



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:	Unannounced
Date of inspection:	09 August 2022
Centre ID:	OSV-0003419
Fieldwork ID:	MON-0036470

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 following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 9 August 2022	10:30hrs to 16:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

On arrival at the centre the inspector was greeted by a member of staff and brought to the laundry room at the side of the main building. In this area relevant COVID-19 checks were completed including temperature taking, symptom monitoring and hand hygiene. The staff member recorded all relevant information and then brought the inspector into the main home to meet with residents.

The inspector had the opportunity to meet with four residents that lived in the centre. The centre had capacity for eight residents, and on the day of inspection there were six residents living in the centre. Two residents were away for the day on a day trip. Initially the inspector met with two residents that were present in the kitchen. They were seated at the kitchen table and seemed comfortable and relaxed. The staff member interacted with both residents in a kind and patient manner. The staff member adapted their communication style to suit each individual's assessed needs. Residents present used different means to communicate, some residents easily conversed with the inspector while the other resident mainly used gestures, facial expressions and body language to communicate their needs and wants.

The staff member explained that one resident had recently come home from holidays and that they seemed to really enjoy their time away. They were planning on going for a walk with the resident as this was an activity the resident really enjoyed. The resident was seen to get up from the table and walk around in the kitchen. They looked towards the staff member when being spoken too and readily responded to requests. For example, the resident was walking near a door, the staff member kindly asked the resident to move back a little from the door. The resident moved immediately responded by following this request.

Later in the day the inspector met with another two other residents that lived in the home. They readily spoke with the inspector around different aspects of their life. They spoke about activities that were important to them and family connections and events. Again both residents seemed very comfortable in the home. The residents that communicated verbally freely conversed with each other and the staff present. Positive and friendly interactions were noted and it was evident that residents were very familiar with each staff member present.

The inspector completed a walk around the centre with the house leader. The centre comprises a main house, where three residents lived. There were four separate chalet type buildings located beside the main house. Three residents lived in this area of the designated centre. Each of the residents had there own chalet.

The main house was large two-storey building. There was adequate communal spaces available for residents. There was a large open plan kitchen and living area. There was also a prayer room that some residents used as a quiet space. A television had been set up in this room to provide additional communal space for residents who so wished to use this. In this home each resident had their own

individualised bedroom. The inspector reviewed two residents' bedrooms. They were personalised with pictures and items. One resident had their own computer in their room and spoke with the inspector that they really enjoyed spending time on this. There were five bedrooms allocated to live-in volunteers. The inspector reviewed two of these rooms which were empty. They were observed to be clean and for the most part well kept. There were four bathrooms in the main house. Some bathrooms were used by the live-in volunteers and others were for residents' use. There was some wear and tear evident in the bathrooms and in some areas of the kitchen that required addressing. This is discussed further in the report. In addition to this some areas of this home required painting. Painting works had been self-identified by the provider.

Within the main home where was a self-contained apartment. This was mainly used as a room for day service. In the self-contained apartment there was a open living/kitchen space, a bedroom and separate bathroom. The apartment was overall well kept with some minor wear and tear evident in the bathroom. The apartment had been allocated and had been used as an isolation area in the event of a resident contracting COVID-19. As the room was used as a day service area there was number of different items and pieces of equipment stored in this area, for example arts and crafts equipment. The storage of the equipment required review to ensure that infection prevention and control (IPC) measures could be adhered to if it was used as an isolation area. Verbal assurances were provided on the day of inspection in relation to this, however, the contingency plan in place did not indicate how the items stored were removed or cleaned in the event of its use as an isolation area.

There were four individual chalets that comprised kitchen/living room, bathroom, and a bedroom/s. Residents that lived in these chalets were reported to be independent in many areas of their daily living skills and staff would provide assistance as needed. Two of the chalets were in a poor state of cleanliness and repair. For example in one chalet there was significant damage to paint work with chipping and marks present, the bathroom and kitchen area required a deep clean and furniture was worn. Due to the condition of the chalet the inspector was not assured that effective infection and prevention control measures could be met.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection and enjoyed a good quality of life, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that systems in place were not consistent or effectively monitored to ensure compliance with the Regulation 27.

There were clear lines of authority and accountability within the centre. There was a full time person in charge in place. The person in charge also had responsibility for three other designated centre. The person in charge discussed with the inspector that their remit would reduce from the following week. One of the designated centres would now be re-assigned a separate person in charge. The person in charge was supported by a house leader and deputy house leader. There was also a senior management team in place.

Oversight and review systems were found to require improvements in the centre. Although six monthly unannounced audits and annual reviews on behalf of the provider had taken place consistently over the past year in the centre. These audits minimally reviewed infection and prevention control measures within the home. To date, the provider had completed the self-assessment tool issued by HIQA in 2020 to self-review compliance with the National Standards for infection prevention and control in community services (2018). These reviews were not identifying the need for improvements within this regulation. In addition to this there was no specific oversight tool or audit used to review infection and prevention control measures in a comprehensive manner.

The residents were supported by a staff team of care workers and live-in volunteers. The person in charge, house leader and assistant house leader were also present to support resident. It was discussed with the inspector that the skill mix of staff was not in place to meet the assessed needs of the residents. The inspector reviewed a sample of staff rota's and identified a number of days where staffing was provided by live-in volunteers only. The person in charge and Chief Executive Officer (CEO) communicated that an application had been submitted to the funder for further staffing levels in the centre. While staff communicated that cleaning duties were for the most part completed the inspector noted a number of occasions where gaps were noted in cleaning schedules when the skill mix of staff was not varied. It was unclear if cleaning duties had been completed on these dates/times.

The provider had policies in relation to the control of infectious outbreaks and hand washing. In addition to this the were up-to-date guidelines for the prevention and management of COVID-19. These documents were reviewed and found to have relevant information in place in line with public health advice. However, there was no specific overarching policy in relation to infection prevention and control measures utilised within the home and the policies and guidelines in place did not guide staff in relation to all areas of standard or transmission based precautions. For example, there was no laundry management element in the policy entitled the control of infectious outbreaks.

A number of staff required refresher training in areas including infection control, hand hygiene and donning and doffing Personal Protective Equipment (PPE). Staff

supervision did take place in line with service policy however, it did not evidence that infection prevention and control measures were regularly discussed/supervised.

The provider had developed a COVID-19 contingency plan that identified escalation pathways and measures to take in the event of an outbreak of COVID-19. However, the information contained in this document was not always in line with the practices in place. For example the COVID-19 isolation plan stated in this guide did not correspond to the document that was on file in the residents' personal plan.

Quality and safety

Overall, with regards to infection prevention and control, the inspector found a number of improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident that the management team and staff were endeavouring to provide a safe service to residents. Residents appeared comfortable and happy in their home.

The centre comprises a two story building and four chalets located in an urban area in Co. Kilkenny. All residents had their own bedrooms. There was more than adequate communal areas available to residents. Aspects of the premises required upgrading and maintenance works. The inspector observed areas in the centre where walls had flaked and chipped surfaces. There were plans in place to paint all areas of the centre in the coming weeks. In addition to this, some areas in the main kitchen area and a number of bathrooms required maintenance works. In the kitchen area, laminate was missing or lifting on a number of press doors. Kick boards under the kitchen presses were missing. In some bathrooms some tiles were cracked, grouting was stained/and had minor areas of mould present, some accessibility equipment and radiators had rust present. Due to the condition of some areas of the home the inspector was not assured that effective cleaning was taking place in line with best practice in infection control measures.

The inspector reviewed the centres cleaning schedules which were found to require a number of improvements. While at surface level, most of the the designated centre appeared as reasonably clean on the day of inspection. Schedules did not include the cleaning of all aspects of the centre. For example, only one resident's bedroom was included on the cleaning schedule. In addition to this some of the chalets, which were not included on any cleaning schedule, required a deep clean. There was limited evidence to indicate that these area of the centre were cleaned on a regular basis. The inspector recognised that the provider was balancing the residents' rights in terms promoting residents' independence skills. However, a number of improvements were required with cleaning to ensure it met infection control standards. For example in one kitchen there was an accumulation of staining and debris around a sink area. It appeared that this area of the home had not been

cleaned effectively in a number of weeks. Meeting notes with residents indicated that residents had expressed they would like help with cleaning their apartments.

Cleaning schedules did not include the cleaning of some of the residents' equipment, for example equipment used for weighing residents, shower chairs, wheel chairs and laundry baskets were not on the list. Tasks on the cleaning schedule were not always signed off by the relevant staff member as completed. There were a number of gaps in the recording of cleaning. There was also limited oversight of these schedules from a senior management level.

Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Oversight of measures in the centre required improvements. Although the recent six monthly audit had identified some improvements in relation to IPC measures, additional oversight was required to ensure auditing and review systems were self-identifying areas of concern fully review the centres levels of compliance with national standards and national guidance.
- Staff required updated training in a number of areas in relation to IPC measures, hand hygiene and donning and doffing PPE.
- Relevant policies required review to ensure they encompassed all relevant areas of infection and prevention control measures in place.
- Some areas of the home required a deep clean.
- Cleaning schedules were not comprehensive and did not include all areas of the designated centre. The inspector noted a number of gaps where staff had not signed if cleaning tasks had been completed.
- Due to the condition of some areas of the home the inspector was not assured that effective cleaning could take place.
- Mop systems required review. The hanging facilities did ensure that mops would dry between uses. However, the system for cleaning mops between use was not clearly documented. In addition to the system to identify when mop heads needed replacement needed improvement.
- Some positive practices were noted in relation to the laundry systems, for example there was a separate area for laundry and a dedicated washing machine for soiled clothing. However, the residents used the same laundry basket for clean and dirty clothes and this was not subject to a regular cleaning schedule
- Evidence of communication regarding infection control procedures and COVID-19 needed improvement. Although there was regular staff meetings infection control did not appear to be regularly discussed with staff at these

sessions or during supervision.

- There was limited evidence that IPC measures were discussed with residents in line with their assessed needs.
- Following outbreaks of COVID-19 within the centre there was no specific systems in place to review the learning from the outbreak.
- Information present in the COVID-19 guidelines for staff needed review to ensure it was in line with relevant practices within the centre.

Judgment: Not 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	Not compliant

Compliance Plan for L'Arche Ireland - Kilkenny (An Solas/Chalets) OSV-0003419

Inspection ID: MON-0036470

Date of inspection: 09/08/2022

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Register Provider is in the process of adding a more detail piece around IPC Audit in the annual review and as part of the 6 monthly unannounced inspections. 30/09/2022 • The PIC is developing their own audit tool around IPC for the designated center to that will be used monthly to ensure the center is following all IPC. 30/09/2022 • More discussion around IPC at staff meetings and with Core Members and to be included as part of the agenda on team meetings. Completed 16/08/2022 • Support & Supervision Template updated to include an area for discussion on IPC 26/09/2022 • All staff training has now been updated & the PIC will ensure that all staff training is update within the appropriate time frame. Completed 1st Sept 2022 • New Training Matrix been developed to ensure that all staff training is recorded, and expiry dates clearly shown. 30th September 2022 • The PIC is in the process of developing an IPC Protocol Folder which will give clear instructions on all aspects of IPC to ensure the center is in compliance with Regulation 27. October 2022 • Cleaning schedules have been updated to include different areas of needs and in more detail. Extra cleaning schedules have been developed for areas that only require cleaning and checks not as frequent for examples mattresses, upholstery Completed 15/08/2022 Cleaning Schedules have been added to ensure that all cleaning is taking place and been signed for in the Chalets daily in line with will & preference of the core members. 	

Completed 15/08/2022

- The Register Provider & Community Leader in ongoing discussion around staffing levels within the HSE. (Ongoing)
- New container being ordered to store Mops. 01/10/2022
- Community Nurse will carry out practical training around Hand Washing & PPE Donning & Doffing for all staff. This will also be ongoing for any new staff or volunteers that come to the center. 26/09/2022
- Six monthly training for staff & assistants on IPC either as a refresher or a new learning. (Ongoing)
- The PIC has updated covid contingency plans for core members and has reviewed how the covid cases were dealt with in the center. Completed 1/09/2022
- Any further outbreaks of Covid within the center will be reviewed as part of a team feedback for any learning that maybe required. (Ongoing)
- The IPC Policy is being updated currently. Completed By: 19/09/2022
- Painting within the center scheduled for October 2022.
- PIC in conjunction with House Leader with draw up a list of essential works and repairs that are required to meet IPC requirements and ensure that these are carried out within a timely manner. October 2022
- The PIC & Community Leader will look at getting an external cleaning company to do a deep clean with in the center possibly twice yearly. (ongoing)

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.	Not Compliant	Orange	30/10/2022