



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

Name of designated centre:	Dara Community Living
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	10 and 11 April 2018
Centre ID:	OSV-0002325
Fieldwork ID:	MON-0023830

About the designated centre

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

Dara community residential supports people with intellectual disabilities by providing a community based residential service. Their aim is to support residents to "develop the competencies needed for everyday living, to contribute to the running of their homes, and to participate in the life of the local community in accordance with their wishes" as outlined in the statement of purpose for the designated centre.

The designated centre can provide a residential service to 20 adults. This designated centre comprised of six community houses, all were two storey houses and located around a medium sized town in Kildare.

The following information outlines some additional data on this centre.

Current registration end date:	19/05/2019
Number of residents on the date of inspection:	19

How we inspect

To prepare for this inspection the inspector or 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
10 April 2018	10:00hrs to 18:30hrs	Andrew Mooney	Lead
11 April 2018	10:00hrs to 16:00hrs	Andrew Mooney	Lead

Views of people who use the service

The inspector met and spoke with 10 residents during the inspection who were very complimentary towards the care and support in the centre. They spoke fondly of the staff and stated that they were happy. They told the inspector they felt safe and were proud of their home.

Residents said they were very happy with the quality and variety of food they received and the range of activities they were supported to engage in. They told the inspector that they were involved in decision making about the day-to-day running of the house. This was facilitated through monthly residents' meetings, which included menu planning, shopping and cooking.

Residents said they were supported to engage in a wide variety of community activities of their choosing. Some had jobs within their community and others attended day services that they enjoyed. Residents also told the inspector about holidays they were supported to go on and were excited about their planned upcoming holidays. Residents also outlined how they were supported to maintain positive relationships with family and friends.

Capacity and capability

The inspector found the governance and management of the centre led to positive quality of life outcomes for residents.

Staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. Staff indicated they received supervision on a monthly basis and this corresponded with supervision records. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, on the day of inspection a number of staff required refresher training.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months. There was an annual review of the quality and safety of the centre, which provided for consultation with residents. Additionally, there were numerous audits in place and actions were identified to address any deficits identified.

Each person's complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was a user friendly complaints procedure displayed in a prominent position and staff and residents were knowledgeable about its use. The provider was also in the process of updating their complaints management documentation, to further strengthen the recording practices.

Regulation 15: Staffing

The registered provider ensured that there was adequate numbers of staff, with the appropriate qualifications and skills mix to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to training pertinent to their role. However, not all refresher training was completed in a timely fashion.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were sufficient resources available in the centre to ensure effective delivery of care and support in line with the statement of purpose.

The annual review of the quality and safety of care, and six monthly visits by the provider, provided for consultation with residents and their representatives. A number of internal audits were also completed regularly in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately reflected the facilities and services provided in the centre and contained all the information required in schedule one of the Regulations. It had been reviewed regularly in line with the time frame identified in the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints policy in place and complaints were managed effectively.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the appropriate policies required under schedule five of the regulations were in place.

Judgment: Compliant

Quality and safety

The quality and safety arrangements in place ensured residents safety was assured. Risks were generally managed well and there were good safeguarding systems in place.

There were some good medication management systems in place. There was good practice in the ordering, receipt, prescribing and administration of medication. Furthermore, staff received appropriate training for the administration of medication, which included on site clinical assessments. Additionally, there was a robust medication error system in place. In one instance a resident was not supported to manage their own medication in line with their wishes. An assessment was carried out that indicated the resident would not have the capacity to self-medicate. However, no further steps were taken by the provider to support the resident to build their capacity to self-medicate.

The centre had a risk management policy in place for the assessment, management and ongoing review of risk. This included a location risk register and individual risk assessments. Any incidents were reviewed and where appropriate additional control measures were put in place to reduce risk. The centre had effective processes in place to protect residents, which included staff training, personal plans and where required support plans. This protected residents from abuse and neglect and ensured residents safety and welfare was promoted. While there were some restrictions in place to support the assessed needs' of residents, it was unclear if

they were implemented in line with the regulations. For instance, there was a bed alarm in place for one resident which was not recorded as a restriction. That being said, the provider was in the process of review all residents to ensure all restrictions were identified and managed in line with the regulations.

There were adequate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Residents were supported to access and be part of their communities, in line with the personal plans. There was also a comprehensive personal plan review process in place.

There were health care plans in place to support the assessed needs of residents. However, at times these plans were not fully implemented. For instance there was a lack of evidence that diabetes management plans were being followed through consistently. The provider had identified these deficits within numerous internal audits, yet the diabetes plans continued to be inconsistently implemented. Additionally, pertinent areas of residents health care plans were not always reviewed annually, in line with the personal planning process. This led to a residents dysphagia plan not being reviewed as required. Furthermore, a "PRN" protocol for the administration of emergency medication did not sufficiently guide staff practice.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. Residents could clearly indicate to the inspector what the fire evacuation procedure was.

Regulation 26: Risk management procedures

The registered provider had a system in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire and all staff have received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Not all residents were supported to manage their own medicines, in line with their wishes. Additionally, there was not adequate guidance given to staff to administer prescribed emergency medication.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
Each resident within the designated centre had a personal plan, residents were involved in their development and they were available in an accessible format.
Judgment: Compliant
Regulation 6: Health care
Health care plans were not consistently implemented, a health care plan was not reviewed annually.
Judgment: Not compliant
Regulation 7: Positive behavioural support
Some restrictions were not documented in line with the regulations.
Judgment: Substantially compliant
Regulation 8: Protection
The provider is ensuring that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and

protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dara Community Living OSV-0002325

Inspection ID: MON-0023830

Date of inspection: 10/04/2018 and 11/04/2018

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of all refresher training due will be completed by 31/05/18 A alert system will be put in place for Managers to ensure staff attend refresher training on due dates. Outstanding refresher training staff for SAMS will be completed by 31/08/18</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The self assessment of medication process will be reviewed to ensure there is full follow through to facilitate a person to self medicate where they have expressed a wish to do this. This will be completed by 31/08/18.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

Each person supported have their health care plan reviewed with the relevant health professional. This review will be completed by 15/06/18

A register of healthcare plans has been developed, this will enable the healthcare coordinator to ensure each healthcare plan is reviewed by the relevant healthcare professional on a regular basis.

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Regulation 7: Positive behavioural support

Substantially Compliant

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

A review of all restrictive practices will be undertaken by 20/06/18

Where a restrictive practice is identified it will be subject to regular review and documented on the restraint and restrictive practice register for all quarterly notifications going forward.

The policy on the use of restrictive procedures and physical, chemical and environmental restraint and protection of human rights will be reviewed and signed off by the board by 30/06/18.

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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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/18 SAMS Refresher training dates set for all staff who are due 1 day course. Dates in place for 19/06/18 and 03/07/18
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom	Substantially Compliant	Yellow	All residents have kardex's within 6 months review and this will be in place going forward. All persons supported have a photo attached to their kardex. 30/05/18

	it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/08/18 All persons who have expressed an interest to to self-administer their medications will be assessed by Healthcare coordinator and team leader. Where the person is assessed as suitable for self-administering or part of, plans will be put in place to reflect same.
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	15/06/18 Healthcare coordinator will consult with relevant health profession and update plans, to ensure the information is relevant to the persons healthcare need and are clear and precise to guide practice
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	15/06/18 Each person supported will have their health care plan reviewed with the relevant health professional.
Regulation 07(4)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	30/06/18 A review of all restrictive practices

	<p>restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.</p>			<p>will be undertaken by a PPIM in consultation with Team Leaders and Frontline Staff. Where a restrictive practice is identified it will be subject to regular review and documented on the restraint and restrictive practice register for all quarterly notifications going forward. The policy on the use of restrictive procedures and physical, chemical and environmental restraint and protection of human rights will be reviewed and signed off by the board by 30/06/18.</p>
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