

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:	26 March 2025
Centre ID:	OSV-0002326
Fieldwork ID:	MON-0037679

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
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 March 2025	08:00hrs to 14:30hrs	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. Some improvements were identified in relation to the arrangements in place for a formal review of respite users' personal plans. 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 about the running of the respite service.

The centre comprised of a two storey, five bedroom house. The centre was registered to accommodate up to four residents. On the day of inspection there were four residents availing of respite in the centre. Three of the respite users were availing of a four night stay with the fourth resident availing of a seven night stay. In general, four residents attended for respite at any one time and stayed for a duration of four to seven nights. In total 67 residents were listed to avail of respite in the centre. Respite was offered to residents on the basis of assessed need with priority for requiring respite as identified by the residents' social workers. The person in charge reported that respite users and their families were generally happy with the level and number of respite breaks being provided.

The respite service had only recommenced operating from this centre at the end of January 2025, having not been available in this centre for the preceding five month period. A limited respite service for a maximum of two residents had been provided in another designated centre during this period.

The inspector met briefly with three of the the four residents availing of respite on the day of inspection. These respite users told the inspector that they 'loved' and 'really looked forward' to their respite stays in the centre. Each of the respite users spoke warmly about members of the staff team and how kind they were to them. Warm interactions between the respite users and staff caring for them was observed. The respite users were in good form and comfortable in the company of staff. Residents spoke fondly about a meal out and trip to a local bar the night before. Two residents had each chosen to dine and visit different pubs which was facilitated by staff. Respite users told the inspector that they were looking forward to a planned outing that evening for bowling and it was evident that a fun competitive game was planned to reveal the top bowler. Dinner for the evening had been agreed by the residents as chicken curry which one of the residents said they would help staff to make. One of the residents had chosen not to have this dish and an alternative had been agreed for them. A staff member spoken with, outlined that residents enjoyed meeting with their friends and their breaks away.

There was an atmosphere of friendliness in the centre. Some art work completed by a number of the respite users was on display. The person in charge and a staff member were observed to engage with residents in a caring and respectful manner.

A resident was observed to seek out the person in charge to speak with them in private, about a personal matter which was on their mind. 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 respite users' use. The garden included some hanging sensory mirrors, a swing bench and a table with benches for outdoor dining. The centre was spacious with a good sized kitchen come dining area and a sitting room. 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 ones during respite stays.

Residents were supported to engage in meaningful activities in the centre during their stay. Each of the residents availing of respite were engaged in a formal day service programme and or paid employment on a part time basis. 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 respite users.

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 11 years of management experience. She held a degree in social care and a masters in social care leadership.

She was in a full time position and was responsible for one other residential service located a short distance away. 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 had protected management hours. She was supported by two leaders. One in this centre and one in the other centre for which she held responsibility. The person in charge reported to the director of operations who in turn reported to the chief executive officer. The person in charge and director of operations held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service in 2023 and was in the final stages of completing one for 2024. Unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations had also been completed with the last one being in December 2024. 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, daily records, medication 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 separate management meetings with evidence of communication of shared learning at these meetings.

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. A review of Schedule 2 documentation indicated that the person in charge was suitably qualified and experienced for the role in line with the requirements of the regulations. The person in charge had been in the position for an extended period and demonstrated a sound knowledge of the respite users care and support needs. She was in a full time position and was also responsible for one other centre located nearby. There was evidence that they split their time appropriately between the two centres.

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. A small number of regular relief staff member were being used to cover leave. This provided consistency of care for respite users. The actual and planned duty rosters were found to be maintained to a satisfactory level. The inspector noted that the respite users' needs and preferences were well known to a staff member met with, and the person in charge on the day of this inspection.

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. 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. The inspector reviewed a sample of supervision records for four staff members and found that these staff were receiving suitable supervision in line with the frequency proposed in the providers supervision policy. The inspector reviewed minutes of staff meetings which occurred on a regular basis and included discussions on respite users rights, incidents and accidents and changes to policies and procedures.

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. There was evidence that actions were taken to address any issues identified. The inspector reviewed a schedule of audits completed. These ensured the ongoing monitoring of the service in relation to health and safety, medication safety, finances and that tasks assigned to staff member were completed. There were clear management and reporting structures in place which ensured clear lines of responsibility.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and found that it contained all of the information required by the regulations and that it was reflective of the facilities and services provided for the respite users. It had recently been updated.

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. The inspector reviewed a sample of all incidents and near misses which had occurred in the preceding six month period and found that they had been appropriately reported to the Office of the Chief Inspector where required.

Judgment: Compliant

Quality and safety

The respite users' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. However, a formal review of the personal support plans on an annual basis and in line with the requirements of the regulations had not been completed for a significant number of the respite users. An '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.

Residents availing of respite in this centre required minimal support to complete activities of daily living. Respite users who attended for respite together were considered to be compatible and to get along well together.

The health and safety of respite users, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents availing of respite. These outlined appropriate measures in place to control and manage the risks identified. 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.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and in a good state of repair. The design and layout of the premises was accessible for all identified respite users. The centre was spacious with a good sized kitchen, separate dining and sitting room areas. Each of the residents availing of respite had their own bedroom for the duration of their stay.

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 respite users.

Judgment: Compliant

Regulation 28: Fire precautions

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 new tracker schedule had recently been introduced so as to ensure that all residents availing of respite periodically attended a fire drill

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, a formal review of the personal support plans on an annual basis and in line with the requirements of the regulations had not been completed for a significant number of the respite users. Consequently, there was the potential that the effectiveness of the plans in place for respite users' may not be appropriately assessed.

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. An '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.

Judgment: Substantially compliant

Regulation 6: Health care

The respite users' healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for respite residents identified to require same. Each of the respite users had their own GP and health information and updates were shared with the centre as required. A hospital passport and emergency transfer sheet was on file and had recently been reviewed for a sample of respite users files reviewed by the inspector. These were found to contain sufficient detail to guide staff should a respite user require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The respite users appeared to be provided with appropriate emotional and behavioural support. Overall, individuals attending for respite presented with minimal behaviours that challenged. One of the residents was observed to be provided with appropriate emotional support by the person in charge as they wanted to discuss a matter which was troubling them.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the respite users 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 respite user which provided sufficient detail to guide staff in meeting their intimate care needs.

Judgment: Compliant

Regulation 9: Residents' rights

The respite users' rights were promoted by the care and support provided in the centre. The respite users had access to the national advocacy service should they so choose and information about same was available in the centre. There was evidence of active consultations with respite users and their families regarding their care and the running of the respite service. There were regular meetings with respite users to enhance their knowledge about making a complaint, self advocating and protecting themselves from abuse. The notice board in the kitchen displayed a user friendly poster which showed respite users' rights. Details of the providers advocacy committee were also on display. This included details of members on the committee who were current residents in other centres and contact details for the committee members.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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-0037679

Date of inspection: 26/03/2025

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:</p> <p>Each respite user is spending time with a member of staff during their respite stay to take part in an "Annual Review" document. This document has also been edited to add a section about consultation with the respite users family. The PIC or Team leader will complete the family section once a year and the staff on duty will complete the rest of the document with the person once a year. Any learning from same will be shared with the whole respite team during team meetings every month. We aim to have every respite user that attends Dara respite this year to have an Annual Review completed by Dec 2025.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2025