

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

Issued by the Chief Inspector

Name of designated centre:	DCL-08 Ardrath
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0008917
Fieldwork ID:	MON-0045363

About the designated centre

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

DCL-08 Ard Rath is a community based home which can provide residential care for a maximum three residents both male and female aged 18 years or older. The aim of the provider is to support residents to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. Residents with an intellectual disability and low to medium support needs can be supported in the centre. The designated centre is based in a large town in Co. Kildare and close to a variety of local amenities. There are good public transport links and the centre also has a vehicle for use by residents. The centre comprised of a two storey, end of terrace four bed roomed house in a quiet residential estate. The core team to support residents included support workers led by the Person In Charge. Staffing is arranged based on residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 February 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the two residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured monitoring of the services provided. This inspection found high levels of compliance with the Regulations.

The centre is a new designated centre which was first registered in December 2024 for three adult residents. Soon thereafter, two residents transitioned together to the centre from another designated centre operated by the provider which was a relatively short distance away. The two residents had been living together in that centre for a significant number of years and were considered to get along well together. This centre was bigger in size and the layout had been assessed to better meet these residents' needs. There was one vacancy at the time of inspection but there were no plans to admit a further resident at the time of this inspection.

The centre comprises a two storey, four bed-roomed end of terrace house. It was located in a quiet residential estate which had recently been established with the majority of houses completed in 2024. The centre location was close to a range of local amenities and in the same town as the residents' previous home. As a newly built house, the majority of the furniture, fixtures and fittings were observed by the inspector to be new. The centre had been tastefully decorated throughout with input from both of the residents. All areas were found to be in a good state of repair with suitable furnishings in place. Blinds had been fitted to all windows through out the centre. The person in charge reported that there were plans to also purchase curtains to add to the homely feel of the centre. One of the resident's pet gold fish had transitioned with the resident from their previous home. There was a small garden to the rear of the centre. Some paving stones had been laid to provide residents and staff access to the clothes line. There was also a table and chairs in place for outdoor dining. A bird feeding area had been established which was one of the resident's passions. The person in charge told the inspector, that in consultation with the residents, there were plans to develop the garden further with flower beds and accessories during the summer months. A new garden shed had been purchased and was awaiting delivery. It was proposed that this would be used to store one of the resident's bicycles and a bicycle for use by staff to accompany the resident.

Both of the residents living in the centre presented, on infrequent occasions, with some behaviours which could be difficult for staff to manage in a group living environment. Suitable behaviour support plans were in place to support each of the residents and overall the inspector found that incidents were well managed and residents were appropriately supported.

The inspector met with one of the two residents on the day of inspection. This resident told the inspector that they 'loved' their new home and the extra space it

provided them with. The resident also told the inspector about a planned house warming party scheduled for the end of the month with family and friends invited to attend. The resident had been actively engaged in organising the party with staff and had agreed on decorations and food to be purchased for the event. Both of the residents were engaged in a formal day service programme. One of the residents was enrolled in a six week cooking course which had commenced in January and was also engaged in a work preparation training course one day a week in the provider's head office. Both of the residents maintained close relations with their respective families with regular visits and weekend stays for one of the residents. Both of the residents were sociable and enjoyed engaging in a number of activities together such as watching movies, going out for meals and for a drink to the local pub.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. Each of the residents and their representatives had signed new terms and conditions of service provision at the time of their admission to the centre. The inspector did not have an opportunity to meet with the relatives of either resident. However, a support worker and the person in charge told the inspector that both residents' families were happy with the transitions and the care and support being provided for their loved ones. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care in the previous centre. This indicated that the residents' families were happy with the care and support that their loved one had been receiving at that time. It was proposed that a further survey would be completed as part of the annual review of the quality and safety of care in this centre.

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 residents in a respectful manner and advocated on their behalf. Information on resident rights, complaints process, decision making capacity and the national advocacy service were available in the centre and on display on the notice board in the kitchen.

The residents were supported to engage in meaningful activities. Activities that residents engaged in included visits to family, shopping trips, cooking and baking, coffee and meals out, swimming, horse riding, arts and crafts, bowling, cycling and music sessions. One of the residents had a passion for styling hair and had a number of hair styling tools and head models in their bedroom. An area in one of the sitting rooms was dedicated to hair styling. Staff spoken with told the inspector that they enjoyed having their hair styled by the talented resident. The resident spoke with the inspector about their fondness for hair styling and their desire to enhance their skills. The centre had its own car for the use of staff supporting the residents to attend various activities and outings. There were also a number of public transport links nearby that residents used on occasions.

In summary, this was a well run service which provided quality care for the two residents living in the centre. 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 residents' needs. This was reflected in the high levels of compliance observed by the inspector on this inspection. The provider has ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge held a degree in social science and a certificate in applied management. She had more than five years management experience. She was in a full time position. She was also responsible for one other designated centre located within the same geographical area. She was supported by a team leader in that 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 had protected management hours for her role. She reported to the director of administration who in turn reported to the chief executive officer. The inspector reviewed meeting records which showed that the person in charge and director of administration held formal meetings on a regular basis.

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, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position but was also responsible for one other centre located nearby. There was evidence that the person in charge split their time evenly between both centres. In interview with the inspector, the person in charge demonstrated a good knowledge of both residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. At the time of inspection, there was a 0.5 whole time equivalent staff vacancy which was being covered by the staff team. Recruitment for this position was in the final stages. The majority of the staff team had transitioned with the two residents from their previous placement. This provided consistency of care for the residents. The inspector reviewed the actual and planned duty rosters since the centres opened and the admission of the two residents. These demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the residents' needs and preferences were well known to the person in charge and the support worker met with on the day of this inspection. The staff team comprised of support workers and the person in charge.

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. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. The inspector reviewed a sample of three staff supervision records for the preceding four month period and found that staff were receiving supportive supervision on a six to eight week period. This was in line with the providers supervision policy. A staff member spoken with told the inspector that they felt supported in their role. The inspector reviewed the minutes of two staff meetings which had occurred since the centre opened. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues, and to review policies and procedures.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management

structures and supports in place. The provider had plans to complete an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations. 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. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service. There were regular staff team meetings and separately management meetings with evidence of communication of shared learning at these meetings. The staff team meetings were noted to be chaired by the person in charge and to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the two recent admissions to the centre had been undertaken in line with the providers admission policy. Both of the residents and their families had been provided with an opportunity to visit the centre prior to their admission and to be consulted with regarding the decoration of their new home. Each of the residents and their representatives had signed new terms and conditions of service provision at the time of their admission to the centre. The inspector reviewed these contracts and found that they clearly detailed the services to be provided and the fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector of social services in line with the requirements of the regulations. The inspector noted that there were a low number of incidents in the centre since it had opened. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a suite of policies and procedures which had been put in place and found to reflect the matters set out in schedule 5 of the regulations. These policies were accessible to all staff and had been reviewed within the preceding three year period.

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' document reflected the assessed needs of each resident 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 in place. A review of all plans had been completed on each residents admission to the centre. It was planned that an annual review of both residents plans would be completed in line with the requirements of the regulations.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

There were procedures in place for the prevention and control of infection. 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 infection control arrangements had been provided for staff. As a new building with recently installed fixtures and fittings, all areas were found to be in a good state of repair.

Regulation 13: General welfare and development

The inspector found that residents were supported to engage in meaningful activities in accordance with their interests, capacities and developmental needs. Activities that residents engaged in included visits to family, shopping trips, cooking and baking, coffee and meals out, swimming, dancing, horse riding, arts and crafts,

bowling and music sessions. One of the residents enjoyed cycling on occasions and had their own bike. A bike had also been purchased for staff use so that they could accompany the resident. One of the residents had a passion for styling hair and had a number of hair styling tools and head models in their bedroom. An area in one of the sitting rooms was dedicated to hair styling. Both of the residents were engaged in a day service programme and one of the residents was also engaged in a work preparation programme. On review of daily notes and speaking with a resident and a staff member, it was evident that the residents were supported to maintain personal relationships with their families and wider communities in accordance with their wishes. Both of the residents had regular family visits in the centre but also made frequent visits and overnight stays to their family homes.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a two storey, four bed-roomed end of terrace house based in a new residential community estate. The centre was found to be homely, suitably decorated and in a good state of repair with the majority of all fixtures, fittings and furnishings being newly installed or purchased for the residents admission to the centre. The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. Each of the residents had their own en-suite bedroom with double bed and fitted wardrobes. Residents also had access to a separate main bathroom and downstairs toilet. The residents had personalised their bed rooms according to their individual taste and preference. One of the rooms was observed by the inspector to have themed bed linen, pictures of the resident's music idol, art work completed by the resident, pictures of loved ones and other memorabilia. The other residents room had been laid out in a non conventional way but according to this residents preference. The resident had a number of hair modelling heads in place and hair styling equipment which was this residents passion. The premises was found to be a suitable size and layout to meet the residents needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of resident, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at

regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre since opening, There were overall a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. All required safety works and installations had been completed in the new premises. A new personal emergency evacuation plan had been put place for each resident on their admission to the centre. These accounted for the mobility and cognitive understanding of the respective resident. The inspector observed that there were adequate means of escape and a fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on two occasions since their admission to the centre. It was noted that both residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system had been installed by an external company and were scheduled for service at regular intervals. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the fire door release mechanism on a sample of doors and found that they were successfully released and observed to close fully.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan 'All about me and how to support me' document for each of the two residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. These plans had been put in place within 28 days of the residents admission to the centre in line with the requirements of the Regulations. The plans had been completed in consultation with each resident and their family representatives. There were plans in place to review the plans on an annual basis.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for both residents. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital. A health management plan was in place for one of the residents who had an identified minor health issue. It was evident that the provider took a person-centred approach to residents' health care needs, and that they provided them with appropriate information and education so that they could make informed choices about their healthcare. For example, a resident was consulted with regarding specific dietary requirements for health issue with staff support to research and purchase food items.

Judgment: Compliant

Regulation 7: Positive behavioural support

Both of the residents living in the centre presented, on infrequent occasions, with some behaviours which could be difficult for staff to manage in a group living environment. Suitable behaviour support plans were in place to support each of the residents and overall the inspector found that incidents were well managed and residents were appropriately supported. The inspector reviewed training records which showed that all staff had attended training in the management of behaviour that is challenging, including de-escalation and intervention techniques. There were minimal restrictive procedures in use in the centre.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been one safeguarding notification to the office of the chief inspector since the centre opened. This had been appropriately responded to. The provider had a safeguarding policy in place and the person in charge and staff member met with on the day of inspection had a good knowledge of safeguarding procedures.

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 if they so chose and information about same was available for residents in the resident's guide. The inspector observed that information on residents rights, complaints process, decision making capacity and the national advocacy service were available in the centre and on display on the notice board in the kitchen. There was evidence in daily notes reviewed by the inspector of active consultations with residents 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 the resident. There was a compliant policy in place. There had been no complaints recorded since the centre opened. Records reviewed by the inspector showed that all staff had completed rights training.

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 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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