



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

Issued by the Chief Inspector

Name of designated centre:	Walled Gardens
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	08 January 2025
Centre ID:	OSV-0008229
Fieldwork ID:	MON-0036974

About the designated centre

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

Walled Gardens provides a respite service to a maximum of two adults with an intellectual disability. The frequency of respite visits is based on an assessment of need conducted by a social worker from another service. The centre comprises of a three bedroomed, semi detached house. Two bedrooms were identified for use by respite users to provide an individual space, One of the rooms had ensuite facilities and there was also a shared bathroom for use by respite users. The centre is located in a quiet residential estate in a town in county Kildare. There is a back garden that can be accessed by respite users. The centre is staffed by a person in charge, team leader and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 8 January 2025	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 two residents availing of respite on the day of inspection received quality care and that their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. It was noted that some maintenance and repair was required in a small number of areas.

The purpose of this inspection was to inform an application submitted by the provider, to renew the registration of the centre. The centre was originally registered as a residential service to provide individualised care and support for one resident. However, it had been assessed in August 2024 that the premises was no longer suitable to meet the needs of the resident and the resident transitioned to live, as an interim and emergency measure, in the providers respite centre located nearby. This meant that all respite services in that centre were suspended. As a consequence, in October 2024, the provider submitted an application to vary the conditions of registration for this centre to increase the bed numbers from one to two residents and to change the function and purpose of the centre, as an interim measure, to a respite service. Consequently, respite users who had previously availed of respite in the provider's original respite centre were able to access respite in this centre albeit at a reduced capacity.

In total, up to 65 residents could avail of respite in the centre based on a prioritisation scale agreed by their social worker. The majority of those availing of respite in the centre had low support needs. A maximum of two residents attended respite at any one time. The two residents availing of respite on the day of inspection appeared in high spirits. One of these respite users was in full time paid employment whilst the other respite user attended a day service programme five days a week. There was a national weather warning in place on the day of inspection and a decision had been taken, that the residents should not leave the centre that day. Both residents told the inspector that they were delighted to have an 'chill' and relaxing day in the centre. It was evident that the residents were enjoying their respite break and were observed laughing and chatting together as they played board games and cards with a staff member.

The centre comprised of a two storey, three bed-roomed house. It was located in a quiet residential estate and close to a range of local amenities. It was also located a relatively short distance away from the original respite house. The premises was observed by the inspector to be in a good state of repair with suitable furnishings in place. However, it was noted that a chair in one of the residents bedrooms had a broken surface which meant that this area could be more difficult to effectively clean. There was also some small broken areas of wall paper in the sitting room. There was a good sized patio area in the back garden.

It was found that the respite users and their representatives were consulted and communicated with, about decisions regarding the running of the centre and the

interim arrangement for respite to be provided in this centre. The inspector did not have an opportunity to meet with the relatives of any of the respite users but there was evidence in staff records that the respite users' families were happy that some respite was being reinstated. There had been no recorded complaints in the centre in the preceding period. The person in charge outlined to the inspector how staff supported the respite users in a respectful manner and advocated on their behalf. Information on residents rights were available in the centre.

The respite users were supported to engage in meaningful activities during their short breaks. All of the respite users availing of respite in the centre were engaged in a formal day service programme or were in employment. Examples of activities that respite users were reported to enjoy engaging in during their stay included, cinema trips, shopping trips, cooking and baking, coffees and meals out. The centre had its own car for the sole use of staff supporting respite users to attend various activities and outings. There were also a number of transport links located nearby.

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 users' 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 those availing of respite in the centre. The person in charge held a degree in social care and a masters in leadership and management. She had more than 11 years management experience. She was in a full time position and was also responsible for one other centre located nearby. She was supported by a team leader in this centre and in the other centre for which she held responsibility. 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 team leader 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.

There were arrangements for the provider to complete an annual review of the quality and safety of the service. An annual review for 2023 had been completed for when the centre was providing a residential service for one resident. The provider

had completed an unannounced visits to review the quality and safety of care as required by the regulations since the centre commenced operating as a respite centre in November 2024. A number of audits and checks were completed in the centre. These included health and safety, finance, personal files and infection prevention and control audits and fire safety checks. 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 and experience to meet the assessed needs of respite users. At the time of inspection, the full complement of staff were in place. The actual and planned duty rosters were found to be maintained to a satisfactory level. The staff team from the original respite house had transitioned to this house. This provided consistency of care for the respite users and enabled relationships between the respite users and staff to be nurtured. The inspector noted that the respite user's needs and preferences were well known to the person in charge and the staff on duty on the day of this inspection.

Training had been provided to staff to support them in their role. Staff had completed all mandatory training. 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. The inspector reviewed the schedule 2 information submitted by the provider which demonstrated that the person in charge had the required experience and qualifications relevant to their role. The person in charge was in a full time position and was responsible for one other designated centre located a short distance away. She presented with a good knowledge of the regulatory requirements and of the care and support needs of those attending for respite in the centre.

Judgment: Compliant

Regulation 15: Staffing

This provided consistency of care for the respite users. The inspector reviewed staff rosters for the preceding period which showed that there were adequate numbers of staff with the required skills on duty to meet respite users' needs. The staff team

comprised of the person in charge, a team leader and support workers. The full complement of staff were in place at the time of inspection. Staff met with on the day of inspection presented with a good knowledge of the respite users care needs and their preferences and choices.

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 the respite users. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. The inspector reviewed a sample of supervision records and found that 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 a management structure in place that identified lines of authority and accountability. The provider had completed an annual review of the quality and safety of the service and unannounced visits as required by the regulations. Other audits and checks completed in the centre included, health and safety, finance, personal files and infection prevention and control audits and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. The person in charge met with her manager on a regular basis and there were staff meetings on a monthly basis. There was evidence of communication of shared learning at these meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the provider's statement of purpose and found that it had recently been reviewed and contained all of the information required by the regulations. It reflected the services provided and facilities available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records relating to incidents in the centre and found that notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a suite of policies and procedures in place on the matters set out in Schedule 5 of the regulations. These were readily accessible for staff. These had been reviewed at regular intervals and updated in accordance with best practice.

Judgment: Compliant

Quality and safety

The respite users appeared to receive care and support which was of a good quality, person centred and promoted their rights. It was noted that maintenance and repair was required in some small areas.

The respite users' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan 'All about me and how to support me' document reflected the assessed needs of the individual respite user and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of personal plans had been completed in line with the requirements of the regulations. The majority of respite users had low support needs.

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 and individual safety assessment in place for the respite users. 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 the respite users. This promoted opportunities for learning to improve services and

prevent incidences.

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each respite user and accounted for their mobility and cognitive understanding. There were adequate means of escape and a fire assembly point was identified in an area to the front of the houses. Fire drills involving the respite users had been undertaken at regular intervals and it was noted that the respite users evacuated in a timely manner. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

There were procedures in place for the prevention and control of infection in the current home. Overall, areas appeared to be in a good state of repair. However, it was noted that a chair in one of the residents bedrooms had a broken surface which meant that this area could be more difficult to effectively clean from an infection control perspective. There was also some small broken areas of wall paper in the sitting room. A cleaning schedule was in place which was overseen by the team leader and 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 infection control arrangements had been provided for staff.

Regulation 17: Premises

The premises was found to be a suitable size and layout to meet the respite users needs. Overall, the premises was to be in a good state of repair with suitable furnishings in place. However, it was noted that a chair in one of the residents bedrooms had a broken surface which meant that this area could be more difficult to effectively clean. There was also some small broken areas of wall paper in the sitting room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of respite users, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments were on file which had recently been reviewed. There were suitable 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 . A personal emergency evacuation plan was in place for each of the respite users. These accounted for the mobility and cognitive understanding of the individual respite user. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. Fire drills involving the respite users had been undertaken at regular intervals and it was noted that the respite users evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A personal support plan 'All about me and how to support me' document reflected the assessed needs of the respite users and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual personal plan review had been completed in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The respite users' healthcare needs appeared to be met by the care provided in the centre. The respite users each had their own general practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for the respite users, along side a 'takeaway treat night' during their mini break. An emergency transfer sheets was available with pertinent information for respite users should they 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. At the time of this inspection, none of the those attending for respite in this centre presented with behaviours that challenge. A section in the

respite users' personal support plan outlined ways to provide emotional support for individual respite users.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the respite users from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period and since the centre started providing a respite service. The provider had a safeguarding policy in place and the person in charge was aware of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The respite users' rights were promoted by the care and support provided in the centre. It was noted that with the closure of respite in the original respite house in August 2024, there had been an initial cessation of all respite. With the opening of respite, on a reduced capacity in this centre since November 2024, there remained a significant reduction in the amount of respite being offered. The respite users had access to the national advocacy service if they so chose and information about same was available in the resident's guide. The inspector reviewed records which showed consultations with the respite user and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available for respite users. There was a complaint policy in place.

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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Walled Gardens OSV-0008229

Inspection ID: MON-0036974

Date of inspection: 08/01/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The chair in one of the residents bedrooms with a broken surface has been assessed as safe but in need of upholstery, this will be completed by end of next quarter by end of next quarter by 31st July 2025</p> <p>There was also some small broken areas of wall paper in the sitting room. There is a plan to remove all wallpaper and skim and paint walls in hallway and sitting room and bedrooms – this is being costed for and will be done by next quarter by 31st July 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2025