



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

## Issued by the Chief Inspector

Name of designated centre:	DCL-04
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 November 2019
Centre ID:	OSV-0005868
Fieldwork ID:	MON-0027074

## About the designated centre

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

DCL-04 is a community based home which can provide residential care for a maximum four residents both male and female aged 18 years or older. Currently there are three residents residing in the centre. 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 four bedrooms, two sitting rooms, a kitchen come dining room, three bathrooms 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 regular relief 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:	3
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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
27 November 2019	09:30hrs to 18:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three residents on the day of the inspection. Some of the residents declined to speak with the inspector, but warmly greeted the inspector when introduced to them. Observations and document review was also used to capture residents' views on the quality and safety of care while residing in the centre.

Residents who spoke with the inspector clearly stated they were happy in their home and that they felt safe. They readily discussed the activities they enjoyed, such as attending their day service program, shopping, and holidays. They expressed that they were afforded to have choice and control in their lives. They spoke about maintaining contact with family and how important this was to them. They readily listed the people they would speak with if they were unhappy about anything. They spoke about the staff in their home and when asked they said they felt well supported.

Observations noted that positive connective care was provided to residents. Kind, patient and meaningful interactions with staff occurred. Staff were observed to actively listen to residents and spend time with them. Residents appeared very familiar and comfortable with all staff present on the day of inspection. Documentation review noted busy, active lives for each of the residents with choice being at the forefront of service provision.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring a good quality service was provided to the residents. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted, where each residents' specific needs, wishes and choices were carefully considered and respected. Some improvements were required around the supervision process with staff, however this had been identified by the provider.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. Recently the person in charge temporarily had also been in charge of another designated centre within the organisation to cover staff leave. A team leader had been employed into DCL-04 to assist the person in charge with their role. Over the last number of months the staff team in DCL-04 had been reporting directly into the team leader. The team leader was then reporting directly

into the person in charge. However, as staff would be returning from leave, the person in charge would be returning to their original role of having responsibility of one designated centre only, DCL-04.

There were systems in place to underpin the safe delivery and oversight of the centre. The registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including six monthly visits by the provider. Plans were in place for an annual review of care and support in the centre. In addition to this, there was an online log of events such as risks, number of incidents and or accidents, number of near misses, number of safeguarding reports to name a few, which was provided oversight into relevant trends occurring in the centre. This document was completed on regular basis by the person in charge and sent to the person participating in management for further oversight. These reviews and systems were identifying areas for improvement and there was evidence that the actions following these audits were being completed in a timely fashion and leading to improvements for residents in relation to their care and support and their home.

The inspector observed that residents were encouraged to have a good level of independence in their routine and daily lives. Staffing levels were sufficient to support staff in line with their assessed needs. Currently only a small group of regular staff worked in the centre. This provided for consistency, familiarity and trust that was evident between staff and residents. Regular relief staff were used from within the organisation. There was an actual and planned staff rota in place. It was evident on the day that all residents were very familiar with staff, the inspector observed residents joking and laughing with staff members.

The inspector reviewed staff training records and found that staff had completed the necessary training and refresher training to enable them to provide up-to-date, evidence based care to the residents. All staff had completed mandatory training such as safeguarding and safe administration of medication. Some staff required refresher training in one area, however this training was booked and staff were scheduled to attend in the next week. Staff had also completed additional training that was directly relevant to their role. A sample of supervision notes were reviewed. On review of these notes it was identified that formal supervision was not occurring in line with the organisations policy. In addition to this a recurrent theme in the notes indicated that staff felt the level of support and supervision provided was not sufficient. The provider and person in charge discussed the steps they had taken in relation to the above and the relevant supports that would be in place. Staff members spoken to, expressed that the upcoming changes would provide a more supportive environment.

## Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There was an actual and planned rota.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training that was available to staff enabled them to provide care that reflected up-to-date evidence base practice. Formal supervision had not been occurring in line with the organisation's policy.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was in place with all the required information.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities. A nominated person visits the centre at least one every six months and produces a report on the safety and quality of the care and support.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents described a wide variety of meaningful activities which they took part in. It was evident that the residents had busy, active lives, where positive risk taking was encouraged and supported by the staff involved in their care. Residents that spoke to the inspector expressed that they were happy and settled in their home. Improvements were required in relation to the some of the

safeguarding procedures within the home to ensure a continued safe service was maintained.

The house was warm, comfortable, homely and decorated in line with residents' wishes. It was found to be clean and well maintained. Residents spoke proudly about their home and the decisions they made in relation to decorating and keeping their rooms in line with their choices and wishes. There were two sitting rooms which provided additional communal space within the home, and enabled the residents to choose to spend time away from their peers if they so wished.

The inspector reviewed a sample of residents' assessments and personal plans in the centre and they were found to be person-centred. Plans were developed with a collaborative approach with evidence of the residents' day service staff being involved in the relevant planning stages. Each resident had an all about me assessment and a valued social role plan in place. This included details in relation to the vision of a good life for this resident. There was evidence that these plans were reviewed regularly with the resident, their representative as appropriate, their keyworker and the person in charge. The plans were made accessible to residents in forms that were meaningful to them, such as on their i-pad or emailed to residents. Although the residents personal plans were in line with the requirements of regulation, the document process required review to ensure that residents personal plans sufficiently guided staff practice and were reviewed in a more streamlined approach. The provider had self identified this as an area of improvement and in the coming year a specific annual residential support review would be occurring. This review would ensure that all parts of the personal plan and relevant documentation would be reviewed together to ensure comprehensive oversight of care and support being provided.

All residents enjoyed overall good health, and any minor health issues identified were addressed in an associated health care plan. A general practitioner of choice was made available to each resident. There was evidence to demonstrate that residents were supported to make decision regarding the National Screening Services and were facilitated to attend appointments as required.

Residents expressed the importance of family and friendship links, this was actively encouraged and supported by staff. The residents' valued social roles plans contained a goal of maintaining friendships and family connections in line with the residents' wishes and needs. In addition to this residents were effectively supported to exercise their right to independence, social integration and participating in community life. For example, residents were beginning to complete independent travel programs to enable them to use public transport independently. Residents were afforded opportunities to engage in meaningful activities and education, both in the form of long and short term goals.

Residents exercised a high level of choice and control in their daily lives in accordance to their wishes and preferences. The residents privacy and dignity was respected at all times. Observations and discussions with staff indicated respectful interactions with each resident. Each resident was listened to with care and respect. Residents were consulted with on decisions regarding the services and supports they



were receiving. In the coming weeks a new format for resident meetings would be adopted by the provider to further strengthen obtaining residents views, choices and opinions.

Residents were protected by appropriated risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. The provider was in the process of implementing new systems in relation to risk management. The risk register was in development at the time of the inspection. It was a live document which was being reviewed and updated in line with learning following incidents and near misses. Incident review and tracking was evident in residents' personal plans as was the learning following incidents. A sample of individual and organisational risk assessments were review. Risk control measures in place were proportional to the risk identified.

Overall, residents were protected by the policies, procedures and practices in relation to safeguarding and protection in the centre. Staff had completed training and those who spoke with the inspector were found to be knowledgeable on their roles and responsibilities in relation to the organisation's and national policy. Residents that spoke with the inspector stated that they felt safe in their home. However, on review of a sample behaviour incident forms, two incidents had occurred between residents that potentially met the definition of a safeguarding concern and were not investigated in line with the organisation or national policy. It must be noted that these incidents were managed appropriately by staff and residents were supported appropriately following the incident.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills were being completed at regular intervals. Staff and the residents were provided with education and training around fire safety.

### Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and needs.

Judgment: Compliant

### Regulation 17: Premises

The premises was warm, clean, homely and decorated in line with residents' wishes.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
Residents were protected by appropriate risk management policies, procedures and practices. General and individual risk assessments and the local risk register were updated in line with learning following incidents and near misses.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Fire precautions were in place to ensure the safety of residents. There was adequate means of escape, fire containment measures were in place and residents took part in regular fire drills.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Residents' personal plans were found to be person-centred. There was evidence of regular review of goals to ensure they were meaningful and effective. The provider had self-identified that the review process and documentation around this required improvements and were progressing a new system in relation to this in the new calendar year.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Appropriate healthcare was made available for each resident, having regard to that resident's personal plan.
Judgment: Compliant

## Regulation 8: Protection

Residents were protected by safeguarding arrangements. However, there had been two incidents between residents that met the description of a safeguarding concern in the policy but the follow up actions did not fully comply with the requirements of the policy.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents were consulted and participate in how the centre is planned and organised. Staff members treat residents with dignity and respect.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for DCL-04 OSV-0005868

Inspection ID: MON-0027074

Date of inspection: 27/11/2019

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Formal supervision for all staff in DCL 04 is scheduled in the January 2020 roster in line with the organisation's policy.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Staff Team in DCL04 will be advised in the December 2019 Team meeting that all behavior incidents that impact on another vulnerable adult are to be reported to the on call for safeguarding notifications.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2019