Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Cork
Name of provider:	L'Arche Ireland
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 and 08 February 2024
Centre ID:	OSV-0003421
Fieldwork ID:	MON-0033711

About the designated centre

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

L'Arche Ireland - Cork comprises three two-storey houses located in residential areas in two suburbs of Cork City. A full-time residential service is provided in each house. The centre is registered to provide this service to 14 adults with an intellectual disability. Six residents may live in one house, with four living in the other two. Residents are encouraged and facilitated to participate in activities within the local community as well as to visit other L'Arche homes during the week. There was one full-time person in charge, and one house leader in each house. There were deputy house leaders and care assistants employed in the centre. In addition, each house had a number of volunteer, live-in assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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 7 February 2024	09:00hrs to 17:45hrs	Caitriona Twomey	Lead
Thursday 8 February 2024	09:00hrs to 13:30hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This designated centre was last inspected on behalf of the Chief Inspector of Social Services (the Chief Inspector) in March 2023. This inspection was completed to monitor the provider's implementation of the compliance plan submitted following that inspection, and also to assess other areas of regulatory compliance. The findings of this inspection, and others completed since July 2021, will inform the Chief Inspector's response to the provider's application to renew the registration of the centre for another three-year period.

L'Arche Ireland - Cork comprises three two-storey, detached houses located in residential areas in two suburbs of Cork City. A full-time residential service is provided in each house. The centre is registered to provide this service to 14 adults with an intellectual disability. Six residents may live in one house, with four living in the other two. Residents in each house had their own bedroom. Each house also had a kitchen and dining room (these were two separate rooms in two of the houses), a sitting room, either four or five bedrooms for live-in volunteers, and a staff office. Two of the houses had a utility / laundry room.

The staffing complement in centres operated by this provider comprise paid staff and volunteer live-in assistants. Those involved in the management of the centre were all paid employees. Volunteers typically live with residents for one year, with some choosing to stay for a shorter or longer period of time.

At the time of the March 2023 inspection, significant non-compliances with the regulations regarding fire safety and premises were identified. In response to these findings, the provider had developed a plan to improve the fire safety arrangements throughout the centre and to completely renovate one of the houses. Given the scale of the planned renovation, the four residents who lived in this house would be required to move out. At the time of this inspection, one resident had moved to another house in this centre, and it was planned for the other three residents to move to another local designated centre operated by the provider in the month following this inspection. Due to the planned renovation, as part of their application to renew the registration of the centre, the provider was removing one house and reducing the number of residents that lived in the designated centre to 10.

This was an announced inspection completed over two days by one inspector. The inspector first met with the person in charge in an administrative building. This allowed for the provider to give an update on the fire and premises works in the centre, and also facilitated the review of documents that related to the entire centre. The person in charge then accompanied the inspector when they visited all three houses. The inspector visited two houses on the first day, visiting the third the following day. In each house the inspector also met the assigned house leaders. These members of the centre's management team facilitated this inspection.

All houses in the designated centre were decorated in a homely manner. There was

comfortable furniture and soft furnishings available, and photographs and art works on display. Items of interest to residents such as arts and craft materials, books, CDs, and DVDs were available throughout the centre. Wireless Internet was available for use. Each house had televisions and radios in communal areas and if residents wished they could also have these in their bedrooms. The inspector saw a sample of residents' bedrooms in each house. These were reflective of residents' interests and had been personalised in consultation with the residents who stayed in them. One resident had pets that were very important to them. These were kept in a structure behind the house where they lived. There was a large garden behind one of the houses. A resident spoke with the inspector about eating meals outside during warmer weather, and making apple crumble using the fruit that grew in the garden.

As referenced earlier, one house in the centre was due to be completely renovated. While in this house, the inspector noted that some maintenance works had been completed including repairing holes in some internal walls, replacing a rusted refrigerator, and tidying up the outside area. It was also noted to be cleaner. Changes had also been made to improve the fire safety arrangements in the centre. These included employing a waking night staff, fitting all fire doors with self-closing mechanisms, supporting one resident to tolerate their bedroom door being closed, removing all extension cables, installing additional electrical sockets, and decommissioning the laundry area located outside one resident's bedroom. Management advised that all laundry was now being cleaned outside of this house. As was found in the last inspection, there remained a number of areas requiring maintenance and upkeep, these included a downstairs shower room, and flooring, carpets and painting throughout the house. Although there was one less resident living in the house, the communal areas remained small given the number of residents, live-in volunteers, and staff regularly there. There also remained insufficient storage facilities available. It was expected that the three remaining residents would move out of this house in the month following this inspection.

When in the other two houses, the inspector also noted improvements made since the last inspection. New furniture had been bought, rooms painted, three bathrooms renovated, and smaller maintenance tasks completed, such as replacing damaged skirting boards and missing appliance handles. In general, the houses were noted to be very clean. However in one house, mould was observed on the ceiling of the laundry and flaking ceiling paint painting was observed in other rooms. The inspector was informed that works were planned to the ceilings in this house on the recommendation of an expert in fire safety. These maintenance issues were to be addressed as part of these works. Management also advised that it was planned to renovate the kitchen at this time. Although the kitchen was functional, some damaged surfaces and missing doors were seen. In the other house, although there were also a number of improvements, some damaged surfaces remained in one communal bathroom and on some furniture. This damage would prevent them being cleaned effectively. Carpets were also noted to require cleaning or replacement.

There were 13 residents living in the centre at the time of this inspection. The inspector had an opportunity to spend some time with nine of them. Three residents were attending a day service or engaged in other social activities while the inspector

was in their home and although the fourth resident was eating their breakfast when the inspector arrived, they had gone to bed to rest when the inspector had hoped to meet with them.

All residents who spoke with the inspector were positive about their experiences of living in the centre. Some reported to being happy and feeling safe in their homes. Many were complimentary about the support they received from staff and volunteers. Residents were at different life stages with some enjoying retirement and others recently starting their first paid job. In March 2023, one resident had told the inspector of their wish to move out of the centre to a different type of service in 2024. During this inspection, they repeated this wish and advised of the supports being provided to them to achieve this goal. From speaking with residents it was clear that their preferences and varied interests informed how they spent their time and the support they received. One resident greeted the inspector when they visited the house where they lived, inviting them to sign the visitors' book and giving them a tour of part of the house. This resident was retired and spoke about what they liked to do. They were involved with household tasks and enjoyed watching the television both with friends and alone in their bedroom. They were aware of the activities available to them and participated as they wished. They were familiar with the local area and enjoyed going to the local shopping centre and hairdresser independently. A number of residents were very independent, with another leaving the house to get the bus to their day service in the city while the inspector was there. A number of residents had jobs, and were reported to enjoy these roles. Other residents had higher or increasing support needs. All support provided was in keeping with residents' assessed needs and individual support plans. Residents had a variety of interests that they enjoyed in the centre and in the community. There was reference to watching television and films, baking, cooking, arts and crafts, knitting, jewellery making, current affairs, and general knowledge. Residents liked attending a day service, participating in a retirement group, going out for meals, day trips, the cinema, spending time on a social farm, horse riding, and swimming. Residents also enjoyed to travel and residents living in different parts of the centre had gone to neighbouring counties and abroad for holidays in the previous year. Further holidays were planned with one resident arranging a cruise, and others planning a trip to London. Residents also made reference to friends living in other houses when they met with the inspector, with some visiting other houses for dinner at times. Family contact was also important to many, and some residents made reference to upcoming plans they had to spend time with relatives. Some residents chose to speak or spend more time with the inspector than others, and this was respected. All residents appeared very at ease in their homes and with the support provided to them.

It was evident that residents had developed strong relationships with the people who supported them in the centre. It was clear that some of these relationships were very long-lasting. One resident was proud to tell the inspector that almost 40 years ago they were one of the first residents to ever live in a residential service operated by this provider in Cork. Many interactions observed and overheard were light-hearted, and all were noted to be kind, supportive and respectful.

As this inspection was announced, feedback questionnaires for residents were sent

in advance of the inspection. Seven were returned to, and reviewed by, the inspector. Two residents completed the questionnaire independently, while others completed them with support from day service staff. Topics referenced in the questionnaires included the premises, daily activities, opportunities for privacy, feeling safe in the centre, and the support provided by staff. The majority of the responses were positive with residents stating that they were happy where they lived, praising the food, their bedrooms, and the kindness of staff. Some residents had reported that they did not know the name of some staff. Management advised that there had been some recent changes in the volunteer assistants and outlined the approach taken by the provider to ensure residents got to know all assistants working in the centre, and for them to get to know the residents. Feedback also identified that a number of residents in one house found living with some peers very challenging. This was having a significant impact on one resident who expressed a wish to move out of the centre and live with a family member as a result. The compatibility of residents to live together, and the safeguarding measures and other supports provided to residents will be discussed further later in this report.

The inspector also reviewed the feedback received from residents as part of the annual review process. As will be discussed in the next section of this report, the way that this annual review was completed made it difficult to determine the feedback that related to residents of this designated centre.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. When the provider applied to renew the registration of the centre they were required to submit some supporting documentation. This included the centre's statement of purpose and a guide about the centre prepared for residents. Both of these met the requirements of the regulations, with both requiring minor changes to ensure all of the information included was clear, up-to-date, and accurate. Other documents read by the inspector included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff training and the centre's complaints log were also reviewed. The inspector also looked at a sample of residents' individual files. These included assessments and residents' personal development, social, healthcare and other support plans. Fire safety, medication management, and safeguarding practices in the centre were also examined. The inspector's findings will be outlined in more detail in the remainder of this report.

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

Capacity and capability

Overall, good management systems and practices were in place. There was a marked improvement in the consistent implementation of the provider's processes and procedures in each house in the centre. Information was collected and used to improve the quality of the service provided to residents. Management systems ensured that all audits and reviews, as required by the regulations, were completed. Some areas for improvement were identified, including the timely notification of certain incidents to the Chief Inspector.

There had been some changes to the staffing arrangements in the centre since it was last inspected on behalf of the Chief Inspector. As before, each house was assigned a house leader, with a deputy house leader in two houses. At the time of this inspection, two of the three houses also had one paid staff member who worked during the day, and five live-in assistants. There were four live-in assistants in the house where three residents lived. One waking staff worked every night in each house. There was also a designated live-in volunteer who could be called for support overnight, if required. Management advised that staffing was under review and they were advertising for additional paid supports.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all who worked in the centre were aware of their responsibilities and who they were accountable to. Volunteer assistants and staff reported to the house leader in the house where they worked. All three house leaders reported to the person in charge, who reported to one of the persons participating in management.

The person in charge worked in this centre only and was employed on a full-time basis. They had fulfilled this role since November 2020 and prior to that had worked in other roles with this provider. As a result they knew the residents well and displayed a good knowledge and understanding of their support needs. All house leaders were based in the houses where they worked and the person in charge visited all three houses regularly. Management presence in the centre provided all staff with opportunities for management supervision and support.

Staff meetings were taking place regularly in each house and there was increased management oversight of the frequency that these meetings were held. A meeting template had recently been agreed and was to be used in all three houses. Assistants and staff also had regular, one-to-one support and supervision meetings with the member of the management team that they reported to. These meetings provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents. Such arrangements are a requirement of the regulations. When speaking with the inspector, staff were very complimentary about the support and guidance they received from management.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in November 2023 and involved consultation with residents and their representatives, as is required by the regulations. On review of this document it was identified that it was completed

regarding both Cork-based designated centres operated by this provider and a day service. It was therefore difficult at times to determine what findings, actions, and resident consultation related specifically to this designated centre.

The two most recent unannounced visits had taken place in June 2023 and again in December 2023 / January 2024. The purpose of these visits is to report on the safety and quality of care and support provided in the centre and to put a plan in place to address any concerns identified. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed. A number of other audits were completed in the centre. These involved a review of residents' personal plans, staff personnel files, health and safety arrangements, and safeguarding in the centre.

There was evidence of good oversight of staff training and complaints in the centre. While it was clear that complaints were addressed in a timely manner and measures required for improvement were put in place, some improvement was required to ensure that the complaint records included all of the required information specified in the regulations.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the Chief Inspector since the last inspection. Although there had been an improvement regarding the management of notifications, it was noted that two had been submitted outside the timeframe specified in the regulations. This review also indicated potential resident incompatibility in one of the houses. This will be discussed further in the next section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre. They were knowledgeable about the residents' assessed needs and the day-to-day management of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team had recently attended all trainings identified as mandatory in the regulations. Due to the assessed needs of residents living in the centre, staff had also completed recent training in the administration of medications, and epilepsy management. Some staff had also completed training in first aid and food hygiene.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place, as is required by this regulation.

Judgment: Compliant

Regulation 23: Governance and management

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. Management presence in the centre provided all staff with opportunities for management supervision and support. Arrangements in place such as staff team and one-to-one support and supervision meetings facilitated staff to raise any concerns they may have about the quality and safety of the care and support provided in the centre.

Unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as is required by this regulation. There was evidence that where issues had been identified, actions were completed or were in progress to address these matters. Other audits were also being completed. An annual review had been completed. It was noted that this review incorporated all of the provider's Cork-based services, including another designated centre and a day

service. It was therefore difficult at times to determine what information related to this designated centre and the residents who lived there. The regulatory requirement is for an annual review of the quality and safety of care and support in the designated centre.

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. Since the March 2023 inspection there was an improvement in the consistent implementation of the provider's processes and systems in all three houses. However there remained some inconsistencies, for example, in the template used to maintain a record of complaints. While there was evidence of good management oversight in many areas of the service provided, the need for improved oversight in some specific areas was identified in the course of the inspection. These included that the actions taken in response to matters raised by residents were always documented, and that there was an oversight system to ensure all healthcare recordings were completed as frequently as required. Improvement was also required in the recording of some incidents so that it was clear why some incidents were considered from a safeguarding perspective and others were addressed using the complaints procedure.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of this regulation. Minor revision was required to ensure that all of the information included was up-to-date. This was addressed during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

As identified previously not all adverse incidents had been notified to the Chief Inspector within the timelines specified in this regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. There was evidence that all complaints made were investigated and addressed promptly. The maintenance of the record of complaints required some improvement to ensure that all of the information as required by this regulation was consistently recorded, most notably the satisfaction of the complainant.

As referenced in the findings regarding Regulation 23: Governance and Management a different template was used to record complaints in different houses. It was noted that the use of one of these templates was more likely to result in all of the required information being recorded.

Judgment: Substantially compliant

Quality and safety

Residents enjoyed living in this centre and were supported to be involved in activities that they enjoyed and interested them. The inspector found that the quality of the care and support provided to residents was of a good standard. A review of documentation and the inspector's observations indicated that residents' rights and independence were promoted. The compatibility of residents to live together in one house was under review at the time of this inspection.

As referenced in the opening section of this report residents living in this centre were at different life stages. As a result some had busy, active lives where they spent a lot of time in their local communities, and others were choosing to spend more time at home and participating in activities as they wished. Residents enjoyed a wide range of activities, and supports were provided where necessary to maintain these interests. Spending time with family was very important to many residents and this was encouraged and supported by the provider. Residents were also supported to visit family graves, in line with their wishes.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided information regarding residents' assessed needs and guidance on the support to be provided to meet these needs. All residents' personal plans were now laid out in the same way. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mental health and behaviour support plans. The provider had recently begun discussing end-of-life preferences with residents. When reviewing parts of residents' personal plans some were identified as requiring additional information or minor review to ensure that all of the information was accurate. There was evidence of multidisciplinary reviews of residents' supports and clear systems in place to monitor that that any recommendations arising out of

these reviews were followed up and implemented.

The inspector read a sample of behaviour support plans. These outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. In one it was identified that although staff were aware of the need to be vigilant when two residents were in each other's company, peer-to-peer incidents were not included in this resident's behaviour support plan. Management advised that this plan was to reviewed with support from an external service.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, dentists and medical practitioners including specialist consultants as required. There was also evidence of input from other health and social care professionals such as physiotherapists, audiologists, and speech and language therapists. A summary document had been developed for each resident to be brought with them should they require a hospital admission. A number of residents had multiple healthcare needs and some had required hospital admissions in the previous year. Residents had been supported to return to their homes in the centre and were supported with their rehabilitation, as required.

A review of one resident's personal plan indicated that while they were an inpatient in hospital they were assessed as requiring a modified diet. This recommendation was included in their hospital discharge letter. These recommendations were not included in this resident's mealtime support plan. When speaking with staff they advised that these recommendations were no longer followed as the resident's presentation was much improved from when they were in hospital. An appropriate professional had not reassessed this resident in light of this change in their circumstances, as is required by the regulations. Management advised that there had been no concerns reported for this resident in relation to eating, drinking, or swallowing. It was also noted when reviewing another healthcare-specific plan that the plan in place was inaccurate regarding when emergency services were to be called. Management committed to revising this.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. It was documented that one resident did not wish to have a personal development plan and this was respected. Where in place, personal development goals outlined what each resident wanted to achieve in the year, for example returning to work following a period of illness. There was an improvement noted in the development and review of goals in the centre. It was clear that residents were involved in this process as goals were personal to each resident and reflected their individual interests and what was important to them. Residents had been supported to achieve a number of goals in the last year, including returning to swimming regularly, getting a job, visiting the cinema, and going on holidays. It was also documented when residents had changed their mind about pursuing specific goals.

The inspector reviewed the provider's arrangements to protect residents from all

forms of abuse. Staff had received both online and in-person training in relation to safeguarding residents and the prevention, detection and response to abuse. Revised training for residents in this area was in development. There were a number of active safeguarding plans in the designated centre. There was evidence that safeguarding concerns were followed up in a timely manner and in keeping with the requirements of the provider's and national policies. There was evidence of liaison with the local safeguarding and protection team and at the time of this inspection the provider was awaiting correspondence on a recently submitted plan.

As referenced earlier in this report, documents reviewed as part of this inspection indicated resident incompatibilities in two houses in the centre. In one house, one resident repeatedly referenced a dislike for a peer but due to staff awareness and vigilance there was no noted adverse impact, or safeguarding concerns as a result of this living arrangement. A number of safeguarding concerns had been notified to the Chief Inspector in the six months prior to this inspection regarding peer-to-peer incidents involving one resident living in another house. While no one incident included a report of significant harm, the frequency of the incidents and the upset reported suggested a negative impact on this resident's overall wellbeing and happiness living in this part of the centre. Safeguarding plans had been put in place and there had been indications that they were effective. However, in the weeks prior to this inspection the resident had stated that they were afraid of this peer and in the questionnaire completed in advance of this inspection, had reported that they no longer wished to live with them and wanted to move out of the centre. The person in charge had escalated this to senior management and had met with the resident to discuss their concerns further. Other questionnaires completed by residents living in this part of the centre had also outlined the challenges they experienced living with this peer. Management advised the inspector that meetings had been scheduled to devise a plan to resolve this matter.

The inspector reviewed the medication management practices in place in two houses in the centre. Assessments had been completed regarding residents' ability to manage their own medication and residents were supported to be knowledgeable in this area. One resident spoke with the inspector about a recent short course of medicines they had been prescribed and how this dose was to be reduced in the coming weeks. Residents were encouraged to be involved in their medicines, where possible, for example independently using nebulisers. There were clear processes in place regarding the ordering, receipt, prescribing, storing, disposal and administration of medicines. Medicines were stored securely, with a separate storage arrangement for out-of-date or returned medicines, as is required by the regulations. The inspector reviewed the medicines and available documents for one resident in each house. Current prescriptions were available and administration records had been completed in keeping with the provider's policy and processes. It was noted that medicines were labelled with the resident's name, expiry date, and if appropriate the date opened. One area for improvement was identified in one house. It was found that where two residents were prescribed the same topical medicine, these had been mixed up. The inspector found one resident's medicine stored with their peer's in error. This increased the likelihood of a resident being administered their peer's medicine.

At the time of the last inspection, an urgent action was issued regarding the fire precautions in this centre. An urgent action requires the provider to confirm what actions they have taken, or propose to take, within a time specified by the Chief Inspector to address a significant non-compliance with the regulations. Since then the provider had maintained regular contact with representatives of the Chief Inspector regarding fire safety in the centre. The provider had arranged for a person with expertise in fire safety to assess all three houses in the centre. This assessment had resulted in the development of a plan to improve fire safety. A number of actions had been implemented and interim measures were in place to mitigate the current level of risk while awaiting the completion of structural works. The provider had submitted a plan regarding these works with their application to renew the registration of the centre. At the time of this inspection, the plan was being implemented as outlined.

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests, and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community. The provider has a strong community ethos and residents regularly spent time with residents living in other houses in this, and another local, designated centre. Residents made reference to these friends when speaking with the inspector.

As well as day-to-day activities, residents were also supported to enjoy less frequent events such as holidays. As well as breaks in Ireland, residents from all houses in the centre had been supported to go on holidays to France and the Middle East since the last inspection completed on behalf of the Chief Inspector.

Residents also had access to education and training opportunities with many attending day services. A number of residents also had jobs in the local area.

Judgment: Compliant

Regulation 17: Premises

As was found previously, one house in the centre did not have suitable storage nor communal rooms of a suitable size to facilitate social and recreational activities, given the number of adults living there. Although some minor works had been completed this house was still overall in a poor state of repair. Due to an assessed fire safety risk this house no longer had facilities for residents to launder their own clothes, as is required by the regulations. The remaining three residents were due to move out of this centre in the month following this inspection to facilitate a complete renovation.

Areas requiring maintenance were also identified in the other two houses in the centre. These included mould and flaking paint on ceilings, carpets in poor condition, and a number of damaged surfaces in communal areas. Works to address some of these issues were planned.

Judgment: Not compliant

Regulation 20: Information for residents

The inspector reviewed the guide prepared by the provider in respect of the designated centre. This met the requirements of this regulation. A minor revision was required to ensure the information regarding house meetings was accurate and to more clearly outline what was covered by the costs associated with staying in the centre. This revision was completed during the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire detection and alarm systems, emergency lighting, and fire fighting equipment were available in each house in the centre. Following an assessment of all three houses in the centre by an expert in fire safety, a plan had been developed to improve the fire safety arrangements in the centre. Parts of this plan had been implemented with premises works scheduled in all three houses. The provider had interim measures in place to mitigate against the current fire-related risks in the centre. These included waking night staff in each house. Evacuation drills were taking place regularly and were completed in a time assessed as safe by the provider. Each resident had a recently reviewed personal emergency evacuation plan (PEEP). Some of these required review to ensure that they reflected the arrangements in place to evacuate and bring all persons in the designated centre to safe locations, as is required by this regulation. Although procedures to be followed in the event of fire based on residents' assessed needs and the staff supports available had been devised for each house, these were not always documented. It is requirement of the regulations that these procedures are displayed in a prominent place and/or are readily available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal, and administration of medicines were implemented in the centre. Medication management audits had been completed in each house. There was evidence that areas identified as requiring improvement in these audits and in the last inspection completed on behalf of the Chief Inspector had been addressed. Improvement was required to ensure that where more than one resident was prescribed the same medicine, these were stored appropriately and residents were administered the product prescribed to them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident's health, personal, and social care needs had been assessed and these assessments were used to inform the development of their personal plans. It was evident that there had been a lot of work completed since the last inspection in the area of personal plans. These were consistent across all houses in the centre and contained clear guidance for staff regarding the support to be provided to each resident. It was noted that some plans required additional information, such as the supports to be provided to a resident when they were experiencing symptoms of poor mental health. Another healthcare plan required review to ensure that the guidance about when to call emergency services was accurate. Management committed to revising this.

There was evidence of regular review of assessments and personal plans, and an annual multidisciplinary review. There was one noted exception to this where the assessment and recommendations for one resident regarding a modified diet had not been reviewed following a change in their presentation.

Residents' personal development goals were meaningful and relevant to the lives they wished to live. There was evidence of regular review and progress made in supporting residents to achieve their goals.

There was evidence of the incompatibility of some residents to live together in two of the three houses in the centre. The provider advised of its intention to review all resident groupings in the Cork-based designated centres following the completion of planned renovation and building works. More immediate plans were underway to address the incompatibility in one house as this involved a safeguarding concern and was having a negative impact on the wellbeing of one resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals. They were also accessing national screening programmes, as appropriate. A number of residents living in the centre had multiple healthcare needs. These were regularly reviewed and there was evidence of follow-up actions and appointments. Findings as outlined in the report regarding some healthcare-related areas requiring improvement are reflected in the judgments for Regulation 5: Individual assessment and personal plan and Regulation 23: Governance and management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a behaviour support plan in place. Staff had been involved in the development and review of these plans. The plans reviewed by the inspector included preventative approaches to implement to reduce the likelihood of an incident occurring and guidance to follow, if needed, in the event of an incident. It was noted that despite occurring occasionally, peer-to-peer incidents were not reflected in one resident's plan.

There were very few restrictive practices used in the centre. Those in place had been regularly reviewed. It was noted that following review, some restrictions had been either removed or replaced to ensure that the least restrictive option was used.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received training in relation to safeguarding residents, and the prevention, detection, and response to abuse. The provider had completed a safeguarding audit and had used this to inform additional in-person training delivered to staff. This audit had also involved residents and work was underway to develop training for residents based on the findings.

Safeguarding concerns in the centre had been addressed in line with the provider's and national policies. There was evidence of liaison with the local safeguarding and protection team, as appropriate, and review of safeguarding plans. At the time of this inspection, there were ongoing actions and plans in progress regarding resident incompatibility in one house in the centre and the impact this was having on one resident who lived there.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a way that respected and celebrated each resident's individuality and rights. Residents living in the centre were at different life stages and had varying support needs. These differences were respected and accommodated where necessary. Where one resident wished to move to another model of supported accommodation, the provider was supporting them with the associated assessments and applications to achieve this goal. Residents received a service tailored to their individual needs, preferences, and requests. Residents spoke with the inspector about how they liked to spend their time and it was evident that these wishes were factored into the supports they received.

Residents were encouraged to use and further develop their independence skills. Some residents had taken up paid employment since the last inspection completed on behalf of the Chief Inspector. Opportunities for residents to exert choice and control were encouraged and regularly provided, as was their involvement in the running of the centre. One resident spoke of their role in the weekly pancake breakfast in the house where they lived. Later another resident also referenced this house routine. It was clear that this was something residents enjoyed and looked forward to. Residents were regularly consulted and had monthly one-to-one meetings with a nominated member of the staff team.

There was evidence that residents living in one house had been consulted and supported to understand and prepare for a move to another designated centre, with one resident speaking with the inspector about this. A resident who had already moved to another house in the centre had been accompanied by a live-in assistant to support them with this change.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for L'Arche Ireland - Cork OSV-0003421

Inspection ID: MON-0033711

Date of inspection: 08/02/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The CEO has been informed of the need for site specific annual reports and will apply this to the current report and all future reports. All houses in the centre will use the more detailed version of the Complaints Form. The outcome from measures taken to address the complaint and the reporting resident's level of satisfaction for the outcome will be documented and reviewed regularly by the Person in Charge. Guidance on what is deemed a comment, a complaint and a safeguarding concern to be devised.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Person in Charge will follow up with naming another staff member to submit notifications during the Person in Charge's absence. Regular reminders will also be provided to the houses regarding notifying the Person in Charge of any notifiable incident withing the required timeframe.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: As mentioned for Regulation 23, all houses in the centre will use the more detailed version of the Complaints form. The outcome from measures taken to address the complaint and the reporting resident's level of satisfaction for the outcome will be documented and reviewed regularly by the Person in Charge. Guidance on what is deemed a comment, a complaint and a safeguarding concern to be	

devised.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Residents will begin to move into alternative accommodation during the week beginning the 18th March to allow for a complete renovation of the premises that did not provide enough communal space or storage. For the remaining two houses, a list of work that needs to be carried out has been compiled and submitted to the maintenance contractors. A number of the repairs will be carried out in line with planned building works to address fire safety precautions during the year. In the meantime, increased ventilation, and strict adherence to cleaning schedules are in place to combat mould and prevent infection.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Improvements to each house will continue in line with the plans drawn up by a fire safety competent person. All Personal Emergency Evacuation Plans for residents will be updated to reflect the resident's likelihood to evacuate during an alarm and what measures can be taken to encourage the resident to leave if there is hesitation or refusal. An Evacuation Protocol, dealing which residents may require support to leave the premises and who staff should attend to first is in the process of being compiled and will be available in the Fire Safety Register in prominent position, known to all staff.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All staff and assistants to receive regular reminders of the 10 Rights of Administering Medication, the importance of checking labels and to adhere to the correct storage of medications. Regular spot checks to be carried out by the nurse, House Leader and Person in Charge.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All care plans to be reviewed and all identified needs, including diet and mental health to have a corresponding support plan and information, if needed, regarding when to escalate to emergency services. Incompatibility amongst residents continues to be reviewed and structures such as safeguarding plans, participation in separate activities and continued monitoring by staff are in place to manage current difficulties which have decreased in the past two months.	
Regulation 7: Positive behavioural	Substantially Compliant

support	
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Positive Behaviour Support Plans to be reviewed to address the current needs of the residents and to include peer-to- peer triggers and responses in identified plans.	

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	29/03/2024
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.	Not Compliant	Orange	31/12/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2024
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/04/2024

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	31/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Substantially Compliant	Yellow	31/03/2024

	receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	12/03/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/03/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	30/04/2024

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/03/2024
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is	Substantially Compliant	Yellow	30/04/2024

	made to identify and alleviate the cause of the resident's challenging behaviour.			