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L'Arche Ireland - Kilkenny Lion De, OSV-0001953, 15 December 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'L'Arche Ireland - Kilkenny Lion De, OSV-0001953, 15 December 2021', [report], Health Information and Quality Authority, 2022-03-15, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 03:31:00
Link to Item	https://hdl.handle.net/20.500.14765/105034



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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Kilkenny Lion De
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	15 December 2021
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0027054

About the designated centre

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

L'Arche Ireland - Kilkenny Lion De provides 24 hour care and support for people over 18. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's social model of care. In this home a service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The house is a large dormer bungalow with an attached apartment, located on the periphery of a rural town. Each of the four residents have their own bedrooms. Bedrooms are also provided in the house for volunteers working for the provider. This centre contains a kitchen/dining area, sitting room, prayer room, staff facilities and bathrooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 15 December 2021	09:30hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were being supported to enjoy a good quality of life and that the provider was ensuring residents were in receipt of a quality driven and safe service. From what the inspector observed, was told, and viewed in documentation, there was evidence of a person-centred approach to the delivery of services in this centre. Residents were consulted in relation to the day-to-day running of the centre and were playing an active role in their home. They were being supported to make choices and spend their time engaging in activities they enjoyed. Their independence was promoted and encouraged.

In line with public health guidance during the COVID-19 pandemic and in respecting residents' wishes to continue with their day as planned, the inspector did not spend extended periods with them. The inspector met and engaged with four residents throughout the day. Observations, discussions with residents, discussions with staff, and a review of documentation were completed to get a picture of what life was like for residents in the centre.

The residents with whom the inspector spoke, had limited vocabulary but good understanding of the spoken word. All residents welcomed the inspector to their home and seemed happy to engage with them. Observations indicated that residents were relaxed in their surroundings and in the company of staff. Meaningful and caring interactions were noted. Staff and residents sat together for tea and meal breaks. Residents were seen to call staff by their name and ask for information and help. A culture of providing choice was embedded within the staff team. Staff naturally provided choice around the type of care offered throughout the day of inspection. Residents' rights were at the forefront of the care being provided.

The designated centre comprises a large dormer bungalow in a rural location. It was in close proximity to a town in Co. Kilkenny. The immediate impression of the home was that it was warm, nicely decorated and maintained to an overall good standard. Some interior works were required, mainly in bathrooms. This had been identified by the provider. Pictures of residents were in all rooms around the designated centre. The house had been nicely decorated for Christmas. Three residents lived in the main house in which they had access to a sitting room, kitchen, bathrooms and each resident had an individually decorated bedroom. The fourth resident lived in a self-contained apartment which was attached to the house. They had their own sitting room, kitchen area, bathroom and bedroom. The resident that lived in the apartment had free access to the main house if they so wished. They often choose to come up to the main kitchen for meals.

On arrival at the centre, all four residents were being supported by two day service staff. They were outside doing works in the garden or making cards. Residents with the support of staff spoke about the activities they liked to do and many of the residents mentioned how much they enjoyed baking. They listed the types of items they liked to bake and one resident mentioned how they would keep a specific cake

for one member of staff as they knew how much they they enjoyed it. The day staff members were coming to the centre five days a week to ensure residents had good access to meaningful activities. The residents no longer attended the main day service due to the COVID-19 pandemic. Observations and discussion with staff indicated that this arrangement had really suited the residents, with resident becoming more confident and 'flourishing' with the support being provided. Residents interactions with these staff members were familiar, friendly, profession and convivial throughout the day.

Later in the day the inspector had the opportunity to sit with the residents while they had their lunch. Residents and staff all sat together. A meal had been prepared by one of the volunteer staff and other options were provided to residents who preferred a different meal. Residents were observed to help themselves to tea that had been made, request drinks, and ask for assistance if needed. All requests for help were immediately met in a very caring and kind manner. Residents independence was also encouraged and supported. Staff and residents chatted throughout this time. Residents spoke about family and family visits, a cat that had now become there adopted pet which they had named 'the cat', they spoke about routines and upcoming appointments and plans for the next day. Residents frequently smiled and laughed during this time. Residents freely moved around their home and when their lunch was finished, they left the table after they had tidied up and went to relax in their room.

During the day residents were seen to go for walks with staff, get ready and leave for appointments with relevant health and social care professionals or leave for part of the day to get a coffee or a drink in Kilkenny city. Residents had busy active lives. This was evident from observations, and discussions with staff.

Staff spoke about the sense of family and community which characterised the centre. Person centred planning was also evident in the manner in which the written documentation was recorded. Documentation was clear to read, was non judgemental in its tone and focused on placing the residents at the centre of decisions. Other members of this community model of care included volunteers, many from overseas, who took a year or two to work along side the residents and staff employed by L'Arche.

Some residents with the support of family and or staff completed a questionnaire in advance of the inspection to reflect their views in relation to care and support in the centre. In this questionnaire they indicated they had been living in the centre many years and that they were happy with the comfort, warmth and access to their home and garden. When asked if there was anything about the centre that they particularly liked they said "I like my cups of tea", and "I like my bacon and cabbage". They also indicated that they were happy with their bedroom, food and mealtimes, visiting arrangements, their rights, and their access to activities in their home and in the local community. In a questionnaire, family individually named all the staff and volunteers. They expressed their satisfaction and how staff had supported everyone during a very difficult year.

Capacity and capability

The findings of this inspection were, in many aspects, similar to the findings of the previous inspections. The level of continuity of quality care was maintained in the face of a pandemic and other significant events that had occurred within the centre in the last year. This evidenced the providers capacity and capability to provide and maintain high quality services to all individuals in this centre. 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.

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. An experienced person in charge was in place. They were responsible for three designated centres in total. Interactions across the day of inspection indicated that this person was very familiar with each residents' needs, likes and dislikes and was very much a part of the day to day running of the centre. The provider had put in place structures to support the person in charge in their role. This included the presence of a house leader.

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. 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. The management systems were ensuring services provided were safe and appropriate to meet residents' needs.

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 continuity care was provided. Volunteers with whom the inspector met, were positive in their comments relating to the training, support and supervision they received from management and staff.

The provider had recently provided an application to renew the registration of the centre in line with the requirements of regulation. All required documentation had been provided, this included a statement of purpose which clearly described the service provided, the ethos of the service and the organisational structure.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew

the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

Observations on the day of inspection, noted caring, familiar and professional interactions between staff, volunteers and residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff and volunteers were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. Staff and volunteers had completed training such as fire safety training, managing behaviour that is challenging, and safeguarding, to name a few.

Discussions with staff indicated that the training they had completed was enabling them to effectively complete their roles. There were systems in place to monitor when staff required training, and the person in charge was able to discuss specific training needs.

Judgment: Compliant

Regulation 23: Governance and management

Residents received a consistent and quality based level of care in this centre. This level of care was enabled by robust and comprehensive systems of oversight. There was a clearly defined management structure that identified lines of authority and accountability. Staff who spoke with the inspector were aware of their roles and responsibilities and how to escalate any concerns they may have.

The centre was managed by a suitably qualified, skilled and experienced person in charge. The centre was well run and there were effective systems in place such as audits. These audits included a review of; policies and procedures, the centre's

statement of purpose and residents' guide, residents' personal emergency evacuation plans, residents' assessments and personal plans, complaints, resident and house finances, and infection prevention and control. Regular staff meetings were occurring and these were found to be resident focused with evidence of shared learning at these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 30: Volunteers

The inspector reviewed a sample of volunteers files in the centre and found that they each contained their roles and responsibilities in writing and Garda vetting and

They had a supervision agreement in place and were in receipt of regular formal supervision. There was an on-call system in place to ensure they had access to support 24 hours a day, seven days a week.

They had completed training's in line with those completed by paid employees in the organisation and were in receipt of a thorough induction when they started in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.

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. It was observed that residents were appropriately supported and encouraged to enjoy a life of their choice and participate in activities which they enjoyed. There was a strong level of compliance with the majority of regulations reviewed on the day of inspection. Some improvements were noted in relation to the condition of some aspects of the premises, namely bathrooms. This had been identified by the provider and there was a plan to address this in the coming months.

The inspector observed that the environment in the designated centre was warm, overall clean and welcoming. The residents had input into how their home looked and it was noted that Christmas decorations had recently been put up. This contributed to a homely environment and it was observed that residents' personal belongings and decoration choices were displayed throughout the home and in their individual rooms.

The bathrooms in the home required attention and or upgrading. For example, paintwork was chipped and or water damaged in some area and some radiators were rusted. One bathroom required considerable upgrading to ensure it was fit for purpose. All of this had been identified by the provider and discussed with the inspector on the day of inspection.

Residents were protected by the policies, procedures, and practices relating to infection prevention and control. There were contingency plans in place for use during the pandemic, and staff had completed a number of additional infection prevention and control courses. There were cleaning schedules in place and access to stocks of personal protective equipment (PPE).

A sample of residents personal plans were reviewed. These plans were found to be comprehensive in nature and to clearly outline the supports they may require. It was clearly outlined how they liked to be assisted with their support needs. They were being supported to develop and achieve their goals. Their health care needs had also been assessed and they were being supported by health and social care professionals in line with their assessed needs.

There was suitable fire equipment that was being regularly serviced. There were adequate means of escape and emergency lighting in place. Residents had personal emergency evacuation plans in place, which detailed any supports they may require to safely evacuate the centre in the event of an emergency.

Regulation 12: Personal possessions

Residents' personal possessions were respected and protected in the centre. Residents were being supported to retain control over their personal property and possessions and to manage their laundry.

The provider was in the process of ensuring all residents had control over their own financial affairs. Policies and procedures were in place and were effective in ensuring residents finances were appropriately managed. Each resident had their own bank account. Advocacy support was sought for any resident that required assistance in this area.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was warm and homely. Lots of personal items and pictures were on display throughout the home. Residents accessed all parts of their home independently.

The bathrooms in the home required maintenance works and upgrading. The downstairs bathrooms had chipped and water damaged paint work. Some fittings and fixtures were leaking. Some radiators were rusting in places. The upstairs bathroom required significant upgrading. There was a wooden floor and casing around the bath that was water damaged. Paint was chipped. The shower, located in the bath, was not accessible to the residents. There was an alternative shower available for residents. The provider had identified the majority of these issues and had quotes for work to commence in the new year. Some minor improvements were required to ensure all areas of the home were cleaned on a regular basis.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide contained all the required information as required by regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures, and practices in the centre. The risk management policy contained the information required by the regulations.

Arrangements were in place to ensure control measures were relative to identified risks. Arrangements were also in place to identify, record, investigate and learn from incidents in the centre. Incident review occurred on a regular basis, and any learning identified was discussed at team meetings. There were systems in place to respond to emergencies and reasonable measures in place to prevent accidents.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures as practices in the centre. Contingency plans had been developed during the pandemic, and the staff team was completing regular infection prevention and control audits.

There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. There were stocks of PPE available. Staff and volunteers had completed a number of additional infection prevention and control related trainings during the pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and it was serviced as required. There were adequate means of escape and emergency lighting in place. The procedure for the safe evacuation of the centre in the event of an emergency was available and on display.

Residents had personal emergency evacuation plans, which clearly guided staff in relation to any support they may require to safely evacuate the centre. Fire drills were occurring at regular intervals, and different emergency scenarios were practiced. Staff spoken with expressed that they were confident in what to do in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was completed for residents that informed a person-centred care plan. It was evident that staff within the service worked with the residents to identify their strengths, needs and life goals which resulted in residents engaging in meaningful activities and goals. The language used to describe residents daily routines was person centred, clear and concise. Staff described that personal plans were understandable and guided their practice in supporting residents effectively.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was being made available for all residents within the service. Residents were supported by staff to access a range of allied professionals and specific medical supports as required. On the day of inspection, two residents were being appropriately supported to attend relevant medical appointments. Residents' files were updated immediately on return from their appointments. Staff were very knowledgeable around residents' specific needs and addressed any medical concerns in an appropriate and timely manner.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff had an understanding of their role in adult protection. Appropriate policies and procedures were in place and staff had access to training to support them to carry out their roles and responsibilities to keep residents safe. Staff members spoken with were able to demonstrate knowledge of their roles and responsibilities in relation to suspicions or allegations of abuse.

There were suitable practices in place to safeguard residents' finances. Records were maintained of residents' income and expenditure and receipts were maintained and regularly audited. The person in charge and team leaders were ensuring oversight by regularly spot checking and auditing residents' financial records.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were being supported and encouraged to decide how a they spent their time and they were also being supported to take part in the day-to-day running of their home. It was evident that there was a focus by the staff team to support residents to work out what structure and routine which best suited them.

Throughout the inspection, staff were observed to listen to the residents and kind, caring and respectful interactions were observed at all times. Staff were found to be very familiar with the residents' likes, dislikes, goals and preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 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
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for L'Arche Ireland - Kilkenny Lion De OSV-0001953

Inspection ID: MON-0027054

Date of inspection: 15/12/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Upstairs Bathroom has been scheduled to commence it's work on the 7/02/2022 this work should take approximately 2 weeks. The other bathrooms are being assessed presently and work will be completed on these by April 2022.</p> <p>A thorough clean has taken place of all areas that needed attention as well as daily cleaning. Light fittings, ceilings ect has been added to the clean schedule.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2022