



# 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:	Unannounced
Date of inspection:	16 March 2022
Centre ID:	OSV-0007955
Fieldwork ID:	MON-0035987

## 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 16 March 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of residents who may be at risk of healthcare-associated infections. However, some improvements were required in relation to the maintenance of the premises.

The centre had previously formed one of three houses in a separate designated centre. However, the provider reconfigured the service and this house was registered as a standalone designated centre in March 2021. The centre had capacity for two residents who had each been living together for an extended period with a consistent team of staff providing care. The centre comprised of a two-storey, three bedroomed semi-detached house. Both of the residents had their own bedroom which had been personalised to the individual residents' tastes. There was a kitchen come dining room and separate sitting room area. The centre was located in a quiet housing estate in a town in Kildare and was within walking distance of a range of local amenities.

The inspector met with one of the two residents on the day of inspection. The resident met with appeared in good spirits and indicated to the inspector that they were happy living in the centre. The resident was observed to wash their hands on return from activities in the community. The staff member supporting the resident was observed to treat the resident with dignity and respect. One of the residents was engaged in full-time employment while the other resident was engaged in a formal day service programme four days per week and a separate social and educational programme on the fifth day. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

The inspector did not have an opportunity to meet with the relatives of either of the residents but it was reported that they were happy with the care and support being provided in the centre. The provider had recently completed a survey with residents and relatives as part of its annual review. This indicated that the residents and relatives were happy with the quality of the service being provided.

Conversations between the inspector with the residents and staff took place, with the inspector wearing a medical-grade face mask and social distancing in line with national guidance. The inspector met and spoke with the person in charge and a staff member on duty. In addition, the inspector spent time reviewing

documentation and observing the physical environment of the centre.

The centre was found to be comfortable and homely. Overall, the inspector found that the centre appeared clean. However, there was some worn and broken paint on walls and woodwork in areas, including the handrails on the staircase. This meant that these areas could be more difficult to effectively clean from an infection control perspective. A mould-like substance was observed on the ceiling in the bathroom and in one of the residents bedrooms, including around the window area in this room. Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team and records were maintained of areas cleaned. The inspectors found that there were adequate resources in place to clean the centre.

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 an extended period. This provided consistency for the residents.

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 in respect of infection prevention and control arrangements

## Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements.

The centre was managed by a suitably-qualified and experienced person. She was supported by a team leader who also held the title of healthcare coordinator for the wider service. The team leader had a background as a registered nurse. Both the person in charge and the team leader had a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for both of the residents in this regard. The person in charge held a degree in psychology and a diploma in applied management, and had more than four years' management experience. She was in a full-time position and was responsible for one other centre located a short distance away. 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 structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of administration who in turn report to the chief executive officer. The person in charge and director of administration held formal meetings on a regular basis. The team leader in the centre was the identified

infection control lead.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. One previous outbreaks of COVID-19 impacting one of the residents had been well managed within the centre to minimise risk of acquiring or transmitting the infection. None of the staff or the other resident had contracted COVID-19.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature and there was clear evidence available to demonstrate that they had brought about positive changes in the centre. An annual review of the centre was being completed for 2021 and considered infection prevention and control across a number of key areas considered by the registered provider.

The inspector met with a member of the staff who told the inspector that they felt supported and understood their roles in infection prevention and control. There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. The staff member met with had strong knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre. Temperature checks for staff and residents were undertaken at regular intervals.

## Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control of healthcare-associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals at residents' monthly meetings. It was reported that one-to-one work had been completed with both of the residents to help them to understand why infection prevention and control precautions were

being taken. Posters promoting hand washing were on display.

There were arrangements in place for the laundry of residents' clothing and the centre linen. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were arrangements in place for the management of maintenance issues and staff members reported that generally maintenance issues were promptly resolved in the centre. There was evidence that the landlord had agreed to complete a number of maintenance and upgrade works required in the centre.

There was a COVID-19 organisational strategy, contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. A cleaning schedule was in place which was overseen by the person in charge. The provider had arrangements in place to ensure that learning from any outbreak would be shared with all relevant stakeholders as a consequence of the outbreak.

The inspector found that there was sufficient information in the centre to encourage and support good hand hygiene practices. Sufficient facilities for hand hygiene were observed. Staff were observed to appropriately clean their hands at regular intervals, and they were wearing medical-grade face masks in accordance with current public health guidance. All visitors were required to sign in, complete checks and provide information to facilitate contact tracing.

## Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. Overall, the inspector found that the centre appeared clean. However, there was some worn and broken paint on walls and woodwork in areas, including the handrails on the staircase. This meant that these areas could be more difficult to clean from an infection control perspective. A mould-like substance was observed on the ceiling in the bathroom and in one of the resident's bedrooms, including around the window area in this room.

Judgment: Substantially 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for DCL-06 OSV-0007955

Inspection ID: MON-0035987

Date of inspection: 16/03/2022

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The following actions from the Damp Assessment report dated 16 February 2022 have been carried out by end of May 2022</p> <ul style="list-style-type: none"><li>• Chemical Cleaning, treatment and ULV fogged of the mould like substance</li><li>• Insulation the attic to 300mm</li><li>• Installation of Roof vents</li><li>• Installation of the Positive Input Ventilation unit in the Attic</li><li>• Installation of a mechanical ventilation into the upstairs bathroom to deal with the humidity from the shower</li><li>• Installation of a HUB thermostatic control for the heating, to allow you to keep the house at a more constant and comfortable</li><li>• Replace the vent in the kitchen for the dryer with an appropriate one.</li></ul> <p>The following Action will be completed by end of August 2022</p> <ul style="list-style-type: none"><li>• Repair and repaint the damaged wall in the kitchen beside the dryer</li><li>• Reseal shower tray</li></ul>	

## 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	31/08/2022