



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:	Announced
Date of inspection:	02 October 2024
Centre ID:	OSV-0005865
Fieldwork ID:	MON-0035369

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 2 October 2024	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the four residents living in the centre received a good quality of care in which their independence was promoted. The needs of a number of the residents were changing with increasing age and health issues. An occupational assessment had been undertaken in the preceding period and a number of mobility and accessibility aids had been put in place for a number of the residents.

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 announced inspection was to inform the provider's application for re registration of the designated centre.

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 welcomed the inspector at the front door of their home. This resident told the inspector about their concerns for a family member who was recovering from a hospital procedure. Staff were observed to be compassionate and support the resident in a kind and comforting manner. A resident was observed to make themselves a cup of tea and snack. One of the residents went out on a shopping trip with staff and had lunch out while another resident was heard making plans for baking in the centre that evening. Another of the residents spoke with the inspector about their regular hot towel shaves in a local barbers which they really enjoyed.

Three residents had been living together for an extended period, with one of the residents only transitioning to the centre in the previous 18 month period. All four residents were considered to be compatible with each other and get along well together. There were suitable arrangements in place to respond to safeguarding concerns and staff met with were knowledgeable about safeguarding procedures in place.

The centre was found to be comfortable, homely and in a good state of repair. A new kitchen had been installed since the last inspection. Repainting had been completed in a number of areas throughout the centre.

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 residents 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. One of the residents was engaged with the providers advocacy committee at the time of inspection. None of the residents had chosen to engage with an independent advocate. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. 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. Each of the residents with the support of staff, had completed an office of the Chief inspector questionnaire in relation to what it was like to live in their home. The responses in these questionnaires indicated that the residents were happy living in the centre and had choices in the activities and meals they had.

There was an atmosphere of friendliness in the centre. Staff were observed to have a close relationship with residents and chat with them about their families and jobs. 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. One of the residents noted to the inspector that their birthday was the following month and it was marked on the calendar in the kitchen as there was a party planned to celebrate.

Residents were supported to engage in meaningful activities in the centre and local community. One of the four residents were engaged with a full time day service programme with another two of the residents engaged in a day service one day a week. It was noted that the residents enjoyed their day service. The remaining resident had recently retired from paid employment and spoke with the inspector about their retirement party which they had really enjoyed. It was evident that the resident was now enjoying more free time to engage in activities with the support of staff. Each of the residents regularly engaged in activities within their local community. A number of the residents were advancing in age and it was noted chose not to engage in many activities but to relax in the centre in the evening times. Examples of activities that residents engaged in included, walks to local scenic areas, drives, family visits, attending football matches, 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. Two of the residents had been on a holiday abroad with the support of staff members over the summer which they had really enjoyed. Another resident had holidays in Ireland with staff while the remaining resident had travelled abroad with family on holiday.

There were no staff vacancies at the time of inspection but a staff member was on extended leave at the time of inspection. 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 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 had taken up the position in July 2024. She held a degree in sociology and history and a certificate in management. She had more than five years management experience. The person in charge was in a full time position and was not responsible for any other centre. She had a good knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations.

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 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 person in charge 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. 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. 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 and experience to meet the assessed needs of each residents. At the time of inspection, there were no staff vacancies.

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 21: Records

Records in relation to each resident as specified in schedule 3 and additional records as specified in schedule 4 were maintained in the centre. Suitable record retention practices were in place. There was a complaints procedure in place and sample of complaints reviewed appeared to be dealt with in line with policy.

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

Regulation 4: Written policies and procedures

There were a suite of policies and procedures in place on the matters set out in Schedule 5 of the Regulations. These were subject to review at periods not exceeding three year intervals.

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.

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. 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 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. There were colour coded equipment in place for cleaning. 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.

Regulation 17: Premises

The house was found to be comfortable, homely and in a good state of repair. Each of the residents had their own bedroom which had been personalised to their own taste.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook some of their own meals when they so chose to do so. There were adequate facilities in place to store foods in hygienic conditions. There was evidence that residents were provided with a good variety of nutritious and wholesome foods. Residents had choices at meal times and dietary needs were being met. Residents had access to a dietician on a referral basis. One of the residents required a specialised diet and a separate fridge, freezer and press had been put in place for their specialised diet.

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 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. All areas appeared clean and in a good state of repair. There were cleaning schedules in place and records of cleaning undertaken with appropriately kept.

Judgment: 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. A positive behaviour support plan was in place to guide staff in supporting one of the residents. Overall there were minimal incidents of behaviours that challenge in this centre.

Judgment: Compliant

Regulation 8: Protection

There were appropriate safeguarding arrangements in place. An allegations or suspicions of abuse in the preceding period had been appropriately responded to.

There were no safeguarding plans in place at the time of inspection.

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. One of the resident was engaged with the provider's advocacy committee. 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. 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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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