



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

Issued by the Chief Inspector

Name of designated centre:	DCL-02
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0005865
Fieldwork ID:	MON-0035379

About the designated centre

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

This designated centre can provide full-time residential care for up to four adults with intellectual disabilities. The designated centre is located in a housing estate in a small town in Co. Kildare. The house is a two-storey building and comprises of four bedrooms, a kitchen and dining area, a sitting room, two shared bathrooms and a utility room. There is a garden to the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charged is employed on a full-time basis. The staff team comprises of support workers and staff have access to a registered nurse employed by the provider as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 26 April 2023	10:30hrs 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 four residents living in the centre received a good quality of care in which their independence was promoted. It was noted that a number of the residents needs were changing with increasing age. It was proposed by management that staffing levels in the centre would be reviewed with a view to increasing the number of staff on some shifts to ensure resident's needs were being met. It was also proposed that an occupational assessment referral would be sought to assess the physical layout of the centre and accessibility supports required.

The centre comprised of a two storey, five bed roomed house. It was located in a quiet residential estate in a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate four adult residents and there were no vacancies at the time of inspection. The purpose of this unannounced inspection was to monitor the provider's ongoing compliance with regulations

The inspector met with three of the four residents on the day of inspection. These residents indicated to the inspector that they were happy living in the centre and that staff were kind to them. One of the residents had a recent procedure and was observed to be supported by staff in a kind and comforting manner. One of the residents was observed, unprompted to give a staff member a hug on their return from day service. Another resident was observed to enjoy receiving a hand massage from a staff member. One of the residents was observed to independently make themselves a cup of tea and snack before going out with the support of a staff member to pay a utility bill. Two of the residents had recent family bereavements. One of the residents spoke of feeling sad as a consequence of their loss. It was evident that the staff team had provided both of the residents with additional support during this difficult time. Another of the residents spoke with the inspector about their regular hot towel shaves in a local barbers which they really enjoyed.

Three of the four residents had been living together for an extended period. The fourth resident had recently been admitted to the centre and was considered to be compatible with the other residents and to have settled in well to their new home. There had been no safeguarding concerns in the centre in the preceding period. However, the behaviours of one of the residents were being assessed for possible impact on the other residents.

The centre was found to be comfortable, homely and overall in a good state of repair. However, a new kitchen was in the final stages of being installed. The previous wall tiles had been removed and the centre was awaiting to have new tiles fitted and for new kitchen flooring to be installed. There was worn paint on walls and woodwork in the kitchen which it was proposed would be repainted once the remaining works in the kitchen had been completed. In addition, there was water stained area on the ceiling in one of the resident's bedrooms over their bed and window. There was also some worn and chipped paint on other woodwork, i.e. the

window sill in the laundry room. There was also excessive storage of items in the laundry and storage room. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Each of the residents had their own bedroom which 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. Each of the residents had their own television in their bedroom. Pictures of the resident and important people in their lives and other memorabilia were on display. One of the residents had pictures and other memorabilia of Elvis Presley in their room who was reported to be their idol. Another resident had an array of art work supplies which was reported to be their passion. There was a nice sized garden to the rear of the centre which included a seating area for outdoor dining, swing bench, small water feature, planted area and decorative lighting.

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights officer in place and their contact details were available for residents and on display on the notice board in the conservatory. A self administration of medication assessment and a rights restriction assessment had been completed for each of the residents.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. 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. This indicated that relatives were happy with the care and support being provided for their loved ones.

There was an atmosphere of friendliness in the centre. Staff were observed to chat and support residents to make meal choices on the day of inspection. The provider had a Rights officer within the service and information on residents rights and contact details for the rights officer were on display on the notice board in the kitchen. Staff were observed to seek permission to enter residents' bedrooms and to check in with each resident in a kind and dignified manner.

Residents were supported to engage in meaningful activities in the centre and local community. Two of the four residents were engaged with a day service programme which they enjoyed. The third resident was in paid employment within the community. The remaining resident engaged in individualised activities with the support of staff from the centre. Each of the residents regularly engaged in activities within their local community. As a number of the residents were advancing in age, it was noted that some chose not to engage in many activities but to relax in the centre in the evening times. On the day of inspection, each of the residents were

planning to go out to a show, with staff in the local town which they were looking forward to. Examples of activities that residents engaged in included, walks to local scenic areas, drives, family visits, attending shows and concerts, swimming, golf, horse riding, overnight hotel stays, cinema and dining out. The centre had its own car which was used by staff to drive residents to various activities and outings. One of the residents was planning an overnight trip with a friend who was a resident in another centre down the country to celebrate their birthday. In 2022 a number of the residents had gone on holidays abroad and to the north of Ireland.

There were no staff vacancies at the time of inspection. However, the interim person in charge reported that there had been a recent meeting to discuss the changing needs of a number of residents and requirements for increased staffing levels. A small panel of relief staff were being used to cover leave and planned events where additional staffing was required. 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 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 interim 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. The person in charge was on extended leave at the time of inspection and an interim person in charge had been appointed. The interim person in charge was in a full time position and was responsible for two other centres located within the same geographical area. She had a good knowledge of the assessed needs and support requirements for each resident. The interim person in charge held a degree in social care, a certificate in management and a masters in social care leadership and management. She had more than eight years management experience. The interim person in charge was supported by a recently appointed team leader in this centre. Team leaders were due to commence working in both of the other centre for which she held responsibility.

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 interim person in charge reported to the director of administration who in turn reported to the chief executive

officer. The interim person in charge and director of administration held formal meetings on a regular basis. She reported that she felt supported in her role.

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, health and safety checks, fire safety, finance, medication and infection prevention and 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, there were no staff vacancies. However, It had been identified that additional staffing would be required to meet the changing needs of residents. A formal staffing needs assessment had not yet been completed. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for each of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

Regulation 14: Persons in charge

The interim 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 and experience to meet the assessed needs of each residents. At the time of inspection, there were no staff vacancies. However, It had been identified that additional staffing would be required to meet the changing needs of residents. A formal staffing needs assessment had not yet been completed.

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. Staff supervision arrangements were in place.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place which was found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person-centred and which promoted their rights. Some improvements were required regarding the maintenance and upkeep of the premises but these were planned.

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 the individual resident 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 had also been a review of the valued social roles plan. A personal support plan had been put in place for the recently admitted new resident to the centre in line with the timelines proposed in the regulations. Personal goals had been identified for each of the residents and the effectiveness of those goals had been reviewed.

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 and individual safety assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. 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 were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified to an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving residents, including the new resident, had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. All areas appeared clean. However, a new kitchen was in the final stages of being installed. The previous wall tiles had been removed and the centre was awaiting to have new tiles fitted and for new kitchen flooring to be installed. There was worn paint on walls and woodwork in the kitchen which it was proposed would be repainted once the remaining works in the kitchen had been completed. In addition, there was water stained area on the ceiling in one of the resident's bedrooms over their bed and window. There was also some worn and chipped paint on other woodwork, i.e. the window sill in the laundry room. There was also excessive storage of items in the laundry and storage room. This meant that these areas could be more difficult to effectively clean from an infection control perspective. There were colour coded equipment in place for cleaning. However, it was noted that metal buckets were being used for cleaning and a small amount of a rust like substance was observed

on the interior of two of the buckets. 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 which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff.

Regulation 17: Premises

The house was found to be comfortable and homely. However, due to changing needs of some residents it was identified that accessibility and layout to meet the changing needs of some residents needed to be assessed. A referral to occupational therapy for assessment was proposed. As referred to under Regulation 27, maintenance and repair was required in some areas which negatively impacted upon infection control procedures in place.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Overall, there were a low number of incidents in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, a new kitchen was in the final stages of being installed. The previous wall tiles had been removed and the centre was awaiting to have new tiles fitted and for new kitchen flooring to be installed. There was worn paint on walls and woodwork in the kitchen which it was proposed would be repainted once the remaining works in the kitchen had been completed. In addition, there was water stained area on the ceiling in one of the resident's bedrooms over their bed and window. There was also some worn and chipped paint on other woodwork, i.e. the window sill in the laundry room. There was also excessive storage of items in the laundry and storage room. This meant that these areas could be more difficult to effectively clean from an

infection control perspective. There were colour coded equipment in place for cleaning. However, it was noted that metal buckets were being used for cleaning and a small amount of a rust like substance was observed on the interior of two of the buckets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Self closing devices had been installed on doors. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents, in the event of fire was prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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.

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. Residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for residents. Emergency Transfer information sheets were available with pertinent information for each of the residents should a resident require transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents living in the centre were provided with appropriate emotional support. There had been no incidents of challenging behaviour in the preceding period and there were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

There were appropriate safeguarding arrangements in place. There had been no allegations or suspicions of abuse in the preceding period. There were no safeguarding plans in place at the time of inspection. However, the behaviours of one of the residents were being assessed for possible impact on the other residents.

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 and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights officer in place and their contact details were available for residents and on display on the notice board in the conservatory. A self administration of medication assessment and a rights restriction assessment had been completed for each of the residents.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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

Compliance Plan for DCL-02 OSV-0005865

Inspection ID: MON-0035379

Date of inspection: 26/04/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Due to the changing needs of the residents a Referral to Occupational Therapy has been made for one individual and any recommendations for the environment and premises from this will be put in place immediately.</p> <p>In terms of infection prevention procedures these will be up to standard again once the maintenance works have been completed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The worn paint on walls and woodwork in the kitchen will be be repainted after the works are completed.</p> <p>The water stained area on the ceiling in one persons bedrooms over their bed and window will be cleaned and painted.</p> <p>There will be a review of any worn and chipped paint on other woodwork including the window sill in the laundry room.</p> <p>There will be a decluttering of the laundry and storage room to ensure the areas are easily accessible to clean.</p> <p>The metal buckets being used for cleaning with the small amount of a rust like substance</p>	

on the interior of two of the buckets will be replaced and reguallary checked going forward.

A deep clean will be completed by the Cleaner once the renovation works are completed in the bedroom and kitchen as mentioned.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	06/06/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	06/06/2023

	to ensure it is accessible to all.			
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	06/06/2023