



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

Issued by the Chief Inspector

Name of designated centre:	DCL-03
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	06 November 2024
Centre ID:	OSV-0005866
Fieldwork ID:	MON-0036869

About the designated centre

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

DCL-03 is a community based home which can provide residential care for a maximum of five residents both male and female aged 18 years or older. Currently there are no vacancies 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 six bedrooms, a sitting room, a kitchen come dining room, bathroom facilities and back garden. One of the bedrooms is configured as a separate ground floor studio apartment. This includes a sleeping area come sitting area and small kitchenette. There is also a separate ensuite and the room has its own private entrance and exit route to the back garden. Residents are supported by a team of support workers, led by the 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:	6
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 November 2024	10:30hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the six residents living in the centre received a good quality of care in which their independence was promoted. However, the behaviours of a resident in the main house were difficult for staff to manage in a group living environment and had an impact on the other residents living in that house. In addition, one of the other residents, had clearly expressed their will and choice to live in a different location which was closer to their family. In addition, some improvements were required in relation to staff training and the maintenance of the premises.

The centre comprised of a two storey, five bed roomed house for four residents, with an attached studio apartment for one resident and a separate two bed roomed apartment for one resident, which was located a short drive away. The centre was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate six adult residents and there were no vacancies at the time of inspection.

The inspector met with three of the six residents on the day of inspection. Each of these residents appeared in good form and comfortable in the company of staff who were supporting them. Warm interactions between the three residents and the staff members on duty were observed. One of the residents was observed relaxing and reading a golf magazine, having returned from a shopping trip and spending time train spotting which was one of this resident's passions. One of the residents met with who lived on their own, told the inspector that they were 'happy' and that staff were 'good' to them. This resident was reported to enjoy playing football with staff on a public green which was located close to their apartment. From speaking with staff and review of notes held in the centre, it was evident that one of the residents was not happy living in the centre because it was their wish to live nearer to their family. However, there was evidence in surveys completed by the resident, that they felt that staff were kind to them and they had no complaints about the quality or safety of the care that they received. This resident was not present in the centre on the day of inspection. It was noted that the resident was linked to an independent advocate and the provider was engaging with the resident and other organisations to ascertain if the resident's wishes could be facilitated.

The four residents in the main house had been living together for an extended period. However, in the preceding period there had been a significant change in the presentation of one of the residents. It was evident that this resident's behaviour had a negative impact on the other residents living in the house and it was difficult for staff to manage and support the behaviours in a group living environment. The provider acknowledged the impact of this resident's behaviour and had sought funding to secure alternative individualised accommodation for this resident which it was considered would better meet their needs.

The centre was found to be comfortable, homely and overall in a good state of

repair. However, there was a small amount of worn and chipped paint on the ceiling of the bathroom in the studio apartment and some chipped and worn paint on the woodwork in the kitchen of the main house.

Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. Each of the residents had their own television in their bedroom. Pictures of each resident and important people in their lives and other memorabilia were on display. There was a fish tank with fish, in the sitting room of the main house which it was reported that the residents enjoyed caring for. One of the residents had an area where they displayed their model train sets and golfing equipment which was their passion. Framed artwork completed by one of the residents was on display in a number of areas. There was a nice sized garden to the rear of the main house, which included a seating area for outdoor dining, some potted plants and flower beds. The resident in the studio apartment could also access this space.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with the residents and their relatives as part of their annual review. This indicated that residents were happy with the care and support being provided. However, it was noted that compatibility issues in the centre and safeguarding incidents had a negative impact on some of the residents. Office of the Chief Inspector questionnaires had been completed by five of the residents with the support of staff. These indicated that residents were overall happy with the quality and safety of care. However, the impact of the behaviours by one of the residents in the main house was noted.

There was an atmosphere of friendliness in the centre. Staff were observed to chat and joke with the residents present on the day of inspection. Halloween decorations were on display in a number of areas, most notably in the sitting room and one of the residents bedrooms. One of the residents had recently celebrated a significant birthday with a party celebration in a local pub which was attended by some of the other residents, members of staff and the resident's family. The provider had a rights coordinator within the service and information on residents rights were available for residents.

Residents were supported to engage in meaningful activities in the centre and local community. Two of the six residents were engaged with a day service programme which they were reported to enjoy. The remaining four residents engaged in individualised activities with the support of staff from the centre. Examples of activities that residents engaged in included, walks to local scenic areas, drives, family visits, attending shows and concerts, train spotting, golf, swimming and dining out. A number of the residents had enjoyed a short holiday in Ireland in the preceding period and one of the residents had with the support of staff enjoyed a short holiday abroad. The main house and attached studio apartment had its own car

which was used by staff to drive residents to various activities and outings. The resident in the apartment also had access to a vehicle which was shared with another service for defined periods of certain days. All residents also had access to local public transport links.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs. The provider had recognised the safeguarding and compatibility issues in the centre and had sought funding to source alternative accommodation for one resident but this had not yet been confirmed. Some improvements were also required in relation to staff training.

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of administration who in turn reported to the chief executive officer. The person in charge and director of operations held formal meetings on a regular basis. She reported that she felt supported in her role.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, health and safety checks, fire safety and finance. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of each resident. This provided consistency of care for each of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each resident. The person in charge had a history of being a qualified dental nurse and held a certificate in management. She had more than three years management experience working within the disability sector. She was in a full time position and was not responsible for any other centre. The person in charge was supported by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. The inspector reviewed the staff rosters and found that the full complement of staff were in place at the time of inspection. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with and the person in charge on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. However, records available on the day of inspection, showed that two staff were overdue to attend mandatory training in the areas of manual handling and a behaviour intervention training. It was also noted that a new member of staff had yet to complete training in fire safety and the safe administration of medicines but this training had been scheduled. Staff supervision arrangements were in place and a review of a sample of four staff supervision records showed that supervision was being undertaken in line with the frequency proposed in the providers supervision policy.

Judgment: Substantially compliant

Regulation 21: Records

Records in relation to each resident as specified in schedule 3 and additional records as specified in schedule 4 were maintained in the centre. Suitable record retention practices were in place. There was a complaints procedure in place and sample of complaints reviewed appeared to be dealt with in line with policy.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and this included consultation with residents and their families. Unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations had been undertaken. The provider had taken appropriate steps to attempt to address compatibility and safeguarding concerns in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in November 2024. It was found to contain all of the information set out in schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A sample of all incidents occurring in the centre in the preceding seven month period were reviewed by the inspector and it was found that notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a suite of policies and procedures in place on the matters set out in Schedule 5 of the Regulations. These were subject to review at periods not exceeding three year intervals.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person-centred and which promoted their rights. However, the behaviours of one of the residents was difficult for staff to manage in a group living environment and had an impact on the other residents living in the centre. Some improvements were also required in relation to the maintenance of the premises and to uphold residents rights.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan 'All about me and how to support me' document reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations for each of the six residents. There had also been a review of the valued social roles plan.

The health and safety of residents, visitors and staff were promoted and protected. Suitable precautions were in place against the risk of fire. There was a risk management policy and environmental and individual risk assessments and individual safety assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

There were procedures in place for the prevention and control of infection. All areas appeared clean. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff.

Regulation 17: Premises

The centre comprised of a two storey, five bed roomed house for four residents, with an attached studio apartment for one resident and a two bed roomed self contained apartment for one resident, which was located a short distance away. All areas were found to be homely, suitably decorated and overall in a good state of repair. However, there was a small amount of worn and chipped paint on the ceiling of the bathroom in the studio apartment and some chipped and worn paint on the woodwork in the kitchen of the main house.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious and varied diet. Staff presented with a good knowledge of residents' individual preferences. Feeding eating and drinking guidance was available for individual residents and these were observed to be adhered to on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file for each of the residents, which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in each of the units. Self closing devices had been installed on doors. There were adequate means of escape and a fire assembly point was identified to an area to the front of each of the units. A procedure for the safe

evacuation of the residents was prominently displayed in each unit. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving residents had been undertaken at regular intervals and it was noted by the inspector that each area was evacuated in a timely manner

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of four resident's personal support plans and found that each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for residents. There was information on the notice board in the main house on a healthy diet and the benefits of physical activity,

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same. However, as referred to under Regulation 8 the behaviours of a resident in the main house was difficult for staff to manage in a group living environment and had a negative impact on other residents living in that house.

Judgment: Compliant

Regulation 8: Protection

There were recognised compatibility issues between residents in the centre and there had been a trend of safeguarding incidents in the preceding period. The behaviours of a resident in the main house were difficult for staff to manage in a group living environment and had a negative impact on occasions, on the other residents living in that house. Management had recognised this and determined that an individualised service would best meet the needs of this resident. Suitable alternative accommodation was being sought at the time of this inspection but had not yet been confirmed.

Judgment: Not compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. However, compatibility issues and safeguarding concerns were impacting residents rights to access all communal areas of the main house at times of individual residents' choosing. In addition, one of the other residents, had clearly expressed their will and choice to live in a different location which was closer to their family. Alternative accommodation for this resident in their preferred location was being sought but had not been confirmed. Independent advocates were engaging with a number of the residents. The residents had access to the national advocacy service and information about same was available for residents. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available for residents. There was an advocacy committee in place and whilst one of the residents were members of the committee, staff reported that two of the residents regularly attended the committee's monthly meetings.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for DCL-03 OSV-0005866

Inspection ID: MON-0036869

Date of inspection: 06/11/2024

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: New staff member completed Safe administration of medication training on the 28th and 29th of November 2024. Fire safety training was completed on the 2nd of December 2024.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The ceiling of the bathroom in the apartment was painted on the 16/11/2024 by maintenance department • Touch ups of the woodwork in the kitchen to be completed in January 2025 by maintenance department 	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: <ul style="list-style-type: none"> • Individualised safeguarding plans in place for all residents in DCL 03 • Easy read guide and social story created for all residents on how to safeguard yourself within your home 	

- Additional staffing has been put in place to ensure consistent support for all residents
- PIC has linked in with an independent advocacy service
- Regular meetings with members of the senior management team
- Senior management team are actively seeking funding from the HSE to provide an individualised support arrangement for DR04
- The service provides a 24hour on call manager service
- A review with the Senior Team will be conducted in January 2025 to assess if further plans can be implemented to provide an individualised service to the person causing concern.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Advice and input from the services Rights coordinator is regularly sought
- Regular discussions with residents and residents families
- Individualised safeguarding plans are in place for all residents in DCL03
- Easy read guide and social story created for all residents on how to safeguard yourself within your home
- PIC is in contact with an independent advocacy service
- An application was made to SDCC in relation to placing DR18 onto their housing list. Social housing support has been approved. The senior management team are actively following up on this.
- A review with the Senior Team will be conducted in January 2025 to assess if further plans can be implemented to provide an individualised service to the person causing concern.

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	20/12/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/01/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	31/01/2025

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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