



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Kilkenny (An Solas/Chalets)
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2020
Centre ID:	OSV-0003419
Fieldwork ID:	MON-0029595

About the designated centre

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

L'Arche Ireland - Kilkenny (An Solas/Chalets) consists of a large main house and two smaller houses located in a small town setting. The larger house can provide a home for up to four residents and also provides bedrooms for volunteers working for the provider. This house also contains a kitchen/dining area, sitting room, sun room, staff office, prayer room, bathroom facilities and a utility room. The smaller houses are each divided into two separate chalets. Each chalet provides a home to one resident and includes a living/dining area, a bedroom and a bathroom. The centre provides 24 hour care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. The centre can accommodate a total of eight residents. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and the majority of residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 June 2020	10:15hrs to 16:20hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

Seven residents lived in this centre. The inspector had the opportunity to speak with five of the residents on the day of inspection. Residents were eager to talk about their life in L'Arche, all of which was positive. Residents said "I like it here". One described how that prior to living in the centre, they had very few friends but now they had many. Residents were happy to talk about and show the inspector their art work, in particular art on T shirts. There was a great sense of fun and creativity attached to this work. Another resident had framed artwork displayed in the centre. The inspector was informed the resident had their art exhibited in the community on a number of occasions and had established links with a local art club.

One resident described how they were upset at having to give up work due the COVID-19 pandemic. The resident subsequently took up new activities such as cooking, crafts, and engaging more fully with other residents. The resident was hopeful of returning to work when the pandemic situation allowed for this. Bingo was another activity that had engaged the residents since the imposition of restrictions. Prior to restrictions, some residents attended bingo in the local community. Residents described staff as being "very nice". They appreciated the help and assistance they got from staff in managing their medication, supporting them to go on holidays and helping them with their grocery shopping. Residents spoke of their delight at meeting different nationalities through the volunteer programme that was operated by L'Arche.

In general, residents had lived in the centre for many years and appeared comfortable and relaxed in their home. One of the "newer" residents, now living In L'Arche for four years, summed up the overall atmosphere when they said "I was sad till I came here".

Capacity and capability

The findings of this inspection were, in many aspects, similar to the findings of the previous inspection. The areas identified as needing improvement, on that last inspection had been attended to. Throughout this inspection residents were seen to be treated respectfully and in a caring and positive manner. The provider sought to enable residents to live in a community environment that enabled them to live a meaningful life. As evidenced by good compliance across the regulations inspected, the provider had been successful in putting in place structures and supports to ensure that residents were provided with a good quality of life.

A statement of purpose, a document which describes the service, was available. It had been updated since the previous inspection in order to provide greater clarity

around the staffing compliment. The ethos of the service, as set out in this statement of purpose was that those who lived there did so "in a spirit of friendship". The underlying principle was that core members (those who received a service from L'Arche) were involved in all aspects of life within the home and amongst the wider community. The inspector was satisfied that this ethos was carried out in practice.

As outlined in the statement of purpose, an organisational structure was in place within the centre, where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place to ensure that the provider's Board of Directors were aware of how the centre operated. An experienced person in charge was in place who was responsible for three designated centres in total. The provider had put in place structures to support the person in charge in their role. This included the presence of a house leader who had a key role in the day to day running of the centre.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The annual review included the views of residents and families. In the changed environment of COVID-19, the 2020 annual review sought the views of family members via phone calls as opposed to meeting in person or via questionnaires.

In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents.

In line with the provider's model of care, support was provided to residents by paid staff members and live-in volunteers. In doing so the provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting a continuity of care. Volunteers with whom the inspector met, were positive in their comments relating to the training, support and supervision they received from management and staff.

As observed throughout the inspection, residents appeared comfortable in the presence of staff and volunteers.

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by the provider representative who had a regular presence in the centre and was well known to core members , staff and volunteers. The service also benefited significantly from the appointment of a house leader and the availability of an experienced nurse.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff and volunteers had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE. Documentation was in place to evidence this and staff with whom the inspector spoke confirmed they had this training.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that effective governance and management arrangements were in place including effective management to ensure the risk of the introduction of and the transmission of infection was minimised.

The required resources, including personal protective equipment had been sourced. The inspector was satisfied that the person in charge had good awareness and was supported by the clinical guidance of an experienced nurse. COVID-19 viral testing for residents and staff was completed and all results were negative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service

provided. This had been amended since the previous inspection.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were an important part of the service provided to residents. As such the provider had ensured that robust recruitment procedures were in place. Police checks from the respective countries that the volunteers came from had been conducted. The provider had also put in place a system for the formal and informal supervision of volunteers, a tailored induction programme and a comprehensive training programme.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that notifications that were required to be notified to HIQA had been notified. The provider and person in charge had gained learning from the previous inspection whereby one notification had not been made.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints documentation had been amended since the last inspection to include whether or not the complainant was satisfied with the outcome of the complaint's investigation. Complaints were audited annually and the overall number of complaints recorded were low. There were no open complaints at the time of this inspection.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There

was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area and spoke positively of its benefits.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. In particular goals to go on holidays, visit family or shopping, had been postponed. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, chalet type accommodation was in place for some residents and residents spoke of enjoying this private space. One resident spoke of being able to accommodate a family on a short stay. This was clearly something the resident looked forward to resuming, once travel and such overnight stays were deemed safe in the context of COVID-19.

Staff were aware of residents' underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge described how residents were supported to access other healthcare services external to the centre including psychiatry, psychology, physiotherapy. Many of these services were provided through the primary health care services. Nursing advice and care was available internally from a nurse who had worked with the service for many years and was an integral part of the organisation's support structure. .

Despite the restrictions and constraints on movements and travel, residents partook in exercise and activities which brought pleasure to them. The inspector observed one resident kicking a ball with one of the volunteers. Another resident told the inspector about the art and craft activities they were involved in and yet another had their art framed and on display in the centre. Educational and work opportunities were supported. One resident had completed a level 3 computer course. This was particularly significant for this resident as they described having "a fear" of computers. The resident spoke with pride and confidence in describing their success in overcoming this fear and gaining certification in the process. Since the

COVID-19 restrictions came into operation, residents, staff and volunteers had spent much time cooking, baking and trying new recipes. Overall this was reported as having increased residents' participation in the running and operation of the centre. Residents enhanced cooking skills they already had and some learnt new skills such as jam making. One resident had work in a local radio station. This had stopped due to the pandemic but the resident was hopeful that it or another job would become available at a future date.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, residents were seen to wear masks when in confined spaces, residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment. Since the last inspection, a new fire door had been installed.

Residents and family members were actively involved in the life of the centre. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and viewed this centre as a good place to live. Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents enjoyed the garden, partook in baking, learnt new skills such as computer use and jam making. The art work of residents was displayed and one resident had their art exhibited in the community.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the

service and the number and needs of residents. It was of sound construction and kept in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed and observed throughout the duration of this inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a very regular basis. Each update was clearly identified at the outset of the documents making it easy to keep abreast of changing procedures and protocols. The facilities available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained. Daily, weekly, monthly and annual cleaning schedules were in place. The guidelines and record templates available to staff, provided clear guidance to ensure that cleaning and disinfection were at an appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place on a regular basis. The local fire emergency services were familiar with the layout of the house and the chalets. Since the last inspection a new fire door was put in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. Support was provided as needed to residents, in the context of the risk to them from COVID-19 or indeed the risk that they may inadvertently pose to others. The inspector viewed the individualised plans in place should a resident be suspected or contract COVID-19. These were succinct, specific to the resident and staff were familiar with the plans. Staff had been advised of the symptoms of COVID-19 and including the possibility of atypical presentation and the importance of detecting and reporting any variation from the residents normal baseline.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these while the health of residents was regularly monitored by the nurse working in the service.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that training was available to staff and volunteers in de-escalation and intervention. Staff members and volunteers present on inspection demonstrated a good understanding of how to promote positive behaviour amongst residents. There were few restrictive practices in operation in the designated centre. These were noted to have been assessed and were reviewed by the staff team. Since the previous inspection, a greater level of oversight and review of such restrictive practices was put in place.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse.

This included having written policies and the provision of training for staff. Throughout the inspection, residents were seen to be comfortable in the presence of staff members and volunteers.

Judgment: Compliant

Regulation 9: Residents' rights

The ethos of the centre was to ensure that residents could exercise choice and control in their daily lives, for example, in the activities residents engaged in and voting. Residents were seen to be treated in a respectful manner throughout inspection. Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. Residents were also supported and encouraged to be part of the provider's human rights committee if they chose to do so. One resident recently took part on an interview panel where new staff were being recruited.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant