



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

Issued by the Chief Inspector

Name of designated centre:	DCL-01
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	04 October 2023
Centre ID:	OSV-0005863
Fieldwork ID:	MON-0032401

About the designated centre

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

DCL-01 provides individualised accommodation for a maximum of four residents aged 18 years and older, diagnosed with an intellectual disability. The centre is divided into four separate homes. Two of the homes are two story buildings located beside each other in a large town in Kildare and close to a range of local amenities. The other two homes are ground floor bungalows located in a rural setting. Each of the homes has a kitchen come dining and sitting room area, bathroom and the residents own bedroom. One of the houses has a separate sitting room. The centre is staffed by a person in charge and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 4 October 2023	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, who each lived on their own 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 currently comprised of a four separate houses and was registered to accommodate one resident in each of the houses. There was one vacancy at the time of this inspection and hence there was no one living in one of the houses. For the purpose of this inspection, the inspector visited three of the four houses. The inspector met with two of the residents living in their respective homes. These residents spoke warmly about the staff supporting them. It was evident that each resident had a close bond with the person in charge and staff member on duty. Warm interactions between the residents and staff caring for them was observed. Both residents were observed to be relaxed in the company of staff and to laugh and joke with them on various topics.

The purpose of this inspection was to inform an application by the provider to renew the registration of this centre and to inform an application to vary the conditions of registration for another centre operated by this provider. As part of its application to renew the registration of this centre, the provider was proposing to change the foot print of the centre from four separate units to two units and consequently to reduce the resident numbers from four to two residents. It was proposed that one of the units would be reconfigured to become part of another designated centre operated by the provider in the same geographical area. A separate application to vary had been submitted in respect of the change of foot print and increase in bed numbers for that centre. It was proposed that the remaining unit would no longer be proposed for use as a residential setting.

Each of the houses were found to be comfortable, homely and overall in a good state of repair. However, a small amount of worn woodwork paint and stained tile grouting was observed in the bathroom of one of the houses. Two of the houses were located on the outskirts of a large town while the other two bungalows were located in a rural setting. The two bungalows in the rural setting were located adjacent to each other in an idyllic setting with apple trees and number of farm animals next door. It was noted that the smaller of these two bungalows had never been lived in or used by a resident. Consequently as part of this registration renewal application, it was proposed that the unit would not be included in the foot print or bed numbers for the designated centre. Each of the houses had an outdoor seating area for residents use. The three occupied houses had been personalised to the individual resident's tastes and were 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 their individual homes and their care. The service and care provided was led by each of the residents in relation to their needs and preferences regarding activities and meal choices. 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. The residents in each of the houses had completed an office of the chief inspector questionnaire which indicated that they were happy living in the centre and satisfied with the care that they were receiving.

Residents were supported to engage in meaningful activities on an individual basis. Two of the three residents were engaged in a day service, whilst the third resident chose not to engage in one. This resident engaged in some individualised activities with the support of staff from their home. Examples of activities that residents engaged in included, walks to local scenic areas, drives, yoga classes, massage and dining out. One of the residents enjoyed going to the gym and swimming as part of their day service programme but was reluctant to engage in this from the centre. Two of the residents had each their own car which staff used to transport them to various activities.

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 and were generally assigned to work with individual residents in their homes. 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 psychology and a certificate in management. She had more than three years management experience. She was in a full time position and was responsible for one other service located a short distance away. She was supported by a team leader in each 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, quality and safety checks, fire safety, finance and infection control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills 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. A small panel of relief staff were used to cover staff leave. 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 a number of staff due to attend refresher training in fire safety and this was booked. 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. 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 were contracts of care in place which detailed the services provided and fees payable, in line with the requirements of the Regulations.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information outlined in Schedule 1 of 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

Regulation 4: Written policies and procedures

A suite of policies and procedures were in place in line with those specified in Schedule 5 of the Regulations. However, a small number of the policies were overdue for review, i.e. the positive behaviour support policy and the creation, access, retention and destruction of records policy.

Judgment: Substantially 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' 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 individual plans were 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. 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. It was noted that the fire fighting equipment in the vacant premises had not been serviced in an extended

period. However, no resident had ever resided or used this premises and it was proposed as part of the renewal process that the premises would no longer form part of the designated centre. There was documentary evidence that the fire fighting equipment and the fire alarm system in each of the other three houses where residents were living had been serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape from each of the houses and a fire assembly point was identified for each house. A procedure for the safe evacuation of the individual residents in the event of fire was prominently displayed in each house. 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. It was noted that the resident in each of the three occupied houses evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. However, a small amount of worn wood work paint and stained wall tile grouting was observed in the bathroom of one of the houses. This meant that this area could be more difficult to effectively clean from an infection control perspective. Other areas in the houses visited 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 in each house 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 infection control had been provided for staff.

Regulation 17: Premises

The centre comprised of four separate houses which were each found to be homely, suitably decorated and overall in a good state of repair. As part of the registration renewal, the provider proposed to reconfigure the centre with the transfer of one of the houses to another designated centre and the closure of one of the bungalows which had never been occupied. Thereby reducing the foot print of this centre from four to two units and consequently reducing the bed numbers from 4 to 2. The individual houses were found to be a suitable size and layout for the individual residents living there. Each of the residents had personalised their own homes according to their individual tastes and preferences.

Judgment: 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

The provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the office of the chief inspector.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire in three of the four houses. However, it was identified that the fire fighting equipment in one of the houses had not been appropriately serviced. This bungalow had not been occupied or used since first registration. As part of reconfiguration of the centre for this registration renewal, it was proposed that the house would no longer form part of the centre foot print.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A local pharmacist was used. Prescription and administration records were found to be suitably maintained.

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. Each of the personal plans had been reviewed in the preceding 12 month period in consultation with residents and their representatives.

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. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for the resident in each of the houses.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. The residents living in this centre, each had their own individualised accommodation and presented with minimal behaviours that challenge. All incidents appeared to be appropriately managed.

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 advocacy service and information about same was

available for residents. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had an advocacy committee whose representation included residents from another designated centres. The provider had a Rights officer in place and their photo and contact details were available on the notice board in the kitchen of each house.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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-01 OSV-0005863

Inspection ID: MON-0032401

Date of inspection: 04/10/2023

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Policy: Creation, Access, Retention and Destruction of Records Policy will be reviewed and signed off by the Board of Directors by End of February 2024. All other policies are scheduled to be reviewed as part of the 2024 work plan with the policy sub committee of the Board of Directors.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: A remedial plan will be put in place to ensure these areas are sufficiently and frequently cleaned. PIC will schedule maintenance to repair the worn woodwork and tile grouting.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where	Substantially Compliant	Yellow	29/02/2024

	necessary, review and update them in accordance with best practice.			
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