



# 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:	Short Notice Announced
Date of inspection:	23 March 2021
Centre ID:	OSV-0002326
Fieldwork ID:	MON-0032002

## 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 has 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:	1
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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
Tuesday 23 March 2021	10:00hrs 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. 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 at any one time. However, with the emergence of COVID-19 the centre had been closed for a period in 2020 and for a shorter period at the start of 2021. Since the respite centre re-opened in February 2021 providing a reduced service, only one resident was facilitated to avail of respite at any one time. This was being kept under review. Consequently, at the time of this inspection one resident was availing of respite in the centre. A total of 15 residents were availing of respite in the centre at the time of inspection.

The inspector met briefly with the resident availing of respite on the day of inspection. Conversations between the inspector and the resident took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. Warm interactions between the resident and staff caring for them was observed. The resident was in good form and comfortable in the company of staff. The resident indicated to the inspector that they were happy coming to the centre for their respite breaks. The resident was observed to enjoy going out for a car drive with a staff member and returning with a take away coffee and cake. A staff member spoken with outlined that the COVID-19 restrictions had negatively impacted upon community activities that residents would routinely have undertaken whilst in respite but that residents had coped well and appeared to enjoy their stay.

There was an atmosphere of friendliness in the centre. The resident availing of respite on the day of the inspection displayed for the inspector her dance moves and singing talent. The resident chatted with the inspector about their upcoming birthday, the date of which was shared with the person in charge. A staff member was observed to paint the resident's finger nails from a vast array of nail varnishes available in the centre. The resident was overheard happily chatting to a staff member about plans to make cookies and a car drive that afternoon with another staff member who was due to come on duty. Staff members were observed to respond to the residents verbal and non verbal cues in a kind, caring and respectful manner. It was evident that the resident 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. This included an outdoor seating area. 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. 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 two days prior to the residents stay and on the morning of their 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 resident 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. Some quotes from the survey included 'staff are very kind, caring and thoughtful' and 'the service provided is excellent'.

At the time of inspection, all visiting to the centre was restricted in line with national guidance for COVID-19. 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. Each of the residents availing of respite were engaged in a formal day service programme. However, at the time of inspection, residents did not attend their day service programme whilst attending for respite. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting the resident's access to activities in the community. Examples of activities that residents engaged in included, walks to local scenic areas, 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. It was noted that a number of new staff had recently taken up posts working in the centre but an equal 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 held a degree in applied social studies and social care and a certificate in management. She had more than 13 years management experience. 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, audits of the resident's files, 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. 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.

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' 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. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations. There was evidence that the plan was reviewed on a regular basis by staff.

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. These outlined appropriate measures in place to control and manage the risks identified. 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 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 surgical face masks were being used by staff whilst in close contact with the resident, in line with national guidance. At the time of inspection, there had been no confirmed cases of COVID-19 in the centre for staff or residents availing of respite.

### 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. Personal support plans reflected the assessed needs of the individual residents availing of respite 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

The residents' 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 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.

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. 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. In 2020, there was a record of 21 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 - 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 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant