



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

## Issued by the Chief Inspector

Name of designated centre:	DCL-02
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	03 November 2021
Centre ID:	OSV-0005865
Fieldwork ID:	MON-0026985

## About the designated centre

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

This designated centre can provide full-time residential care for up to four adults with intellectual disabilities. The designated centre is located in a housing estate in a small town in Co. Kildare. The house is a two-storey building and comprises of four bedrooms, a kitchen and dining area, a sitting room, two shared bathrooms and a utility room. There is a garden to the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charged is employed on a full-time basis. The staff team comprises of support workers and staff have access to a registered nurse employed by the provider as required.

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

Number of residents on the date of inspection:	3
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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 - 2015 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 3 November 2021	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 three residents living in the 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 centre comprised of a two storey, five bed roomed house. It was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate four adult residents. However, there was one vacancy at the time of this inspection and hence there were three residents living in the centre. The inspector met with each of the three residents. The residents told the inspector that they were happy living in the centre and that the staff team were 'kind' and 'good' to them. It was evident that the residents were proud of their home. Warm interactions between the residents and staff caring for them was observed. Two of the residents were engaged in a day service programme whilst the third resident was employed within the community on a part-time basis.

Conversations between the inspector and the residents took place from a two metre distance, with the inspector wearing a surgical face mask and social distancing. Overall, it was reported that the residents had coped well with the COVID-19 restrictions on community activities. One of the resident's day services had only recommenced the week previous to this inspection and they told the inspector that they were happy to be back. The other resident's day service had recommenced within the previous three week period.

The centre was found to be comfortable, homely and overall in a good state of repair. However, a small amount of worn and chipped paint was noted on some walls and woodwork and on the radiator in the downstairs bathroom. In addition, a number of tiles in this area were broken. Plans were in place for the refurbishment of the bathroom tiles. There was a garden area to the rear of the centre with seating, a small water feature and planting. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents 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 relatives were happy with the care and

support being provided for their loved one.

There was an atmosphere of friendliness in the centre and staff were observed to treat the residents with dignity and respect. Staff were observed to interact in a kind and supporting way with residents, regarding their day and to provide reassurances were required. For example, a resident was concerned for a staff member who was absent due to illness from their day service and another resident had a concern regarding the cost of a lunch item. Staff were observed to provide each of the residents with reassurance. One of the residents birthday was upcoming at the end of the week and there were plans for each of the residents, some relatives and staff members to go out to dinner together to celebrate in a local restaurant. A number of residents spoken with, told the inspector that they were looking forward to the night. The provider had a Rights Coordinator within the service and information on residents rights were on display on the notice board in the sun room area.

Residents were supported to engage in meaningful activities on an individual basis. Two of the residents were observed to assist staff with shopping and preparation for the evening meal. Two of the three residents were engaged in a day service, whilst the third resident had a part-time job. In addition, one of the residents had a volunteer position in the local community which had not yet resumed. In line with national guidance regarding COVID-19, the centre had implemented restrictions impacting the resident's access to some activities in the community. However, with the lifting of restrictions there was evidence that residents were re-engaging in a range of activities. Examples of activities that some of the residents engaged in included, walks to local scenic areas, yoga classes, kick box aerobics, drives, cinema trips, cooking and dining out. The centre had its own car which was used by staff to drive residents to various activities, including day service programmes for two of the residents. The provider had also commenced 'a meaning full day' programme of activities during the COVID-19 restrictions. This activity programme was still in operation and a number of the residents engaged in activities on occasions.

The full complement of staff were in place at the time of inspection. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for each of the residents 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 each resident's 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 each resident. The person in charge held a degree in social science and a certificate in management . She had more than four years management experience. She was in a full time position and was not responsible for one other centre. 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, health 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 and experience to meet the assessed needs of each residents. At the time of inspection, the full complement of staff were in place. This provided consistency of care for each of the residents. 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 and experience to meet the assessed needs of residents. 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. 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 24: Admissions and contract for the provision of services

There was a contract of care in place which detailed the services to be provided. However, all of the fixed costs payable by the resident were not listed in the contract as per the requirements of the regulations, i.e. rent payable.

Judgment: Substantially 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 appeared to receive care and support which was of a good quality, person centred and promoted their rights.

The residents' 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' 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. There was also a valued social roles plan which detailed needs, goals and actions required to achieve identified goals. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations.

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. 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.

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 to an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving each resident had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. However, a small amount of worn and chipped paint was noted on some walls and woodwork and on the radiator in the downstairs bathroom. In addition, a number of tiles in this area were broken. This meant that these areas could be more difficult to effectively clean from an infection control perspective. All other areas appeared clean and in a good state of repair. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in

charge. Sufficient facilities and posters 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 residents were being taken at regular intervals. Disposable surgical face masks were being used by staff whilst in close contact with the resident, in line with national guidance.

### Regulation 17: Premises

The centre comprised of a two storey five bed roomed house, which was found to be homely, suitably decorated and overall in a good state of repair. However, there was a small amount of worn paint in some areas and broken tiles in a downstairs bathroom.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of residents, 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 procedures in place for the prevention and control of infection. However, a small amount of worn and chipped paint was noted on some walls and woodwork and on the radiator in the downstairs bathroom. In addition, a number of tiles in this area were broken. This meant that this area could be more difficult to effectively clean from an infection control perspective. All other areas appeared clean and in a good state of repair.

Judgment: Substantially 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 and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

### Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. One of the residents was on a special diet prescribed by a health professional which the resident was being supported to adhere to. There was an annual medical and medication kardex review. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for residents. An emergency transfer information sheet was on file for each of the resident which required all appropriate information should a resident require an urgent transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. The residents living in this centre presented with minimal behaviours that challenge.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. The provider had a safeguarding policy in place. There had been no safeguarding concerns in the preceding period.

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 the national advocacy service and information about same was available for residents in the residents guide. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights coordinator within the service and their contact details were on display within the centre. Each of the residents managed their own money and bank card with the support of staff where required. An assessment for the self administration of medications had been completed for each of the residents. As a consequence, each of the residents were involved in managing their own medications although none were fully responsible to manage them own independently. It was noted that rights were discussed at residents meetings.

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 - 2015 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 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 DCL-02 OSV-0005865

Inspection ID: MON-0026985

Date of inspection: 03/11/2021

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Each person's Contract of Care and Terms and Conditions will be updated with rent amount to be paid. This will be completed by end of January 2022.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen will be renovated to ensure all work presses and counter tops are replaced by the end of March 2022	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The tiles in the bathroom will be replaced this work is already underway (December 2021) the work will be fully complete by end of January 2022	

## 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 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	30/03/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/01/2022



	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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