



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

Issued by the Chief Inspector

Name of designated centre:	DCL-06
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0007955
Fieldwork ID:	MON-0032396

About the designated centre

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

DCL-06 is a community based home providing residential care for two residents, aged 18 years or older. The aim of the provider is to support each resident to live an ordinary life, in ordinary houses in valued roles in their community. The designated centre is based in a large town in Co. Kildare close to a variety of local amenities. There are good public transport links and residents also have access to the centre's vehicle should they require it. The premises consists of a three bedroomed semi-detached house with a sitting room, a kitchen come dining room, two bathrooms and front and back garden. Residents are supported by a core staff team of support workers and are led by the Team Leader and 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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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 11 October 2023	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents, who each lived 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 purpose of this inspection was to inform an application by the provider to renew the registration.

The centre comprised of a three bedroom semi-detached house and was registered to accommodate two adult residents. The inspector met with each of the residents as part of this inspection. One of the residents chose not to engage with the inspector but was noted to appear in good form and content. The other resident spoke with the inspector about the activities that they enjoyed doing in the centre and told the inspector that they were 'happy' and felt 'safe'. This resident told the inspector about their overnight stays in hotels for pamper treatments and their future plans for further trips. One of the residents had plans for a trip abroad to see their favourite football team play. It was evident this resident had a close bond with the staff working with them and were observed to give a staff member a hug on their return from day service. Both residents were observed to be relaxed in the company of staff and to laugh and joke with them on various topics. The residents had been living together for an extended period and were considered to get along well together and to enjoy each others company.

The house was observed to be comfortable, homely and overall in a good state of repair. However, the surface of the door handle in the down stairs toilet was worn and small areas of the kitchen flooring and a small areas of some kitchen presses had broken edges. There was a nice sized garden to the rear of the centre. This included a number of planted areas and a seating area for outdoor dining. Each of the residents had their own bedroom which they had personalised to their own taste. The house 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. A trophy which one of the residents had received from their participation in the special olympics for bowling was proudly on display in the centre.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of their home. There were regular meetings with each of the residents and needs and preferences regarding activities and meal choices were ascertained at these meetings. 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 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. Both of the residents were engaged in a formal day service programme. One of the residents engaged in social farming one day per week which was reported to be a passion for them. Examples of activities that residents engaged in included, walks to local scenic areas, snooker, golf, pitch and put, horse riding, swimming, dining out, weekly music lessons, yoga, mindfulness class, film club, bowling, massage and, listening and dancing to music in their local pub. Both of the residents had membership to a gym and leisure centre which it was reported that they enjoyed attending. One of the residents had started a small enterprise with staff of making preservative jams for family and friends. The centre had access to car which staff used to transport residents to various activities. Local transport arrangements were within walking distance of the centre. It was noted that both of the residents made regular visits to see a former neighbour who was now living in a nursing home. The provider had recently established a new 'Dara Hub' which was located nearby. It was proposed that this would be an area where residents could socially meet from across the service and to have access to the providers employment officer for support.

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 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, creation, access, retention and destruction of records policy had not been reviewed in an extended period.

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. 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 had been 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 the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Personal emergency

evacuation plans, which adequately accounted for the mobility and cognitive understanding of both residents were in place. Fire drills, involving each of the residents had been undertaken at regular intervals. It was noted that both of the residents evacuated the centre in a timely manner.

There were procedures in place for the prevention and control of infection.. However, the surface of the door handle in the down stairs toilet was worn and small areas of the kitchen flooring and a small areas of some kitchen presses had broken edges. This meant that these areas could be more difficult to effectively clean from an infection control perspective. All other areas of the house appeared clean and in a good state of repair. The provider had completed risk assessments and had an infection control policy and procedure in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge and team leader. 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 was found to be homely, suitably decorated and overall in a good state of repair. There was some small maintenance issues which had an impact from an infection control perspective and are referred to under Regulation 27.

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

There were procedures in place for the prevention and control of infection.. However, the surface of the door handle in the down stairs toilet was worn and small areas of the kitchen flooring and a small areas of some kitchen presses had broken edges. This meant that these areas could be more difficult to effectively

clean from an infection control perspective.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Suitable precautions were in place against the risk of fire. The fire fighting equipment and the fire alarm system had been serviced at regular intervals by an external company and checked regularly as part of internal checks. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Fire drills, involving each of the residents had been undertaken at regular intervals.
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. Each of the residents had their own GP who they

visited as required. A healthy diet and lifestyle was being promoted for the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. The residents presented with minimal behaviours that challenge. One of the residents could on occasions present with some behaviours directed towards themselves but with no or minimal impact on others. Suitable support appeared to be provided by staff. A suitable positive behaviour support plan was in place. There were no restrictive practices in place.

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. Intimate care plans were in place with a good level of detail to guide staff on meeting residents intimate care needs.

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 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.

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-06 OSV-0007955

Inspection ID: MON-0032396

Date of inspection: 11/10/2023

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:</p> <p>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.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A remedial plan will be put in place in the meantime to ensure these areas are sufficiently and frequently cleaned.</p> <p>PIC will discuss with Landlady the work floor areas in the kitchen and downstairs bathroom.</p> <p>Worn door handles will also be assessed and discussed with the landlady.</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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