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DCL-05, OSV-0005869, 08 December 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'DCL-05, OSV-0005869, 08 December 2021', [report], Health Information and Quality Authority, 2022-09-03, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-11 19:24:19
Link to Item	https://hdl.handle.net/20.500.14765/106481



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

Issued by the Chief Inspector

Name of designated centre:	DCL-05
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	08 December 2021
Centre ID:	OSV-0005869
Fieldwork ID:	MON-0026998

About the designated centre

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

DCL-05 is a community based home providing residential care for four residents both male and female aged 18 years or older. The aim of the provider is to support residents to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. Residents with an intellectual disability and low to medium support needs can be supported in the centre. The designated centre is based in a large town in Co. Kildare 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 five bedrooms, a sitting room, a kitchen come dining room, two bathrooms and front and back garden. Residents are supported to attend day programmes with other specialist service providers where they are supported to avail of training and employment options. They are supported by a core staff team of support workers and are led by the Team Leader/Person In Charge. Staffing is arranged based on residents' needs and individual support hours are allocated to people 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 - 2015 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 8 December 2021	10:00hrs to 16:30hrs	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 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 centre comprised of a two storey, five bed-roomed house. It was in a quiet residential area in a town in country 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 inspector met with three of the four residents living in the centre. These residents indicated to the inspector that they were very happy living in the centre. One of the residents in the afternoon independently left the centre to attend their paid employment locally. The other resident went out for lunch with a staff member and appeared to enjoy listening to their music and chatting with staff. The third resident met with the inspector on their return from their day service programme which they attended independently. A staff member was observed to style one of the resident's hair and to assist them to book a number of pampering treatments. In addition, two of the residents were supported to book their COVID-19 booster vaccination. There were plans in place to create Christmas wreaths with all four of the residents on the evening of the inspection followed by a meal out with the staff on duty. Warm interactions between the residents and staff members caring for them was observed with lots of conversations on various topics and laughs shared. It was evident that the residents met with had a close bond with the staff on duty and with the other residents living in the centre. Each of the residents spoken with, told the inspector that the other residents were their friends who they enjoyed spending time with in the centre and out in the community.

Conversations between the inspector and the resident took place from a two metre distance, with the inspector wearing a surgical face mask and social distancing. Overall, it was reported that the residents had coped well with the COVID-19 restrictions on community activities.

The centre was found to be comfortable, homely and overall in a good state of repair. Christmas decorations were on display and it was evident from speaking with residents that they were looking forward to the upcoming festivities. Framed art work completed by one of the residents was hung in the sitting room. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. One of the bedrooms had an ensuite facility. There was also an upstairs bathroom and down stairs shower room for use by the other residents. Pictures of each resident and important people in their lives and

other memorabilia were on display. There was a nice sized garden to the rear of the centre. This included some planted areas and a dining table and chairs for outdoor dining. The patio area was identified for refurbishment as some of the surface areas were uneven. It was also observed that identified fire escape routes on both sides of the building required some attention as there was some moss growing in the area which had the potential to be a falls hazard.

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 the residents and their relatives as part of their annual review which indicated that residents and family representatives were happy with the care and support being provided. Each of the residents completed an office of the chief inspector questionnaire in advance of this inspection. These questionnaires indicated that the residents were very happy living in their home.

There was an atmosphere of friendliness in the centre. It was evident that the four residents living in the house were all friends who enjoyed each others company and chose to engage in numerous activities together. Residents spoke about plans to visit a Christmas market the following week and their plans for holidays in 2022. Staff were observed to chat and joke with the residents present on the day of inspection. The provider had a Rights coordinator within the service and information on residents rights was available for residents. There had been one complaint in the preceding period which had been appropriately responded to. Staff were observed to interact with the residents present on the day of inspection in a respectful and supportive manner. For example, knocking and seeking permission to enter the residents bedroom.

Residents were supported to engage in meaningful activities on an individual basis. Two of the residents had recently re engaged with their day service programmes. However, the remaining two residents had made a decision not to re-engage with their programmes. It was considered that a person led programme from the centre better met their needs. Each of the four residents were engaged with activities coordinated by the provider as part of a 'meaningful day' programme which included some online courses, walking and other activities. In line with national guidance regarding COVID-19, the centre had implemented restrictions impacting the resident's access to some activities in the community. However, with the lifting of restrictions there was evidence that residents were re-engaging in a range of activities. Examples of activities that residents engaged in included, cooking, yoga and art classes, walks to local scenic areas, family visits, dining out, pampering sessions and listening to music. Two of the residents had engaged in videos produced by the provider and used within the wider service on safeguarding and infection control principles. Another resident had engaged in a video regarding fire safety. The centre had its own car which was used by staff to drive residents to various activities and outings. In addition, the centre was located within walking distance of a range of local amenities.

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 the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' 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 social studies and a certificate in management. She had more than six years management experience. She was in a full time position. She was also responsible for one other centre located nearby. She was supported by a team leader in this centre, who was met with on the day of inspection. 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 and team leader 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, health and safety checks, fire safety and finance. 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. 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 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 was a contract of care in place which detailed the services to be provided. However, all of the fixed costs payable by the resident were not listed in a number of the contracts as per the requirements of the regulations, i.e. rent payable.

Judgment: Substantially 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

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, there were some areas for improvement in relation to maintenance of the premises and infection control.

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.

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. Overall, there

were low levels of incidents reported in this centre.

Suitable precautions were in place against the risk of fire. However, an identified external fire evacuation routes both sides of the premises required attention as there was excessive amounts of moss growing in the area which had the potential to be falls hazard. Otherwise, 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 the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. 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 procedures in place for the prevention and control of infection. Overall, areas appeared to be in a good state of repair. It was noted that one of the residents had a significant amount of items stored on their bedroom floor. This meant that some areas could be more difficult to effectively clean from an infection control perspective. The provider had completed risk assessments and put a COVID-19 organisational strategy, contingency and outbreak plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the team leader and 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 and separately for the residents. Temperature checks for staff and residents were undertaken at regular intervals. Disposable surgical face masks were being used by staff whilst in close contact with residents, in line with national guidance.

Regulation 10: Communication

Residents communication needs were being met. In particular the needs of a resident with non verbal communication skills. A suitable communication support plan and communication aids were in place to support communication.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a two storey, five bed-roomed bungalow which was found to be homely, suitably decorated and overall in a good state of repair. The house was found to be a suitable size and layout for the four residents. Each of the

residents had their own bedroom which they had personalised according to their individual tastes and preferences.

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.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, one of the residents had a significant amount of items stored on their bedroom floor. This meant that some areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. However, there was excessive moss observed on the pathways at the side of the house which was an identified escape route. This posed a falls risk for residents and could impede the evacuation of the centre. Self closing devices had been installed on doors. Fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company. A procedure for the safe evacuation of a residents, in the event of fire was prominently displayed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

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.

Judgment: Compliant

Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for both residents. There was an individual 'staff guide to support health needs' document in place for both residents. Emergency transfer sheets were available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. None of the residents living in the centre were identified to present with behaviours that challenge. There were no restrictive practices in use in this centre.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. The provider had a safeguarding policy in place and a staff member spoken with was aware of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the residents guide. One of the residents living in the centre was a member of a national advocacy group and was also a member of the providers advocacy group. As part of their role, this resident attained the views of the other residents in this centre and across the service, which they presented to the committee. This resident told the inspector that they were the 'voice' for the other residents and advocated on their behalf. 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 coordinator in place and their contact details were available for residents. There was a compliant policy in place. There had been one complaint in the preceding period which had been appropriately responded to.

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 - 2015 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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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-05 OSV-0005869

Inspection ID: MON-0026998

Date of inspection: 08/12/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Each person's Contract of Care and Terms and Conditions will be updated with rent amount to be paid. This will be completed by end of January 2022.</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 resident whom had a significant amount of items stored on their bedroom floor thereby making it difficult to effectively clean from an infection control perspective will be asked if they agree to having their personal items in their bedroom to be put on shelves or an alternative storage method. If they do agree they will be supported to remove the items to a more suitable location. This will be completed by 31/01/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The identified fire escape routes on both sides of the building will be powerwashed to</p>	

remove the moss growing in the area which had the potential to be a falls hazard as noted by the inspector on the day of inspection. This will be completed by 31/01/2022

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	31/01/2022

	infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2022