

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:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0003418
Fieldwork ID:	MON-0038945

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:

9

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
Thursday 4 May 2023	11:00hrs to 14:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (Health information and Quality Authority, 2018). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the provider's policies and procedures, the premises, risk assessments and some other documentation in the centre. These areas will be discussed later in the report.

The designated centre comprises of three houses within walking distance of each other in North County Dublin. There were nine residents living in the centre at the time of the inspection and the inspector had an opportunity to meet two of them of them during the inspection. They did not have an opportunity to meet the other residents as they were attending day services.

On arrival to each of the three houses in the centre, the inspector was directed by staff to an area of the house where hand sanitiser and personal protective equipment (PPE) was available. Throughout the inspection staff were observed to engage use hand sanitiser and to wash their hands between tasks, and when entering different spaces in the centre.

There was a warm and welcoming atmosphere in each of the three houses visited. The inspector had an opportunity to meet and briefly speak with 7 staff and three live in volunteers over the course of the inspection. The person in charge was not on duty during the inspection but the inspector spoke to them on the phone, and they sent the required documents to the inspector during, and after the inspection. One staff member gave the inspector a tour of the three houses, and another staff member supported the inspector to access the required documentation.

In the first house there were one resident at home when the inspector visited. The inspector had an opportunity to speak with this residents while they were having a rest in their bed. They were complimentary towards the care and support they received in the centre and with their involvement in their local community. They told the inspector "everything is good in this house", and said they feel safe living in the house and that staff are there when they need them. The other resident living in this house was at day services. The inspector spoke to the staff and volunteers in this house about the training they had completed relating to IPC and asked them who they would go to if they had any concerns about infection prevention and control, they all named the person the provider had identified as having the overall responsibility for the management of IPC in the centre.

In the second house visited both residents were at day services. The inspector

spoke with one staff member about the cleaning schedules in place, the IPC training they had completed, and asked them who they would go to if they had any IPC concerns.

In the third house, there was one resident at home. Early in the inspection they were in bed listening to some music. They invited the inspector in for a chat. They appeared very comfortable and content and agreed with the inspector to have another chat once they were up and about. Later in the day, the inspector had an opportunity to have a coffee and a chat with them in the dining room. They spoke about activities they enjoyed and about some of their interests. These interests included sports, shopping, going to music concerts, and going on holidays. They were planning to go shopping for a rugby jersey later in the day as they wanted it for a match they were going to the following weekend. They were also going to a music concert and spoke about how much they were looking forward to it, and they spoke about a holiday they were going on a few weeks after the inspection.

Each of the houses were found to be clean and homely. In each of the houses, residents had access to plenty of private and communal spaces. Each house had an outdoor garden space available. Residents' bedrooms were decorated in line with their wishes and preferences and they had storage available for their personal items. A number of works had been completed since the last inspection including painting, and the refurbishment of bathrooms in two of the houses. There were some areas remaining where maintenance and repairs were required and these were on the provider's maintenance list. Some of these areas will be discussed later in the report.

Residents were supported to take part in vaccine programmes and prior to taking part they were provided with information about the vaccines. This information was available in an easy-to-read format should they require it.

Throughout the inspection, the inspector observed that staff and live-in volunteers were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring interactions were observed between both residents and staff/volunteers throughout the inspection.

In each of the houses there was information available for residents on standard precautions and IPC. For example, there were hand hygiene posters and some on cough and sneeze etiquette. Residents and their representatives' views were being captured as part of the annual review of care and support in the centre by the provider. In the latest annual review, four residents' representatives gave positive feedback on the care and support provided for residents. The inspector also had an opportunity to review a sample of house and keyworker meeting in the centre. The agenda items at these meetings varied and IPC was regularly on the agenda.

In summary, both residents appeared happy and comfortable in their homes. They were busy doing things they enjoyed, and had things to look forward to. A number of improvements had been made in their homes since the last inspection. For the most part, residents, staff and visitors were protected by the infection prevention

and control policies, procedures and practices in the centre. However, a number of improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, as previously mentioned some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the provider's policies and procedures, the premises, risk assessments and some other documentation in the centre.

Overall, the provider was self-identifying areas where improvements were required and implementing a number systems and controls to keep residents and staff safe from the risk of infection. There had been a small number staff who had contracted COVID-19 since the last inspection, but ongoing transmission had not occurred. There was a system in place to develop an outbreak report should it be required. There were also systems in place to share learning across the staff team.

The provider had completed an annual and six-monthly reviews in the centre and IPC had been considered as part of these, and actions on foot of these reviews had led to improvements relating to IPC in the centre. The HIQA self assessment tool was being completed regularly and it was also found to be picking up on areas for improvement in. IPC was regularly discussed at staff meetings. The provider had identified a nurse with enhanced responsibilities in relation to IPC and they were supporting staff to understand their roles and responsibilities in relation to keeping themselves and residents safe from infection.

There was a risk register and a number of general risk assessments in place. There were some risk assessments in relation to COVID-19; however, there was an absence of risk assessments in relation to standard precautions and general IPC related risks. There was also an absence of risk assessments in relation to specific IPC risks for some residents. For example, risk assessments relating to residents specific health vulnerabilities and the use of specialist equipment.

There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. However, more detail was

required in the provider's IPC policy to guide staff on the use of PPE, on IPC auditing, and on laundry management in the event of an outbreak of infection. Staff had completed a number of IPC related training courses.

From a review of a sample of staff rosters, there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre on a daily basis. Residents' care and support needs were prioritised at specific times, and when they were at day services, or at quieter times cleaning and disinfection was completed. Staff's roles and responsibilities in relation to cleaning and disinfection were identified on the roster. There were deputising and on-call arrangements in place to ensure that management support was available for residents and staff at all times. Staff who spoke with the inspector knew who to go to if they had any concerns in relation to IPC.

Quality and safety

For the most part, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in the centre. However, some improvements were required to the premises and some documentation in the centre.

Residents had protocols, guidelines, and care plans in place relating to infection prevention and control risks. In residents' care plans there was a "my home life" section and it detailed whether residents would like to clean their room and do their laundry, or if they would like staff support to do these tasks. A puppet show took place in the centre and this was recorded for residents to view again if they wanted to. The puppets showed residents how and when to wash their hands, how to keep a safe distance, coughing and sneezing etiquette, mask wearing, using public transport, what to do if experiencing the symptoms of an infection, and how to have a test for COVID-19. However, as previously mentioned, there was an absence of risk assessments relating to residents' specific support needs and vulnerabilities. Residents were being provided with information on IPC and there were posters on display in their homes.

There were contingency plan in place should there be an outbreak of infection in the centre. Consideration had been given to antimicrobial stewardship. They were systems in place to clean and disinfect reusable equipment. As previously mentioned, throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. There were stocks of PPE available and systems for stock control.

Each of the houses were found to be clean during the inspection. As previously mentioned, a number of improvements had been made in the centre since the last inspection and further plans were in place for works in the centre. The inspector acknowledges that the provider had recognised that these works were required.

There were suitable arrangements in place for cleaning and disinfecting the premises, and for laundry management. There was a washing machine and dryer available in the houses, and residents could do their own laundry if they so choose. There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. There were colour-coded cloths and mops for different cleaning tasks around the house. However, the inspector observed a number of mops which were stored against an external wall of one of the houses.

Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- There was an absence of risk assessments relating to standard precautions and general IPC risks. In addition, some risk assessments required development in relation to residents' specific healthcare needs and vulnerabilities, and the steps to take to keep them safe from the risk of infection.
- There was some surfaces in a number of the houses which were damaged and this was impacting the ability to clean and disinfect them. For example, cabinet doors in one house, and press doors and surfaces in the laundry room in another house. There was an area on the ceiling of one bathroom where the paint was chipped and peeling, and some grout in one shower room which required replacement.
- A number of mops were observed in the back garden of one of the houses and there was no system available to hang them up after use.
- The provider's IPC policy required more detail to guide staff on the use of PPE, on IPC auditing, and on laundry management in the event of an outbreak of infection.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

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

Inspection ID: MON-0038945

Date of inspection: 04/05/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The improvements that the centre has already begun and or planned are as follows:</p> <p>Risk Assessments:</p> <ul style="list-style-type: none">• Risk assessments that detail standard precautions and general IPC related risks will be compiled and added to the risk register and risk control measures.• Individualized risk assessments for some residents that have specific health vulnerabilities and use of specialist equipment will be compiled and added to the risk register and risk control measures. <p>Policies & Procedures:</p> <ul style="list-style-type: none">• The IPC Policy will be reworked to include more detail and guidance for the Care Team on the use of PPE, IPC Auditing, and laundry management in the event of an outbreak. <p>The Premises (Maintenance & Repairs):</p> <ul style="list-style-type: none">• A separate cabinet will be sourced to store the mops in the three houses.• The cabinet doors in the 'Baidin' house will be replaced.• The ceiling in the 'Baidin' bathroom will be sealed and repainted.• The grout in the shower room will be replaced.• The surface (counter top) in the 'Seolta' house will be replaced.	

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 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	30/09/2023