

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by L'Arche Ireland
<b>Centre ID:</b>	OSV-0003419
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	L'Arche Ireland
<b>Provider Nominee:</b>	Mairead Boland Brabazon
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	Kieran Murphy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 December 2014 10:30	03 December 2014 18:00
04 December 2014 09:15	04 December 2014 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the second inspection of this centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspectors met with the residents and staff members. Inspectors reviewed documentation such as the centre's statement of purpose, person centred care plans, medical records, arrangements with regard to meal preparation, activities, staff training records, staff files, policies and procedures, fire safety records and the residents' accommodation.

As part of the application to register, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be incomplete. The outstanding documents are required to be submitted to the Authority.

The centre can accommodate eight residents. There were six residents living in the centre at the time of inspection. Two residents reside in one community house and four residents live semi independently in four semi detached bungalows located on the main campus. The centre supports people with different levels of abilities and needs. The main residential service is located on the periphery of the local town area and is operated from a large, detached house. In the main house residents have high dependency in terms of support needs. In this house the residents have a slower pace and movement and their activities and interests are customised to the preferences of residents.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons(Children and Adults) with Disabilities) Regulations 2013.

There was evidence of compliance, in some areas, of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, inspectors were not satisfied that there were adequate arrangements in place to supervise staff as exemplified by observations of inspectors, lack of accredited training and inappropriate practices pertinent to nutritional needs of residents. Inspectors saw that some residents were not supported to exercise choice in relation to meals and activities. These matters will be outlined in detail throughout the report. The inspectors found that the service was also non compliant in other areas of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Contraventions included :

- Governance and management
- health and safety and risk management
- staff training and supervision
- residents rights, dignity and consultation
- nutrition
- statement of purpose
- records.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors observed some good practice with regards to residents rights and dignity but a number of improvements were required in order to be fully compliant with the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors observed staff, for the most part, engaging with residents in a manner that was respectful. Some practices as observed by inspectors were not satisfactory. These practices will be outlined further on in the report. Staff spoken with were very familiar with residents; their needs, likes, dislikes and their life story.

Residents that were in supported living accommodation were consulted about how the centre was planned and run. Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Residents were supported to pursue different interests and hobbies. However, inspectors did not see any evidence of residents who had high support needs being supported to pursue their hobbies or interests. Residents had regular house meetings to discuss grocery shopping and meals for the week and any other activities that they wished to undertake.

Residents in the bungalows were responsible for making menu choices for themselves each day of the week. All residents did their own cleaning and cooking with support from the house leader. Residents told inspectors that they could choose what time they got up at and what time they dined at. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community via having lunch out in local establishments or going to the local shops for items for the

centre.

Some residents were supported and encouraged to have control over their own finances and were supported managing their money. Inspectors saw that the house leader assisted some residents with budgeting skills. Each resident had their own banking account.

There was a policy on residents' personal property and records of residents property was observed in their files. Residents could keep control of their own possessions. Inspectors saw that there was adequate space for clothes and personal possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished. In the main house staff did the laundry and a resident was encouraged to participate if he wished.

Residents that lived in the bungalows had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the community such as the coffee shop, attending activation therapies such as baking, art, candle making and computer work. Residents also engaged in other activities in the community such as attending the hairdresser, exercise classes and swimming.

Overall, inspectors observed that residents living semi independently had freedom to exercise choice in their daily lives. However inspectors observed that one resident in the main house attended day services while the other resident spent all day in the house. Inspectors saw that there was very limited activation for this resident as inspectors observed that he spent long periods of the day in bed. As on the previous inspection there was a baby monitor in use. Consent for the use of the monitor had been obtained.

According to staff it was used as a listening device for night time as there was no waking cover during the night. However, inspectors saw that staff still used it during the day when the resident was asleep. The provider informed inspectors that it was used during the day as the resident woke instantly when staff entered the room. However, staff members in the house told the inspectors that the resident slept very well. Inspectors formed the opinion that this device was used as a method of supervision of the resident during the day as well as night. These practices are not sensitive to resident's needs and do not promote their privacy and dignity.

There was a complaints policy which was available in an easy read format. It outlined, the process for managing complaints, it did identify the complaints officer and it identified an appeals committee to address complaints when the complainant was dissatisfied with the complaints officer's findings. There were no records of referrals to the appeals committee.

Inspectors saw that the centre did maintain a complaints log to record complaints, the outcome of the complaints process or whether or not the complainant was satisfied with the outcome. There was evidence of a process to oversee the complaints process in order to ensure compliance. There was signage on clear display identifying for residents, relatives and visitors how to make a complaint, the responsible person for dealing with complaints or the appeals process.

Residents had access to advocacy services as observed by the inspectors. There was a human rights committee in operation. Inspectors viewed minutes from a recent meeting in November 2014. There was also a listening group in operation which included residents from the day and residential services and this group was chaired by the person in charge.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that resident's communication needs were facilitated and supported. There were effective and supportive interventions provided to ensure each resident's communication needs were met. The inspector found that residents had communication care plans that were reviewed and up to date. These documents gave specific direction as to individual's specific communication needs and requirements.

However, the inspectors observed that some staff were not communicating with residents in a very professionally supportive and respectful manner during the inspection. This was brought to the attention of the person in charge on the morning of the second day of inspection. These matters are described under Outcome 11.

Most staff who spoke with the inspectors exhibited knowledge and awareness of resident's needs, wishes and preferences. The inspector found residents had good access to communication media, such as, television, radio, newspapers and magazines and brochures. The inspector noted communication boards in the houses that highlighted appropriate and accessible information to residents such as a picture rota of staff on duty.

**Judgment:**

Non Compliant - Minor

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. Residents that lived semi independently stated that their friends and families were welcome in the centre and were free to visit. Residents told inspectors that they would often have visitors in the evenings. A resident told the inspectors that they made their own arrangements to see friends on a weekly basis. Residents stated that they had made friends both within the service and outside through work and other social activities. Residents said that they enjoyed meeting their friends.

Residents were facilitated to meet family and friends in private. Inspectors observed that in the main house and the bungalows that each resident had their own room and there was adequate private space available in each area also. Inspectors found that there was evidence that families were invited to attend annual personal care plan meetings.

Residents told the inspectors that they felt safe and had been taught to ask for identification if a person that they did not know came to the door. Residents have out of hours telephone back up with the on call system available within the organisation.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The admissions process was managed by the admissions committee which included the provider/person in charge and other allied health professionals. Contracts of care were in place for the residents in accordance with the requirements of the Regulations.

There had been no recent admission to the centre and the majority of residents had lived in the centre for a while. Some residents told the inspector that they would have stayed in the respite house prior to the transition to residential services. Inspectors saw in person centered plans that this transition was managed in an appropriate manner. There were policies and procedures in place to guide the admissions process. However the policy did not outline the protection of residents from abuse by their peers as required by legislation.

The residents paid a weekly contribution towards the house. All residents were charged the same weekly rate and there were no additional charges for service provided by the



provider. The statement of purpose did not outline the specific care and support needs that the centre is intended to meet.

There have been no recent discharges from this service.

**Judgment:**

Non Compliant - Minor

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The person-centred plans contained a picture of the resident, personal details and family contacts. They also contained a brief outline of:

- Important people in the resident's life
- communication requirements
- important things in the resident's life like work, weekend, fun things to do and family
- how the resident spends time on activities
- improvements to the resident's life in the last 12 months.

There was evidence of a review of the person centred plans with annual goals being set ranging from attending swimming more often to going on an annual holiday. Some residents informed inspectors that they had a good choice of meaningful activities from which they could choose to attend or work in each day. Some residents also outlined how they enjoyed just relaxing in their room, spending time alone and sometimes watching television or listening to music.

Residents that lived in the bungalows said that they had ample opportunity for meaningful activities which ranged from work based activities in the cafe and attending various day care services and leisure activities such as swimming, bowling or going on outings. The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in some instances in consultation with the resident. Inspectors saw that in some care plans there was limited evidence of the resident or relative involvement in the plan of care.

Inspectors observed that personal plans detailed resident's specific requirements in relation to their social care and activities. There was evidence of residents' social needs including residents' interests, communication needs and daily living support assessments.

Residents attended their day care facilities on weekdays and the inspector saw evidence of the activities in which they were involved. The centre had its own transport in which residents travelled to the city or on day trips. There was good communication between both the day and residential service as observed by inspectors.

There was a system of reference workers/key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. However, a reference worker that inspectors spoke with did not know whether the individual resident whom she was responsible for had attained his goals or not in relation to the identified goals and objectives as outlined in the person centered plan.

Inspectors observed that family contact and spending time with family in their homes was of great importance to most residents. Some residents went home to the care of their family at weekends or some families visited for periods during the day.

There was evidence in personal plans of assessment and identification of all needs including healthcare needs and where a need was identified; there was a plan in place in the sample of residents' files reviewed. There was documentation available in residents' care plans which supported appropriate management of transitions between respite and residential services which included consultation between residents and their families.

However as outlined under Outcome 1 inspectors saw that a resident had very limited activation. Inspectors observed that he spent long periods of the day in bed. Inspectors did not observe any efforts by staff to exercise meaningful engagement in any activity during the days of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre consisted of one house and four self contained bungalows and was located

on a site shared with a day service, a computer workshop and administrative offices. The four self contained bungalows were adjacent to the main house. Two residents specifically stated that they did not want inspectors to enter their houses.

The house could accommodate four residents but there were two vacancies during the inspection. There was a large kitchen dining area. The locked medication press was in the pantry adjacent to the kitchen. There was a well furnished living room and sun room. The kitchen led to a hallway with one resident's bedroom, a bathroom with bath, toilet and wash hand basin and an office area. There was spare bedroom that was being used as storage room and contained a hoist, wheelchair and weighing scales. All these items were newly acquired and a new commode had also been purchased.

There was a large prayer room which had access to a separate unoccupied apartment. This apartment contained a kitchen/dining area, bathroom and bedroom. Fold up beds, which on the last inspection had been in the prayer room were observed in this apartment bedroom. The house leader stated that only workers and residents lived in the centre and any visitors were not accommodated.

The fire alarm panel was in the main hallway of the house and led upstairs. There was one resident's bedroom, a spare bedroom and a number of staff bedrooms. There was a bathroom with shower, toilet and wash hand basin.

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury.

There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to kitchens with sufficient cooking facilities and equipment. The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents.

The inspectors found that bedrooms were of a good size and were comfortably furnished. A resident told inspectors that they had chosen the decor for their home and stated that they were happy with the accommodation. A well maintained garden was provided and was accessible to all residents. There was adequate parking spaces available that were accessible for car/mini bus transport.

The centre met the individual and collective needs of residents and there was appropriate and suitable assistive equipment provided which was maintained in good condition. The inspectors saw evidence of the service records for equipment and observed that there was a responsive maintenance programme available for the centre.

Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

**Judgment:**  
Compliant

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

### **Findings:**

Since the last inspection a critical incident policy had been developed which outlined the centre's response to fire and evacuation arrangements. It also dealt with other emergencies like loss of power, loss of lighting or flooding. There were up to date personal emergency egress plans in place for residents, some of whom had restricted mobility. However, staff were unclear about their roles in relation to an emergency response alert for residents in the bungalows. This was an issue identified on the previous inspection also.

Since the last inspection the risk management policy had been updated and included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. The risk management policy categorised risk in three categories:

Clinical, including personal risk assessments, assessment of need and medical needs  
financial  
organisational, including human resources, health and safety, complaints and a programme of audit.

The inspectors spoke with the designated health and safety officer who worked part time two days per week. Up to date personal risk assessments were available for residents and included issues like finances, healthcare, moving and handling, and the use of bedrails as restraints. There was a policy on the reporting of accidents and incidents. Inspectors reviewed the incident log since the last inspection and found four notifications regarding:

Two resident falls

one issue of staff not following organisational policy in relation to the signing of financial receipts and

one issue of trespassing on the premises.

The person in charge told inspectors that incidents are reviewed and discussed at management meetings and learning from incidents was shared amongst staff.

In relation to infection control the house leader informed inspectors the practice of cloths being utilised for cleaning residents had been discontinued. Disposable cloths were now being used. Staff outlined the cleaning schedule for the centre and were aware of infection control principles in relation to cleaning. Paper/disposable hand

towels were available in all bathrooms. The inspectors observed that the centre was visibly clean and well maintained.

Confirmation had not been submitted from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with was not available for inspection. The inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

Servicing of fire alarm system and alarm panel November 2014  
fire extinguisher servicing and inspection certificate.

There was evidence that one fire drill had taken place since the last inspection. There was a daily inspection of means of escape, a weekly testing of the fire alarm and a weekly inspection of emergency lighting. There were procedures to be followed in the event of fire on display in prominent places. However, the easy to read format of these procedures did not relate to the specifics of the house where residents lived.

The inspectors noted that fire exits were unobstructed and a resident told the inspector of the procedure to be followed in the event of a fire. There were a number of vehicles available for transporting residents. Inspectors saw evidence that these were all roadworthy, regularly serviced and insured.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

There were policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke were knowledgeable in relation to abuse and reporting procedures.

There were records available which indicated that staff were trained in abuse detection and prevention as required by legislation. There was a policy on challenging behaviour and inspectors saw that staff had received training in the management of challenging

behaviour. There was evidence that residents were provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. Inspectors saw that there were behavioural support plans in place for residents.

As on the previous inspection restrictive practices were in place. A risk assessment had been undertaken on the use of bedrails for one resident and had been assessed as "a low risk". The house leader outlined that the resident's safety was being monitored closely when the bed rails were in place. However, as found on the last inspection, there was no documentary evidence of any checks being undertaken and recorded.

The use of the restrictive measure was not monitored, supervised or reviewed. There was no evidence that other options had been tried for this resident. Staff were carrying out restrictive procedures without being trained to do. Inspectors observed that while there was a policy available on restraint it was not evidence based nor were procedures in relation to restraint applied in accordance with national policy.

Inspectors observed that residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. Inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. Inspectors noted that all financial transactions when possible; were signed by residents. Written receipts were retained for all purchases made on residents' behalf.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge and provider nominee were aware of their statutory requirements under the Regulations regarding notifications to the Chief Inspector. All required notifications had been forwarded to the Authority and the inspector had viewed these prior to the inspection.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Most residents had opportunities for new experiences, social participation, education and employment. Residents were encouraged to participate in education and training much of which was provided through day services. It provides programmes for residents that are structured, developed and delivered in line with individual needs and abilities.

There was a system in place to facilitate residents to find employment. Some residents participated in employment to varying degrees. Residents stated to the inspector that they enjoyed their work activities in various areas such as cafe as this allowed them to regularly meet new people.

Inspectors spoke with staff and reviewed documentation and found that some residents were provided with suitable activation in line with their own goals, preferences relevant to their changing needs. Considering the interests and abilities of residents, inspectors were satisfied that activities were reflective of most residents' dependency needs.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors saw that residents were assisted to access community based medical services such as their own GP, physiotherapy, dietician, speech and language therapy. They were supported to do so by staff that would accompany them to appointments such as psychology, neurology or psychiatry.

Health plans were documented in the residents' files and appropriately kept under review. For example, appointments were regularly checked, facilitated and recorded. Records of these appointments were maintained by staff who transcribed information relayed to them by health professionals into their care plan. However, inspectors did not observe any medical records contained within the personal plans which would facilitate and promote good communication between health professionals involved in the

treatment and support of residents.

There was evidence of access to specialist care in psychiatry with residents attending as out-patients if required. However, the records of these attendances were made by support workers and not by the treating medical professional.

There was evidence of residents exercising their right to refuse medical treatment. For example access to a screening programme had been offered to one resident who, after discussing it with her reference worker, felt it was not necessary.

The four residents in the bungalows were supported by a house coordinator to cook their own meals. One resident accessed a day service run by a different organisation and had dinner there. The other three residents attended a day service and prepared a packed lunch, having their main meal in their house in the evening.

There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by inspectors all contained records of relevant monitoring with regard to nutrition and weight. The inspector saw that nutritional assessments were reviewed by staff.

However, as on the previous inspection there were no menus displayed in the house which offered choice. Inspectors observed that the lunch time service was not presented or served to a resident in a manner which was attractive or appealing in nature in terms of texture, flavour and appearance which does not enhance or maintain appetite or nutrition for residents. Inspectors saw that there was no choice available to residents in relation to their main meals. Inspectors observed this on both days of inspection.

Inspectors observed during mealtime that practices of a staff member assisting a resident to eat were inappropriate. Inspectors observed that the resident's privacy and dignity was not maintained as the staff member fed the resident with one hand and ate her own lunch with her other hand which was undignified. Inspectors observed that there was minimal interaction between the staff member and resident.

Inspectors were not satisfied that residents received a varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

**Judgment:**

Non Compliant - Major

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**



**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However, inspectors were not satisfied that residents were protected by safe medication management practices. One resident was prescribed a cough medicine. One staff member was observed administering this cough medication by holding the resident under the chin and then giving the medication. This was not in accordance with safe practice in the administration of medication.

The medication prescriptions were transcribed by the person in charge who was a registered nurse. However, there was no evidence of a second person checking the prescription transcribed in order to minimise the risk of error and these practices do not meet with best practice in medication management.

As on the last inspection an administration error was noted in the medication administration record as the incorrect time was marked. This had been crossed out on the administration record but not signed for appropriately by staff administering the medication. The inspectors noted that the maximum dosage of PRN (as necessary) medications was not prescribed for all medications. One medication which had been prescribed was not dated by the prescriber which is not in accordance with best practice in medication management.

There were no controlled medications in use at the time of inspection. Residents did not require their medications to be crushed. A medication fridge was available. A number of self-medication and details of arrangements forms had been completed for residents in the apartments. However, the house coordinator confirmed to inspectors that no residents were self medicating.

The inspectors reviewed the medication incident reports from August 2014 to November 2014. There were five reported incidents including three administration errors. Inspectors could not ascertain if there had been any shared learning to prevent reoccurrence of errors. There was no evidence available that medication management audits were being completed. These practices as outlined increase the risk of potential harm to residents and do not meet legislative requirements.

In relation to the management of residents with epilepsy staff members received accredited training from Epilepsy Ireland. Staff had received training in the administration of buccal midazolam from the nominated provider. However, inspectors were not satisfied that this training was accredited to the resident population as inspectors observed that it did not maintain the skills of the workforce due to the non compliances with regulatory requirements as outlined in this outcome.

**Judgment:**

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

A recently updated statement of purpose was available and reviewed by the inspectors. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre. The inspector noted that copies of the statement of purpose were available for residents in the centre.

The statement of purpose contained all of the information required by Schedule 1 of the Health act 2007 (Care and Support of Residents in designated Centres for Persons (adults and children) With Disabilities) Regulations 2013 with the exception of:

- a description of the rooms in the designated centre including their size.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

L'Arche Ireland is a limited company and the chief executive officer (CEO) had been appointed on 1 November 2014. There are three communities (Cork, Dublin and Kilkenny) being put forward for registration with the Authority. The Board of L'Arche Ireland provided oversight of the management of each community. This is achieved by

each community having a local committee, the chairperson of which sits on the Board and who provide reports to the Board. At senior management level there is the post of CEO and a quality assurance officer who works part-time.

Inspectors saw minutes of monthly board meetings and reports that the nominated provider who was new to her post of CEO presents to the board. A system of audits had been put in place within the organisation by members of the senior management team, and the inspector saw evidence of some audits carried out in relation to this designated centre. An annual review to capture the quality and safety of this designated centre had not been completed to date.

The nominated provider who is also the CEO outlined the governance arrangements in place for L'Arche Kilkenny. There was a person in charge who was a registered nurse. She was supported by a deputy who had qualifications in management and had over twenty years experience of shared living as part of the L'Arche Community.

The person in charge was engaged in the operational management of the house. Based on interactions with the person in charge during this inspection, she had some knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. However, based on some repeat findings on this inspection inspectors observed that there were gaps in knowledge and responsibilities under the legislation.

The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular team meetings as evidenced by inspectors.

Inspectors observed that there was a planned programme of support and supervision for staff members. However, inspectors were not satisfied that the centre was governed in a manner that supported the creation and continuous improvement of a person centered service that collectively met the needs of all residents as some non compliances in relation to training and supervision were repeat findings again on this inspection. The person in charge acknowledged that she did not yet receive supervision from the registered provider.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge, the appointee was an experienced manager who had worked over 20 years in the service. The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider was aware of the need to notify the Authority in the event of the person in charge being absent.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that the designated centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspectors found that the designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of residents.

The inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspectors found that the facilities and services available in the centre reflected the statement of purpose. The provider told the inspector that a regular review of resources in the centre took place in consultation with the board of management.

The inspectors spoke with staff members, who confirmed that activities and routines are not adversely affected or determined by the availability of resources. The person in charge and staff also confirmed that there have not been instances where they have been unable to meet residents' goals, as outlined in their personal plan, due to lack of resources.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and*

*recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors reviewed a sample of staff files and noted that all were compliant Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors saw that staff had access to education and training in line with their professional development requirements. However, there was evidence that education and further accredited training on medication management, nutritional needs and menu planning for specific dietary needs was required to ensure residents' needs were met in these areas.

Inspectors were satisfied that staff received required mandatory training at appropriate intervals such as fire management and prevention, protection and response to abuse and managing and preventing aggression (MAPA). However, as outlined under outcome 7 staff training in relation to fire safety required updating as staff were not familiar with the actual procedures to follow in the event of an emergency.

The inspectors were not satisfied that the skill mix of staff available during the inspection was appropriate to meet residents' needs. Inspectors formed this judgement through observation, review of documentation and speaking with staff. Some staff members who were predominantly known as volunteers by the community had very little experience of working with people with disabilities. Some practices observed by inspectors indicated that some staff were not competent in all areas to meet the changing support needs of residents nor were inspectors satisfied that some staff fully understood their personal and professional responsibility for the safety and welfare of residents.

There was a programme of induction in place as observed by inspectors. The person in charge told inspectors that the community was in the process of recruiting a nurse to work 20 hours per week. The nurse would have a specific remit for training and supervision.

There was a planned and actual rota in place indicating staff on duty over a 24 hour period which included the on call night arrangements as there was no waking cover at night.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector noted that in general, records and documentation in the centre were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

A directory of residents was maintained in the centre and was made available to the inspector. Resident's files were found to be up to date and kept in an accurate manner; however, these files did not contain a record of nursing and medical care provided to the resident including any treatment or intervention. This was discussed further under Outcome 11: Healthcare Needs.

There was a policy on the provision of information to residents and a Residents' Guide which met the requirements of the Regulations.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

As referenced throughout this report all of the policies required under Schedule 5 of the Regulations were made available to the inspectors such as medication management, communication and the provision of behavioural support. However, the inspector noted that the centre was not in compliance with its own policy in relation to recording, retaining and destruction of documents. This policy stated that the residents' documents and files are always stored in a secure locked cabinet with the key secured in a safe place. However, the inspector noted that residents' personal care plans which included private and confidential information were left on the kitchen counter in the centre.

The centre also had a policy in relation to visitors but there was no visitor's book available in the centre.

**Judgment:**

Non Compliant - Moderate

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by L'Arche Ireland
<b>Centre ID:</b>	OSV-0003419
<b>Date of Inspection:</b>	03 December 2014
<b>Date of response:</b>	19 January 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Staff told inspectors that a baby monitor was used as a listening device for night time as there was no waking cover during the night. However, inspectors saw that staff still used it during the day when the resident was asleep which impinged on the resident's privacy and dignity.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**

While we recognise the baby monitor has the potential to impinge on the person's dignity, it has been essential from a safety perspective. Our priority has always been the resident's safety. We have considered other less intrusive devices, but they have not been considered as suitable alternative due to the type of epilepsy. We are currently researching alternative equipment. A demonstration is scheduled for 20 January 2015.

Next of Kin has given written permission for use of existing monitor, used during the daytime as well as at night. Assistants who leave the room need to hear if the person is having a seizure. Seizures are indicated by a preceding scream. When being attended to by care and/or other professional personnel the monitor is disconnected.

There will be a full review of his care plan with multi-disciplinary team by 15 Feb 2015. This will consider the findings from our research/analysis of alternatives. A decision will be made taking into consideration the least restrictive approach which will ensure the resident safety.

The resident is checked every 30 minutes, we record same.

**Proposed Timescale:** 20/01/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A resident spent all day in the house. Inspectors saw that there was very limited activation for this resident as inspectors observed that he spent long periods of the day in bed.

**Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**

1. Resident has daily activity plan in place. This includes exercises for which has been prescribed by the physiotherapy 22 September 2014. They are carried out while in bed am and pm and during the afternoon. Other activities both inside and outside the house are included as informed by his wishes.
2. Resident had plan as directed by public health nurse, now written and recommended by GP in place 12 January 2015
3. Resident attends social events in L'Arche when well, as per care plan. The resident attended events over Christmas period when he felt better. We are currently awaiting

medical results in respect of his increased fatigue.  
The resident cannot attend his normal routine of attending an outside venue music sessions, as a result of a medical condition The care plan will be up dated depending on the health status and medical results of resident and GP instruction.

**Proposed Timescale:** 12/01/2015

### **Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspectors saw and heard some staff not communicating with residents in a very professionally supportive and respectful manner during the inspection.

**Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

**Please state the actions you have taken or are planning to take:**

All staff have been trained in the code of conduct policy and residents rights handbook Oct 2014.

a. All staff will be supervised on appropriate means of communication, both informally and in formal supervision. All staff have been made aware of consequences of inappropriate communication:—this is included in the disciplinary policy. Include copy of this policy October 2014.

b. The person in charge will meet with all staff to reiterate the policy and practice with regard to appropriate and will monitor practice 26 January 2015.

**Proposed Timescale:**

1. Completed
2. 26/1/2015

### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The policy did not outline the protection of residents from abuse by their peers as required by legislation.

**Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**

The policy will be changed to reflect the requirement of the Regulation.

**Proposed Timescale:** 30/01/2015

### **Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Inspectors saw that in some care plans there was limited evidence of the resident or relative involvement in the plan of care

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**

1. We will ensure that maximum resident involvement will occur, taking into account the person's ability and wishes.
2. Where the person cannot participate due their level of disability, we will strive to involve their family and if there is no family, we will involve an advocate.
3. Resident records will reflect and justify the level of resident involvement in their care plans.

**Proposed Timescale:** 31/03/2015

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Staff were unclear about their roles in relation to an emergency response alert for residents in the bungalows. Confirmation had not been submitted from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with was not available for inspection.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**

1. Training on the above requirement and clarification of duties has been given all staff 13 January 2015
2. Fire Management and Building required updates are planned which are dependent on, and limited by, resources. The funder has been written to and we are awaiting a

response.

**Proposed Timescale:** 13/01/2015

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Failing to ensure that where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in line with national policy and evidence based practice.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

1. When in bed and bed rails are in use, ½ hourly checks are made and recorded.
2. Bumper cushions are in place on bed rails to prevent injury and are checked ½ hourly and recorded In relation to chemical restrictive practice: Consultant gave recommending letter 10 October 2014
3. A protocol will be developed and implemented on restrictive. practices This will reflect National Policy and evidence based practice.

**Proposed Timescale:** 13/02/2015

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that residents were offered choice at meal times.

**Action Required:**

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

**Please state the actions you have taken or are planning to take:**

1. Choice will be offered at meal times, in accordance with people's plans and evidence of this maintained.

2. Dietician has attended the Centre on the 14 January 2015 with regard to this

**Proposed Timescale:** 26/01/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no evidence to suggest that meals were consistent with each resident's individual dietary needs and preferences.

**Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**

1. Menu is discussed in relation to residents' favourite food and the inclusion of variety and content at the weekly team meeting.
2. Residents will be provided with adequate quantities of food and drink which are consistent with their individual dietary needs and preferences. Dietician has attended the Centre on the 14 January 2015.

**Proposed Timescale:** 26/01/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Inspectors observed during mealtime that feeding practices of a staff member were inappropriate. Inspectors saw that a staff member ate her own lunch with one hand while feeding a resident with her other hand. Inspectors observed that there was minimal interaction between the staff member and resident.

**Action Required:**

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

**Please state the actions you have taken or are planning to take:**

1. The specific issues identified has been addressed by the Organisation.
2. Training will take place for all assistants in the process of feeding the resident to include protocols on ensuring that the dignity of the resident is paramount.

**Proposed Timescale:** 12/02/2015

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Failing to ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines were in accordance with best practice and regulatory requirements:

One staff member was observed administering this cough medication by holding the resident under the chin and then giving the medication.

there was no evidence of a second person checking the prescription transcribed in order to minimise the risk of error and these practices do not meet with best practice in medication management.

an administration error was noted in the medication administration record as the incorrect time was marked. This had been crossed out on the administration record but not signed for appropriately by staff administering the medication.

the inspectors noted that the maximum dosage of PRN (as necessary) medications was not prescribed for all medications. One medication which had been prescribed was not dated by the prescriber which is not in accordance with best practice in medication management.

there was no evidence available that medication management audits were being completed

inspectors were not satisfied that some medication training was accredited to the resident population as inspectors observed that it did not maintain the skills of the workforce due to the non compliances with regulatory requirements as outlined in this outcome.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

- 1.This has been addressed by the organisation.
- 2.Medication and pharmacy audit will be carried out, to ensure compliance with Regulation 29 (4)(a) February 2015.
- 3.Medication training will occur.
- 4.Medication trainers will attend mandatory refresher training.
- 5.Transcribing by two people in accordance with The Nursing and Midwifery Board of Ireland guidelines in place i.e. Registered Nurse, co-signed by a second person and the person's GP and audited. Updated medication policy will reflect this practice. We await

further guidance from new guidance to be issued by The Nursing and Midwifery Board of Ireland.

6. Administration error has been reviewed and medication audits will ensure that good practise continues in this area.

7. All PRN will have maximum doses.

8. Buccal Midazolam Training will be sourced.

**Proposed Timescale:** 30/03/2015

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not contain a description of the rooms in the designated centre including their size as required by Schedule 1 of the regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The room description including the size of the rooms will be included in the Statement of Purpose.

**Proposed Timescale:** 30/01/2015

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All documents submitted by the provider for the purposes of application to register were found to be incomplete.

**Action Required:**

Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

All documentation submitted to the authority will be resubmitted in whole and complete format.

**Proposed Timescale:** 25/02/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Failing to ensure that the service provided to residents was safe, consistent and effectively monitored. There was still a notable deficit in knowledge and awareness in relation to fire safety, medication management and nutrition. There was no consistent review of quality and safety of care which would monitor effectiveness of services provided to residents.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**

1. An annual announced audit will take place, in accordance with Regulation 23.
2. Unannounced visits will be carried out as per the requirements of Regulation 23 or more often if required.
3. All audits will be followed up by the Provider Nominee with the Person in Charge to ensure compliance with the Regulation 23 (1) (b).

**Proposed Timescale:** 01/04/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Inspectors were not satisfied that the centre was governed in a manner that supported the creation and continuous improvement of a person centered service that collectively met the needs of all residents as some non compliances in relation to training and supervision were repeat findings again on this inspection.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

1. Management systems will be reviewed to ensure that they meet the requirements of the regulations.
2. The Provider will review the skills and competencies required by the Person in Charge and ensure that these are continuously developed through supervision, support and training.
3. Further training in support and supervision will be sourced and implemented
4. Weekly quality control meetings will continue to ensure that there is a quality of person centred care available to all residents.



**Proposed Timescale:** 30/06/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The person in charge acknowledged that she did not yet receive supervision from the Registered Provider.

**Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**

A programme of Supervision of the person in charge has commenced. A session was held on the 15 December 2014. The next session is scheduled for the 20 January 2015.

**Proposed Timescale:** 20/01/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

An annual review to capture the quality and safety of this designated centre had not been completed to date.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**

An annual review of designated centre will take place in February 2015, in line with regulation 23.

**Proposed Timescale:** 28/02/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Failing to ensure that the qualifications and skill mix of staff was appropriate to the assessed needs of residents.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

- 1.The strategic plan has identified the staff requirements based on the assessed needs
- 2.We have commenced discussions with the funder to address the skill mix deficit
- 3.Programme of recruitment and staff training has commenced.

**Proposed Timescale:** 30/11/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Inspectors formed the view that resident's needs could not be met as staff members lacked the required skills or experience to adequately support or care for residents. This was evidenced through dialogue and observation of staff and review of training records.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

- 1.Two staff both nurses have Train the Trainer in the Safe Administration of Medication Course, and will attend refresher on 23 March 2015.
- 2.Both nurses will adhere to the new Nursing guidelines in 2015.
- 3.Epilepsy /Buccal midazolam training will be given by Epilepsy Ireland.
- 4.Training in Feeding of the resident is arranged for February 12th.
- 5.Appointment of a part-time nurse: 'Interviews for the post of part time nurse did not result in an appointment. The post is to be re advertised'
- 6.Interviewing of six applicants for one care assistant post: 16 January 2015. One person will be appointed now with reserve panel for further appointments if funds become available.
7. Strategic Plan in conjunction with Carlow/Kilkenny/ South Tipperary HSE, has been submitted to Disability Manager for Disability and allied regional managers for approval of suitable funding for new and existing posts in L'Arche Ireland Kilkenny
- 8.Ongoing urgent discussions are continuing with the HSE and relevant stakeholders with regard to the underfunding of L'Arche Ireland Kilkenny

**Proposed Timescale:** 12/02/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector noted that the centre was not in compliance with its own policy in relation to recording, retaining and destruction of documents.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

- 1.All care plans are now secure in locked cupboards.
- 2.Visitors book is now in place.

**Proposed Timescale:** 10/12/2014