



## Office of the Chief Inspector

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

Name of designated centre:	Dara Respite House
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	26 March 2019
Centre ID:	OSV-0002326
Fieldwork ID:	MON-0022451

## About the designated centre

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

The centre provides planned respite breaks for adults with an intellectual disability. The frequency of respite visits is based on a assessment of need conducted by a social worker from another service. The centre is a two storey building. The ground floor consists of a kitchen come dinning room, a small utility room, a sitting room, two bedrooms and a shower room. The first floor has three bedrooms, one of which has is "en-suite". The main bathroom and a games room is also situated on this floor. The centre has a private garden and is situated close to a town in Co. Kildare.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
26 March 2019	08:30hrs to 15:30hrs	Andrew Mooney	Lead

## Views of people who use the service

During the inspection the inspector met with 4 residents and spoke with 3 of them. Residents all noted how much they enjoyed their respite visits. They told the inspector that staff were very friendly and they got the opportunity to engage in activities that were meaningful. This mainly consisted of social activities in their local community. These social activities were the highlight of these visits and led to residents really looking forward to their next visit.

Some residents told the inspector they would like more frequent visits but they understood that this wasn't always possible. Additionally, some residents stated that they would like to pick who they came on respite with but again they understood that this wasn't determined by the respite house.

## Capacity and capability

Overall, the registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it accurately described the designated centre's aims and objectives and the services provided. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement. Furthermore, the provider had developed robust internal assurance mechanisms such as key performance indicators being reported to the board of management quarterly.

The centre did not typically avail of volunteers but did facilitate student placements. Students received comprehensive information about their role, their responsibilities and received appropriate supervision.

The provider had ensured that 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. The inspector observed staff interacting in a very positive way with residents. The provider had ensured that staff had the skills and training to provide support for residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Complaints were managed in a timely manner and were used to make improvements in the service provided.

### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice.

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 for all areas of service provision.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A written contract for the provision of services was agreed on admission and

it detailed any additional costs.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
Appropriate systems were in place to manage and support volunteers in line with the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The complaints process was user-friendly, accessible to all residents and displayed prominently.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
All schedule 5 written policies and procedures were in place and reviewed as required.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
A statement of purpose was in place and included all information set out in the associated schedule.
Judgment: Compliant
<b>Quality and safety</b>

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of the community. In keeping with the centres purpose, there were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and generally outlined the supports required to maximise their personal development and quality of life. However, some improvements were required in the guidance given to staff on how to fully support residents with specific needs. The person in charge outlined some proposed documentation that was due to be implemented but this had not yet been rolled out. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This supported residents to engage active community participation without undue restriction. Any incidents that did occur were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk.

The premises was suitable for its intended purpose. It was warm, clean, inviting and homely. The living environment was stimulating and provided opportunities for rest and recreation.

The centres practice relating to the management of medicines was generally good. Throughout the day the inspector observed safe medication management systems and practices. There was a clear process for the ordering, prescribing, storing and administration of medicines.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy.

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 displayed in the centre.



### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide contained all the required information set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines was appropriate.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were met but there were some deficiencies in some documentation. For example the guidance available to support some residents with intimate care required review.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to residents' personal plans.

Judgment: Compliant

### Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
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	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Dara Respite House OSV-0002326

Inspection ID: MON-0022451

Date of inspection: 26/03/2019

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A new template for respite user's personal plans (All About Me document) that was shown to the inspector on the day of the inspection is to be rolled out for all respite users. Intimate care needs will be clearly identified and outlined in this document. Also included will be respite goal(s) for each respite user that they wish to work on while in Dara Respite House. These will be completed for each respite user by 30th June 2019.</p> <p>An annual review template has been developed to replace the old review document. This will include a review of the respite goals. This will come into effect for all future reviews from 30th May 2019.</p>	

## 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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/06/2019