



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:	13 November 2019
Centre ID:	OSV-0005865
Fieldwork ID:	MON-0026995

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 to four male 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. There is one support worker at all times when the house is operational. Additional support workers are rostered based on individual needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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
13 November 2019	10:30hrs to 16:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection there were three adults residing in the designated centre. The inspector met with all three residents throughout different times of the day and observed elements of their daily life and their engagement with staff who support them.

The residents in the centre used verbal and non-verbal communication and where appropriate their views were relayed through staff advocating on their behalf. The residents' views were also taken from the designated centre's most recent unannounced six monthly review and various other records that endeavoured to voice the residents' opinions.

On arrival to the centre the inspector was introduced to one of the residents and explained the reason for their visit. The first thing the resident advised the inspector was that they were happy living in the house. Later the inspector met the same resident again and observed them helping with the the mealtime preparation and appeared happy to be doing so.

One of the residents was supported to talk with the inspector about the interest in the local football team and how they enjoyed going to the matches with staff.

The inspector observed residents coming and going to different activities during the day and being provided with the choice of using the centre's transport or public transport.

The inspector reviewed resident and family feedback which had been gathered by the provider and found that residents were aware of the complaints procedure and knew who to go to if they had a concern. The feedback also captured conversations with the residents regarding their wishes and opinions relating to the potential new residents moving into the centre. Furthermore, the review noted that from observations, residents appeared happy and content. Families were complimentary of the support staff provided and in one particular feedback family remarked positively about the increase confidence levels of their family member since living in the centre.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards the residents through positive, mindful and caring interactions and it was evident that residents' needs were very well known to staff and the person in charge. The inspector observed that the residents appeared very comfortable in their home and relaxed in the company of staff.

Capacity and capability

This inspection was a follow-up monitoring inspection to a Site visit in May 2019 regarding the reconfiguration of one designated centre into five separate designated centres.

The inspector found that overall, the designated centre was resourced to ensure the effective delivery of care and support to meet the needs of the residents residing in the centre. The registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken into account. There were a small number of improvements required to documentation for some of the capacity and capability regulations and these are listed in the specific regulations below which were addressed with the provider and person in charge on the day.

The local governance was found to operate to a good standard in this centre and appropriate management and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service was good. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents.

The inspectors found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. Peer to peer audits were taking place on a monthly basis through-out the organisations' different centres by the persons in charge; these peer to peer audits resulted in the sharing of skills and identifying improvements to ensure better outcomes for residents.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The registered provider had ensured that the qualifications and skill mix of staff was appropriate to meet the number and assessed needs of the residents living in the centre; the inspector reviewed the centre's actual and planned roster and saw that there was sufficient staff with the necessary experience and competencies to meet the needs of each resident. There was a continuity of staffing so that attachments were not disrupted; many of the staff working in the centre had been supporting the residents, on average, for over

three years. The person in charge informed the inspector that where relief staff was required the same staff members were employed.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. One to one supervision meetings between the person in charge and staff took place every six to eight weeks to support staff perform their duties to the best of their ability. Staff who spoke with the inspector advised that they found these meetings beneficial to their practice.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. Overall the person in charge had ensured that quarterly notifications were being submitted as set out in the regulations.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. The person in charge ensured that the complaints' procedures and protocols were evident and appropriately displayed and available to residents and families. Overall, the inspector found that systems were in place to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 15: Staffing

On the day of inspection there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. All Schedule 2 requirements were adhered to.

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained to meet the care and support needs of residents. Regular refresher training and effective staff supervision meetings were also provided.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents made available when requested which overall was in line with the requirements set out in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. An unannounced six monthly review had been carried out in line with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained the required information as per Schedule 1 and described the service provided in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge ensured that the complaints' procedures and protocols were evident and appropriately displayed and available to residents and families. Evidence from the providers six monthly unannounced report demonstrated that residents were aware of the complaints procedure and who to report a complaint to.

Judgment: Compliant

Quality and safety

The inspector found that the residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a pleasant environment for the residents. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Overall the inspector found that residents were being well supported and empowered to live a meaningful life which was reflected in good levels of compliance with the regulations. However, there were a number of small improvements required to some of the quality and safety regulations and these are discussed within the body of the report and listed in the specific regulations below.

The inspector reviewed a sample of personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the residents, relevant keyworker and where appropriate, family members. Each resident was provided with an individualised holistic assessment and care plan which was part of everyday life with all staff involved and resulted in a person centred service for the residents. The health needs of each resident was met by their own general practitioner (GP) and multidisciplinary supports in the community and a healthcare coordinator was employed by the centre to oversee the provision of support to meet each person's identified health needs.

The annual reviews of the plans were effective and took into account changes in circumstances and new developments in the residents' lives. Overall residents' personal plans reflected the revised assessed needs of residents however, the inspector found that not all health related assessment were carried out on an annual basis; The inspector found that despite the continuous efforts of the person in charge to arrangement an appointment, a speech and language assessment had not been reviewed since an assessment in 2016.

Where appropriate, residents were provided with an accessible format of their personal plan and there was evidence to demonstrate that they were consulted in the process. Some of the residents' plans were provided in picture format while other residents' plans were provided through an electron devise using social stories

so that the resident could better understand their plan.

The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. For example, residents were offered choice regarding meals, daily and evening activities and involvement in household tasks.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. The inspector found that residents were supported to attend recognised academic courses, to engage in their own finances, to use public transport and to volunteer with local charity organisations.

Residents were supported to participate in activities that promoted community inclusion for example, residents attended local football matches, active retirements groups, went to the local hairdressers and attended different types of religious services.

The inspector found that residents were assisted to exercise their right to experience a full range of relationships, including friendships and community links, as well as personal relationships. During the inspection one of the residents advised the inspector that they missed a resident who used to live in the house. The inspector was advised by the person in charge that all the residents were supported to keep in contact and visit this resident who had recently moved from the centre.

The inspector found that creative and effective communications systems were in place in the centre. The staff roster which was on display in the residents kitchen had been produced by the person in charge in an accessible format with photographs of staff on duty. This meant that the residents were aware of who was working with them on a daily basis and through-out the rest of the month.

The registered provider had created a culture of safe appropriate care and support in a safe environment that residents could use. Residents were supported to part-take in independent living skills in an enjoyable and safe way through innovative and creative considerations in place. Two of the residents were being supported to stay in the house either on their own or with each other (unaccompanied by staff) for short periods at a time. A new house telephone had been installed as an addition support for these residents. The inspector was advised that the residents enjoyed this time and that it had resulted in increase levels of confidence for one resident in particular.

Residents were involved in the running of the house through meaningful household tasks which promoted their independence and autonomy. Residents were regularly involved in preparing and cooking evening meals. On the day of inspection the inspector observed a resident peeling potatoes in preparation for the evening meal. Residents were also involved in the maintenance of the back garden and with the support of staff, had painted all the back walls of the garden.

The provider and person in charge promoted a positive approach in responding to

behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. However, in relation to restrictive practices the inspector found that improvements were required to the centre's reviewing procedure to ensure that the least restrictive practice was in place at all times and that all restrictive practices were accounted for.

The provider and person in charge were fully cognisant that the designated centre was the residents home and supported residents to define their service and make requests as part of the normal running of the service. The inspector was advised, and saw from the residents' house meetings minutes, that residents were involved in discussions surrounding a potential new resident moving into the house. It was evident that residents' voices and wishes were heard and that their opinion would be included in the overall decision surrounding the potential new resident. Overall, the inspector found that residents' rights were promoted and that their privacy and dignity was respected.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and for the most part arrangements were in place for ensuring residents were aware of the procedure to follow. Fire drills were taking place on a regular basis however, required a small improvement to ensure that they covered all likely scenarios.

For the most part the design and layout of the of the premises ensured that the residents could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the house. Many of the walls in the house included photographs of residents enjoying different activities. There was also paintings and artwork created by residents displayed through-out the house. A new television had been purchased for the sitting room which the residents appeared happy about. The physical environment of the house was clean and in good decorative and structural repair. However, the inspector found that a section of the residents' kitchen was being used as an office space and that this took away from the homeliness of the room.

Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each resident's life. The inspector found that staff were innovative in finding ways to support and empower the residents to live life as they chose, and in the way that balanced risk and opportunities in a safe manner. The inspector saw, that where appropriate, residents were supported to self-administer their medication and that overall the required documentation for this practice had been completed. Residents were

supported through social stories and through accessible formats of their medical script. The supports ensured that the residents were provided with a good understanding of their medication and enabled as much involvement of the resident as possible.

Regulation 17: Premises

Residents displayed personal photographs, personal artwork and sculptures throughout the house and overall there was a homely atmosphere in the house. However, part of the residents' kitchen was being used as an office space and included a laptop, files and printer which took away from the homeliness of the room .

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, the registered provider ensured the delivery of safe care whilst balancing the rights' of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and serviced when required. All staff were provided with fire safety training. However, on the day of inspection improvements were required to ensure the fire drills taking place covered all likely scenarios. For example where a resident requires additional support to evacuate the building.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each resident's health and wellbeing.

Where appropriate, creative and innovative practices were in place to support the residents self-administer medication and overall the required documentation was in place to support this practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of the residents' healthcare, personal and social care needs had taken place. Overall, appropriate arrangements were in place to meet identified needs however, the inspector found that not all health related assessments had been carried out on an annual basis. For example, a speech and language assessment, which identifies supports required for specific dietary conditions, had not been carried out for all residents on an annual basis.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that the documentation relating to the restrictive practices did not clearly demonstrate that they were the least restrictive; for example restrictive practice review documents did not clearly demonstrate that alternatives to the restrictive practices in place had been considered.

Furthermore, on the day of inspection the inspector found restrictive practices in place which had not been identified or logged as such, and had not being notified as required.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that service planning and delivery was cognisant of residents' rights. Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DCL-02 OSV-0005865

Inspection ID: MON-0026995

Date of inspection: 13/11/2019

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: Items of an office/administration nature (printer/laptop/reading materials/notices) will be removed. (completed by December 17th)</p> <p>At next resident meeting we will consult with persons supported to determine how they would like this area to look and redevelop this room with their input. (End of January 2020)</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Through a simulated fire evacuation drill, the Fire Safety Instructor will cover the scenario such as a person refusing to leave the building this simulated fire drill will be done with staff only. This will be done at the January 2020 Team Meeting.</p> <p>The in house induction will be updated to include a fire drill with a senario of a person refusing to leave. This will be done by end of January 2020</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

A request for a SALT review has been made to the service who conducted the last review. If this review is not forwarded, in consultation with each person supported and their families a private referral will be sought (by end of December 2019).

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Doors unlocked and discuss with residents ways they can secure their private information

The restraint and restrictive practice register will be populated to ensure all locked presses are entered into the register. These will also be notified to HIQA at the end of each quarter. The restraint and restrictive practice register has been reviewed to include a field to document what alternatives have been trialled. End of January 2020.

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Substantially Compliant	Yellow	31/12/2019

	which review shall be multidisciplinary.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/01/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/01/2020