impact of the pandemic nationally during January and February 2022 and an outbreak of COVID-19 in one of the houses in this designated centre in March 2022, a six-monthly audit had not been completed until May 2022.

The person in charge worked full time and their remit was over this designated centre. They were very familiar with the residents assessed needs and it was evident during the inspection that they had regular contact with all the residents. They were supported in their role by two house leaders, each of whom had been in their roles for a number of years. Both were also very familiar with the assessed needs of residents they supported. There was evidence of delegation and sharing of responsibilities which included managing the staff rota, supervision and completion of audits.

The service provided by the employer supports residents in their homes with live-in assistants as well as core staff members which include the house leaders. The staff team provide support to the residents both within the houses and in the community. The inspector was informed there were no staff vacancies at the time of the inspection. However, the requirement for additional resources was being reviewed to ensure the changing and assessed needs of all the residents were appropriately supported.

The inspector was aware that a small number of incidents had occurred in the designated centre which had adversely impacted residents living in one of the houses, during a period of time of transition. One incident had occurred in September 2021 and another in October 2021. While the staff team supported all of the residents in the house at the time these incidents occurred, following review after each of these incidents by the person in charge retrospective notifications were submitted to the Health Information and Quality Authority, (HIQA). The inspector acknowledges that both notifications were submitted within two weeks of an incident occurring. However, this is not in line with the regulatory requirement of informing HIQA within three working days of notifiable incidents that occur in the designated centre. Following the submission of the retrospective notifications, the person in charge ensured all staff were aware of procedures in place to inform them of any incidents that may occur in the designated centre to facilitate the person in charge to review in a timely manner.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements and included all the information as set out in the schedules.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. They were supported in their role by two team leaders working in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met. There was also ongoing review of the resources required to ensure all residents could be supported as per their assessed needs.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge and team leaders ensured staff were supported to attend mandatory training on-line or face to-face when safe to do so. There was a training schedule for 2022. All staff had attended regular supervision with planned dates for 2022 scheduled. However, due to the impact of the pandemic a small number of staff were awaiting refresher training in managing behaviours that challenge, one staff was scheduled to attend medication management training in the days after this inspection.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The certificate submitted with the application to renew the registration was valid until 14th May 2022. Evidence of the renewal of the insurance was present in the designated centre on the day of the inspection and was subsequently submitted by the provider to support the application to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings to govern the centre ensuring the provision of good quality care and safe service to residents. In addition, the provider had ensured external audits such as an audit of residents finances had been completed and a medication management audit. The provider had also completed an annual review of their services in the region. Actions identified were in progress or had been completed by the time of this inspection. For example, the provider had ensured all policies that had been identified as requiring review during the annual review had been completed in advance of this inspection. The inspector was also informed that the provider was undertaking a feasibility study of all the houses in this designated centre to ensure the assessed and future needs of residents would be supported. However, only one provider led audit had been completed in the designated centre during the 12 month period May 2021 to May 2022.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to each resident availing of services in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge at the time of the inspection .

Judgment: Compliant

### Regulation 31: Notification of incidents

While the person in charge had ensured that the Chief Inspector was notified in writing of all adverse events, not all three day notifications had been submitted within the regulatory time frame. The person in charge had submitted two retrospective notifications after the incidents had been reviewed and deemed to meet the criteria for the notification of incidents to HIQA.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. There were no open complaints at the time of this inspection. Residents were aware of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them. All complaints had been reviewed and responded to in a timely manner and the satisfaction of the complainant had also been documented.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team and live-in assistants to provide a person-centred service where each resident's individuality was respected. Staff adapted the environment and the supports provided to each resident as required and ensured ongoing supports were in place and regularly reviewed to assist residents to enjoy living in their homes safely and attain their goals as per their wishes. However, some areas of the premises required re-decoration and painting both internally and externally. Not all houses had completed a minimal staffing fire drill. On the day of the inspection, the inspector observed an obstruction that could have prevented an internal door in a kitchen from closing effectively.

The registered provider ensured there was access for residents to avail of recreation and activities of choice, while adhering to public health guidelines. There was evidence of inclusion with the wider community and residents records reflected these activities and engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic. However, residents were enjoying attending community activities with the support of staff in recent months. Residents' participation in activities were recorded. Records reflected that residents were supported to return to their day services as per their wishes, avail of mini breaks, vacations, return to sporting activities, regular walks and commence activities such as social farming and gardening.

The provider was actively progressing with providing additional office space in the garden areas at the time of the inspection. This would facilitate increased communal space for residents in the three houses. Two houses are adjacent to each other and shared the garden area. One office space would be shared between these houses and the person in charge planned to use this as their office. The third house would also have a dedicated office space in the garden. This house supported four residents and contained a lot of personal items. The lack of adequate storage had been identified as an issue by the staff team and the residents. The laundry area in this house was shared with the office space used by the house leader. At the time of the inspection, a free standing clothes airer was located in the closing space of the fire door between the laundry and kitchen area. The inspector noted that this would have obstructed the effective closure of the door if the alarm had been activated. The house leader moved the clothes airer away from the door once the inspector identified it as an issue.

As previously mentioned in this report, residents had also identified in their completed questionnaires that there was a lack of space for adequate storage of personal items in one of the houses. Residents were supported to raise issues of concern at regular house meetings which included any matters relating to facilities provided in the houses. The inspector was informed that the addition of dedicated office space in the garden area would address some of the storage issues. There was also reconfiguration of residents bedrooms underway at the time of the inspection one this house, which would assist with personal space available for residents currently living in the house.

During a walk through of the communal areas of one house the inspector noted that a shared bathroom had been cleaned but evidence of mould remained in the shower area. The provider had taken actions to address this matter previously and the inspector was informed that the provider was reviewing further actions to resolve the matter permanently. The inspector noted this room also relied on an electric fan to provide ventilation/change of air as there was no window in the room. However, the effectiveness of the fan required review as the air exchange did not appear to be sufficient at the time of the inspection. The person in charge outlined how planned maintenance works to repair water damage that was evident in the ceiling in one kitchen was scheduled to be completed while the residents enjoyed their vacation, the week after this inspection. As the provider had a tenancy agreement for one of the houses they had to liaise with the landlord for all works that required to be completed in the house. The inspector was also informed that the provider had experienced difficulty securing professionals to complete required maintenance works which included electrical and painting over the past few months since the public health restrictions had eased. The inspector also observed on arrival to one of the houses that there was a large amount of vegetation growing in the roof drains at the front of one house.

Personal care plans were in place, were subject to regular review and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the residents and their families. The personal care plans reviewed reflected the residents' goals, personal development and wishes. Some goals and activities had been amended to reflect the impact of the pandemic. The focus of individual plans aimed to support residents independence and involvement in local community activities. Also, the staff team were actively reviewing the options available to support two residents living in one of the houses, as per their expressed wishes.

Residents also had up-to-date health care plans, which were subject to review by the community nurse. In addition, the staff team explained how they had recently supported one resident to change their general practitioner as per their wishes when they were not been adequately supported with their healthcare needs. Specific individual care plans were also in place to support residents to remain independent in managing ongoing medical conditions and their overall health. Residents were supported to attend health screening and allied healthcare professionals including consultants and occupational therapists as required.

While residents had choice and variety in the food that they ate, which was freshly prepared and included a range of fruit and vegetables, not all residents in one of the houses could participate in the preparation of their evening meal if they choose to, at the time of the inspection. During the week, the evening meal for two houses was prepared in one kitchen and brought over to the other house when ready. Prior to the pandemic residents would have regularly visited other houses to enjoy their evening meals during the week with friends, but that ceased as a result of the pandemic restrictions. The inspector was informed a routine of cooking one meal in the evening for both houses had occurred when there were a reduced number of residents in the two houses. The inspector was informed this routine had not been reviewed with the residents at the time of the inspection. As already mentioned in

this report, some residents also made observations in their completed questionnaires that the temperature of the food could be warmer at times.

The provider had ensured there were effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Regular fire safety checks were completed and consistently documented which included daily, weekly and monthly checklists. Each resident had a personal emergency evacuation plan in place which was subject to regular review. However, not all houses had completed a minimal staffing fire drill in the previous 12 months. In addition, as previously mentioned not all doors were free from obstruction at the time of the inspection due to a clothes airer being placed in the closing space of the door between the kitchen and laundry area. While all doors had the required self-closing mechanism in place, this could not operate effectively while the obstruction was present.

Staff practices throughout the inspection evidenced good infection prevention and control practices. Regular temperature checks were consistently completed, information for residents was readily available and appropriate PPE was observed to be worn by staff members. The provider had employed dedicated staff to complete cleaning in the designated centre each week. Residents also informed the inspector of their personal choices relating to wearing PPE while accessing the community and public transport. Residents also spoke of the supports they received while an outbreak was being managed in one of the houses during March 2022. For example, the staff team had developed easy-to-read information such as "How to rest in your bedroom while isolating". The provider had facilitated regular meetings during the pandemic through a dedicated committee, the person in charge was identified as the COVID-19 lead and the HIQA self-assessment for preparedness, had been subject to regular review. The most recent review taking place on 8 March 2022. A contingency plan was also available with details of staff identified to provide support if required during an outbreak. However, no post outbreak review had taken place in the designated centre. In addition, there were damaged areas to some surfaces evident at the time of the inspection which impacted the effectiveness of cleaning. These included kitchen work surfaces and damaged floor tiles.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Residents were supported to remain in contact with family representatives and friends using phone and video calls. In addition, due to the changing needs of one resident, staff were developing a personal life story book for the resident to assist with their ability to effectively communicate with friends and staff.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to stay with family representatives as per their wishes while adhering to public health guidelines during the pandemic. In addition, residents were supported with visits from family and friends while adhering to public health guidelines. Staff had adapted some visits between friends to take place in outdoor or well ventilated spaces. However, some residents had expressed preferences and wishes for regular visits from friends to resume in their homes. This was being reviewed at the time of the inspection with the option of garden visits being considered between the houses. Residents had been supported to return to their day services as per their wishes where they could regularly meet their friends.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own possessions, however, not all residents had adequate space to store all of their personal property at the time of the inspection.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation. This included retirement plans and attending day services on a reduced scheduled as per individual wishes. The staff team were progressing with plans to support residents to meet with friends regularly in their homes while ensuring ongoing safety and adhering to public health guidelines while COVID-19 remains an issue in the general community.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises were homely with the provider seeking to address maintenance issues that had been identified on audit and through the maintenance log. However, the provider had encountered difficulties sourcing professionals such as electricians to complete required actions since the pandemic restrictions had eased. At the time of the inspection areas externally and internally required painting in addition to cleaning of roof drainage pipes. In particular at the front of one of the houses which contained a large amount of visible vegetation growing. A review of the effectiveness of an extractor fan in one shared bathroom was also required.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

While residents were supported to participate in the preparation and cooking of meals, not all residents could participate in the preparation of their evening meal if they chose to. Four residents living in one house enjoyed sharing the responsibilities everyday which included one resident making a roast dinner at the weekends for the house. At the time of the inspection the evening meal was prepared in one of the other two houses of this designated centre during the week and brought over to the two residents in the adjacent house. In addition, the inspector was informed that some residents had participated regularly in grocery shopping prior to the pandemic. However, staff had not reviewed with those residents if they would like to resume this activity at the time of the inspection. Following a review of completed resident questionnaires after the inspection, the inspector noted some observations made relating to preferences for the temperature of meals be warmer.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had ensured a resident's guide for this designated centre had been prepared and was available to residents. Easy-to-read documentation was readily available for residents as per their wishes.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

One resident was being supported to transition to another designated centre at the time of the inspection. The plan was reflective of the individual resident's support needs and progressed as per the resident's wishes

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider ensured the risk management policy had been subject to recent review. There were systems in place to ensure the assessment, management and ongoing review of risk was in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured measures and procedures were in place to ensure the safety of residents from health care associated infections and COVID-19. Residents were provided with appropriate information to keep them informed and up-to-date with public health guidelines. Staff had supported residents during a recent outbreak of COVID-19 in one house. However, damage to some surface areas reduced the effectiveness of cleaning practices in the designated centre and the provider had not completed a post outbreak review in the designated centre .

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. However, not all houses had completed a minimal staffing fire drill and an obstruction on the day of the inspection in the closing space of a kitchen door prevented effective containment measures in the event of a fire occurring.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection. There was one active safeguarding plan to support transport arrangements for two residents at the time of the inspection, it was deemed to be working effectively and a timely review date was scheduled in the months after the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider and staff team ensured that resident's privacy and dignity was respected. For example, one resident expressed their preference that the inspector would not visit their bedroom during the inspection. Residents were supported to avail of advocacy services if they chose to and actively participated in decision making relating to their care and support.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 Cork An Cuan OSV-0001963

Inspection ID: MON-0028045

Date of inspection: 18/05/2022

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Medication refresher training completed. PIC will ensure MAPA training takes place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit plan has been updated for 2022. Provider to ensure that audits take place in a timely manner.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All incidents to be notified to HIQA within the required timeframe.	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>New storage and office facilities to be in place in both houses of the designated centre in order to ensure improved space available in the houses.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance plan to be reviewed and updated by the PIC and a schedule of actions to be set in motion in order to address all maintenance issues including those outlined in the report.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Residents to be given the option of both going shopping for the house and assisting with the cooking in each house. Some meals now being prepared in Dochas 2. House team have a plan in place to ensure that the meals are hot enough.</p>	
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>Maintenance issues to be addressed and cleaning schedule to be reviewed and enhanced in order to ensure consistent high level of cleanliness.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	31/08/2022
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	31/07/2022
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	Substantially Compliant	Yellow	31/10/2022

	externally and internally.			
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/06/2022
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2022

Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	30/06/2022
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	31/08/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing	Not Compliant	Orange	22/06/2022

	within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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