



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

## Issued by the Chief Inspector

Name of designated centre:	Dara Respite House
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	09 March 2022
Centre ID:	OSV-0002326
Fieldwork ID:	MON-0027557

## About the designated centre

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

The centre provides planned respite breaks for adults with an intellectual disability. The frequency of respite visits is based on a assessment of need conducted by a social worker from another service. The centre is a two storey building. The ground floor consists of a kitchen come dinning room, a small utility room, a sitting room, two bedrooms and a shower room. The first floor has three bedrooms, one of which is "en-suite". The main bathroom and a games room is also situated on this floor. The centre has a private garden and is situated close to a town in Co. Kildare. The centre is staffed by a person in charge and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 9 March 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents availing of respite in this centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. The inspector observed that residents availing of respite and their families were consulted with about the running of the respite service.

The centre comprised of a two story, five bed roomed house. The centre was registered to accommodate up to four residents. On the day of inspection there were four residents availing of respite for a four night period. In general four residents would attend for respite at any one time. In total 71 residents were listed to avail of respite in the centre. However, it was noted that a significant number of these had not accessed the service in a prolonged period. Respite was offered to residents on the basis of assessed need with priority for requiring respite as identified by the residents' social workers.

Due to COVID-19, the centre had been closed for a period in 2020 and for a shorter period at the start of 2021. On reopening in February 2021, a reduced service was initially provided with only one resident availing of respite at any one time. This was kept under review and gradually a full respite service was resumed by August 2021.

The inspector met briefly with the four residents availing of respite on the day of inspection. Conversations between the inspector and the residents took place with the inspector wearing an appropriate medical grade face mask and social distancing in adherence with national guidance. Warm interactions between the residents and staff caring for them was observed. The residents were in good form and comfortable in the company of staff. The residents told the inspector that they were enjoying their respite break and always enjoyed their stays while getting to spend time with friends. Residents spoke fondly about a bowling trip and meal out the previous evening. It was evident that the residents were re-engaging in a range of community activities in line with the national guidance for COVID-19. A staff member spoken with outlined that residents enjoyed meeting with their friends and their break away.

There was an atmosphere of friendliness in the centre. Some art work completed by residents was on display. Staff members were observed to engage with residents in a caring and respectful manner. Residents and a staff member on duty were observed to sing and dance along together. It was evident that the residents had a close bond with the person in charge and staff member on duty.

The centre was found to be comfortable and homely. It was located in a quiet housing estate but within walking distance of a local town. There was a good sized and well maintained garden for the resident's use. It was reported that new seating

and table were in the process of being purchased for residents use. The centre was spacious with a good sized kitchen come dining area and sitting room. There was also a small games room which included a mini pool table and football board game. Residents availing of respite each had their own bedroom which they could personalise to their own taste for the duration of their visit. Two of the bedrooms had en-suite facilities. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences.

There was evidence that the residents availing of respite and their representatives were consulted and communicated with, about decisions regarding the resident's care during their stay. Records were maintained of contact with families prior to the residents stay to ascertain any changes to health and social care needs prior to their visit. Thereafter, there were daily one-to-one conversations with the residents in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the relatives of residents availing of respite but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved one. It was noted that families had proposed a need for additional respite hours.

With the lifting of COVID-19 restrictions, all visiting restrictions to the centre had been removed. However, it was acknowledged that residents generally would not have visits from families during their respite stays.

Residents were supported to engage in meaningful activities in the centre during their stay. The majority of residents availing of respite were engaged in a formal day service programme. In line with national guidance regarding COVID-19, there was evidence that residents had reengaged with a range of activities during their respite stay. Examples of activities that residents engaged in included, walks to local scenic areas, bowling, cinema, shopping trips, meals out, drives, arts and crafts, board games, listening to music and jigsaws. The centre had a vehicle for use by residents availing of respite.

The full complement of staff were in place at the time of inspection. One staff was on extended leave but this was being covered by the person in staff and a regular relief staff member. It was noted that a significant number of staff had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents availing of respite and enabled relationships between the residents and staff to be maintained. The inspector noted that the resident's needs and preferences were well known to staff met with, and the person in charge on the day of this inspection.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the respite residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for residents availing of respite in the centre. The person in charge had been working with the provider for more than 12 years with eight of those years being in management positions. She had taken up the post for person in charge of this centre in May 2021. She held a degree in social care and a certificate in management. At the time of inspection, she was in the process of completing a masters in social care leadership and management. She was in a full time position and was not responsible for any other service. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge completed some shifts within the centre but also had protected management hours. The person in charge reported to the director of administration who in turn reported to the chief executive officer. The person in charge and director of administration held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, quality and safety checks, fire safety, finance and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents availing of respite in the centre. At the time of inspection, the full complement of staff were in place. One staff member was on extended leave but this was being covered by regular relief staff member and the person in charge. This provided consistency of care for residents availing of respite. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents availing of respite. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents availing of respite. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents availing of respite in the centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, it was identified that a medical need of one of the residents had not been appropriately assessed and consequently the plan in place to meet this resident's needs might not have been appropriate.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. However, from a sample of files reviewed it was noted that the medical needs of one of the residents had not been appropriately assessed and consequently there was the potential that this residents needs might not be appropriately met when the resident availed of respite in the centre. It was noted that the identified resident had not accessed respite in the centre for a period but was on the respite list so could be referred by their social worker at any time. A personal support plan 'All about me' reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents availing of respite. Overall, these outlined appropriate measures in place to control and manage the risks identified. However, as referred to above a potential risk for one resident had not been appropriately assessed. There was a risk register in place. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents availing of respite. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the individual residents in the event of fire was prominently displayed. Personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of individual residents availing of respite were in place. Fire drills involving residents availing of respite had been undertaken at regular intervals

and it was noted that the centre was evacuated in a timely manner. A schedule was maintained to ensure that all residents availing of respite periodically attended a fire drill.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas appeared clean and in a good state of repair. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Temperature checks for staff and the resident were being taken at regular intervals. Disposable medical grade face masks were being used by staff whilst in close contact with the resident, in line with national guidance.

### Regulation 17: Premises

The centre was found to be homely, suitably decorated and in a good state of repair. The centre was spacious with a good sized kitchen, separate dining and sitting room areas.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of residents availing of respite, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, from a sample of files reviewed it was noted that the medical needs of one of the residents had not been appropriately assessed and consequently there was the potential that this residents needs might not be appropriately met when the resident availed of respite in the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. However, as referred to under Regulation 5 the medical need of one resident had not been appropriately assessed and consequently the plan in place to meet their medical needs may not have been appropriate. Health plans were in place for respite residents identified to require same. Each of the residents had their own GP and health information and updates were shared with the centre as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents availing of respite appeared to be provided with appropriate emotional and behavioural support. Overall, residents attending for respite presented with

minimal behaviours that challenge. One of the residents was observed to be provided with appropriate emotional support by staff following a phone call which had upset them.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. Recent allegations or suspicions of abuse had been appropriately responded to in line with the provider's policy. The provider had a safeguarding policy in place. Intimate care plans were in place for the resident which provided sufficient detail to guide staff in meeting the intimate care needs of the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to advocacy service and information about same was available in the centre. There was evidence of active consultations with residents and their families regarding their care and the running of the respite service. There were regular meetings with residents availing of respite to enhance their knowledge about making a complaint, self advocating and protecting themselves from abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dara Respite House OSV-0002326

Inspection ID: MON-0027557

Date of inspection: 09/03/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            REPORT: The respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, from a sample of files reviewed it was noted that the medical needs of one of the residents had not been appropriately assessed and consequently there was the potential that this residents needs might not be appropriately met when the resident availed of respite in the centre.            ACTION: The medical needs of residents with medical conditions as detailed in each persons Personal Plan 'All About Me' will be reviewed with relevant persons (family/social worker/day service) pre every respite stay to ensure the information is up to date and any new or additional supports are in place before the respite stay commences. When a respite user is offered a cancellation place there is a system in place to check if their medical needs have changed and supports will be identified and in place before respite is confirmed</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	09/03/2022