



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:	03 October 2024
Centre ID:	OSV-0001953
Fieldwork ID:	MON-0037055

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, 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
Thursday 3 October 2024	11:00hrs to 17:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. From what residents told the inspector and based on what the inspector observed, a good quality of care and support was provided in this centre. Residents were in receipt of care that met their assessed needs and had a good quality of life.

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 one that was warm, nicely decorated and maintained to an overall good standard. On arrival to the centre, all residents were attending local services or attending an appointment. The centre is registered for a maximum of four residents and was at full capacity. The inspector had the opportunity to meet with all four residents on their return to the centre.

During the inspection the inspector had the opportunity to meet and speak with all four residents living in the centre, senior management, staff team members including the person in charge and house leader about the quality and safety of care and support in the centre. They also reviewed documentation about how care and support is provided for residents and looked at the provider's systems of oversight within the centre.

Each resident was observed to complete individual routines and prepare themselves cups of tea and refreshments on their return to the centre in the afternoon. All residents appeared comfortable and at ease with each other, staff members and volunteers present. Residents, staff and volunteers were observed to interact as a group in a warm manner which contributed to a positive atmosphere during the inspection. One resident had recently transitioned into the centre. The resident informed the inspector that they were pleased with the move and that they were enjoying the company of the other residents. From what the resident and staff told the inspector this had been a positive transition for the resident and they were enjoying living in an environment that was suitable to meet their assessed needs. The inspector also met with a resident in their individualised living space, the resident spoke with staff and the inspector about their day and things which were important to them. The resident appeared content and happy in their home.

As part of the inspection the inspector completed a walk around of the home. Bedrooms were individually decorated with photographs and pictures and other items of importance to the residents such as achievements and awards. All areas of the home were very clean and tidy. Throughout the inspection staff were observed to knock on residents' doors and seek permission before entering their room and to treat residents with dignity and respect.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how

they impacted on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The overall findings of this inspection were that residents were in receipt of a good quality of care and support. The provider's systems to monitor the quality and safety of service provided for residents included unannounced provider audits every six months and an annual review. It was observed that a large number of sections of the unannounced provider audits were referred to as TBD (to be determined).

The person in charge was full-time and had responsibility for two other designated centres operated by the provider. They were supported by a house leader who was full-time in this designated centre with specific delegated duties to facilitate and support the person in charge.

Regulation 15: Staffing

The inspector reviewed samples of the roster and found there was a core staff team in place supplemented by a group of live in assistants which ensured continuity of care and support to residents. On the day of the inspection, the registered provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Paid staff members were available to residents 24 hours, seven days a week. A sample of staff files were reviewed and contained information and documents specified in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and first aid. Where refresher training was due, there was evidence that refresher training had been scheduled. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which provided assurances that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences.

Although a number of provider-led reviews had occurred this was an area that required additional attention. The provider unannounced visit completed in April, noted a number of key regulation findings as 'to be determined' including training and development, governance and management, complaints, individual assessment and personal plan, health, resident's rights, general welfare and development, risk management and premises. The audit tool notes 67% as 'to be determined'. In addition, no action plan and/or progress report/follow up was in place for the inspector to review to evidence oversight or progression in these areas. It is however recognised that high levels of compliance with the regulations reviewed were observed on the day of inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A resident had transitioned to the centre since the previous inspection. It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The inspector reviewed a sample of volunteers files in the centre and found that they each contained descriptions of their roles and responsibilities in writing and all had current Garda Vetting. Volunteers were supported by paid employees while working in the centre.

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

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting the residents and staff, observing support practices and conducting a review of the residents' care records and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

There was evidence of oversight of residents' accounts with audits reviewing bank statements. Where residents were supported in the management of their finances by others, the provider was engaged with residents and their representatives and working to ensure they had transparent systems in place to ensure residents had full access to their own funds. This was an area that the provider and person in charge

had identified as requiring change following previous inspections.

Judgment: Compliant

Regulation 17: Premises

As previously described, the centre comprises of a detached two story dwelling with well maintained mature gardens surrounding the house. The centre has been decorated to ensure it is homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedroom which were decorated to reflect their individual tastes.

Some areas of improvement had been identified by the provider as requiring improvement such as flooring, the inspector found that plans were in place to address and upgrade identified works.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

The inspector identified that risk management procedures required improvement to ensure they took into account any Health protection surveillance centre (HPSC), Health Service Executive (HSE) and Department of Health guidance and were reviewed and updated in a timely manner in line with changing advice. For example, identified infection prevention control risks were limited to the management of COVID 19 only.

Judgment: Substantially compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. Residents were facilitated to access appropriate health and social care professionals as required.

Where residents had ongoing health issues such as challenges with mobility they were supported in attending frequent appointments. One resident was for example attending an appointment supported by staff on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preference.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities, health care and finances. It was evident their choices and decisions were respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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-0037055

Date of inspection: 03/10/2024

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: All Announced and Unannounced Inspection will have an action plan that will be reviewed and followed up on by the PIC & Audit Team. Completed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Infection and Prevention Control Risk Assessments will not only cover Covid 19 Guidance but will include any other infectious risks such as Influenza, Norovirus & Blood Spills and will include guidance from the HSE and Department of Health. Completed by: 11/11/2024.	

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/11/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	11/11/2024

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
--	--	--	--	--