



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ashton Broc
Name of provider:	Dara Residential Services
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0008468
Fieldwork ID:	MON-0039291

## About the designated centre

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

This designated centre can provide full-time residential care for up to two adults with intellectual disabilities. The designated centre is located in a housing estate in a town in Co. Dublin. The centre comprises of a two-storey, terraced house. It contains two bedrooms, main bathroom, downstairs toilet, a kitchen and sitting come dining area. There is a garden to the back of the house. The centre has its own vehicle available for residents to bring them to community and social activities in the local town and to appointments when required. The staff team comprises of an interim person in charge, team leader and support workers.

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

Number of residents on the date of inspection:	2
--	---

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 December 2023	10:30hrs to 16:30hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents living in the centre received a good quality of care in which their independence was promoted.

The centre comprised of a two storey, two-bed roomed terraced house. It was located in a quiet residential estate in a town in Meath and within walking distance of a range of local amenities. The centre was registered to accommodate two adult residents and there were no vacancies at the time of inspection. The purpose of this unannounced inspection was to monitor the provider's ongoing compliance with regulations.

On the day of inspection, the inspector met briefly with both residents on their return from their day service programme. Staff had prepared healthy homemade smoothie drinks for them on their return, which they appeared to enjoy.

Both of the residents had transitioned to living in the centre from their own family homes in February 2023 soon after the centres registration. It was reported that the residents' transition to the centre had gone well and that both residents had settled well to their new home. Both of the residents were considered to be compatible with each other and to enjoy some social activities together. There had been no safeguarding concerns in the centre in the preceding period.

The centre was found to be comfortable, homely and in a good state of repair. There was a fully equipped kitchen, a sitting room come dining room, downstairs toilet, two bedrooms upstairs with a shared main bathroom.

Both of the residents had their own bedroom which had been personalised to the individual resident's tastes and were 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 the resident and important people in their lives and other memorabilia were on display. One of the residents had posters and other memorabilia of 'Mario' and other Marvel characters in their bedroom. The other resident had a lap top and gaming machine in their room which it was reported they enjoyed using on a regular basis. There was a small sized garden to the rear of the centre which included a seating area for outdoor dining and plant beds.

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. 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 officer in place and their contact

details were available for residents and on display. A self administration of medication assessment had been completed for each of the residents. Staff were observed to check in with each resident in a kind and dignified manner on their return to the centre and to seek permission to enter residents' bedrooms.

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 their loved ones were receiving. The provider had plans to complete an annual review of the quality and safety of the service in February 2024 when the centre would be open for one year. As part of this, it was proposed that a survey with relatives would be completed.

There was an atmosphere of friendliness in the centre. There was a festive feel in the centre with a full size decorated Christmas tree and other Christmas soft furnishings and decorations on display. Staff were observed to chat and support residents as they returned to the centre in the evening time. It was evident that the staff had a close relationship with the residents as they could be heard joking and laughing with each other.

Residents were supported to engage in meaningful activities in the centre and local community. Both of the residents were engaged with a day service programme which they were reported to enjoy. Each of the residents regularly engaged in some activities within the local community. Examples of activities that residents engaged in included, walks to local scenic areas, drives, family visits, bowling, cinema and meals out. From there day service residents undertook activities such as swimming, gym and tennis lessons. There were provisional plans for both residents to go to a 'panto' over the coming period.

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 centre was managed by a suitably qualified and experienced person. An interim person in charge had been appointed to the centre following the resignation of the previous person in charge in July 2023. The interim person in charge held the position of director of administration and was suitably qualified and experienced. Recruitment was underway for the appointment of a new full time person in charge.

The interim person in charge was being supported by a team leader in this centre who had some protected time for her role.

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 interim person in charge reported to the chief executive officer. The interim person in charge and chief executive officer held formal meetings on a regular basis. The team leader reported to the director of administration and reported that she felt supported in her role.

The provider had plans to complete an annual review of the quality and safety of the service in the centre in February 2024 when opened a year. An unannounced visit to review the quality and safety of care had been completed since the centre opened with more planned 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, finance, medication and infection prevention and control. 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 both residents. At the time of inspection, there was one staff vacancy. Recruitment for this position was reported to be underway and the vacancy was being covered by a regular agency member of staff. The majority of the staff team had been working with the provider for an extended period and in the centre since it opened in February 2023. This provided consistency of care for both of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. 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 interim 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. Recruitment was underway for a new full time person in charge.

Judgment: Compliant

## Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of both residents. At the time of inspection, there was one staff vacancy. Recruitment was underway for the position and the vacancy was being covered by a regular agency staff member. This provided consistency of care for the residents.

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. Staff had attended all mandatory training. Staff supervision arrangements were in place.

Judgment: Compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had plans to complete an annual review of the quality and safety of the service once the centre was a year open. An unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations had been undertaken.

Judgment: Compliant

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

Contracts of care had been put in place for each of the residents which detailed the services to be provided and the fees payable.

Judgment: Compliant

## Regulation 31: Notification of incidents



Notifications of incidents were reported to the Chief Inspector of Social Services in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality and person-centred, which promoted their 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 resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. A valued social roles plan was in place for each resident which covered their individual needs, desired goals, actions to achieve the identified goals with timelines and persons responsible identified. It was proposed that the centre would review the effectiveness of the personal plans and goals identified for each resident on an annual basis in line with the requirements of the regulations.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments were in place. A 'my safety assessment' and 'my safety plan' had been recently reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety, and infection control 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.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire detection system was serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. 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 that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. All areas appeared clean and overall in a good state of repair. It was noted that there was a small area of broken wall plaster on a wall in sitting room which was due for repair.

There were facilities and products in place for cleaning. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the team leader and interim person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste..

### Regulation 17: Premises

The house was found to be comfortable, homely and overall in a good state of repair. The layout of the centre was suitable for the assessed needs of the residents.

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 were on file which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Overall, there were a low number of incidents in this centre.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and overall in a good state of repair. There were facilities and products in place for cleaning. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Self closing devices had been installed on doors. Fire fighting equipment, emergency lighting and the fire detection system were serviced at regular intervals by an external company. There

were adequate means of escape and a procedure for the safe evacuation of residents, in the event of fire was prominently displayed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

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 resident 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 General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for residents. A reduction plan for unhealthy foods was in place for one of the residents. Emergency transfer information sheets were available with pertinent information for both of the residents should a resident require transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents living in the centre were provided with appropriate emotional support. It was noted that the behaviours of one of the residents could be challenging and difficult on rare occasions to manage in a group living environment. However, such incidents were considered to be well managed. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting residents. There were a small number of restrictions in use and these were regularly reviewed.

Judgment: Compliant

## Regulation 8: Protection

There were appropriate safeguarding arrangements in place. There had been no allegations or suspicions of abuse in the preceding period. There were no safeguarding plans in place at the time of inspection. Staff spoken with had a good knowledge of safeguarding procedures and requirements.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. 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 officer in place and their contact details were available for residents. A number of staff had completed training on residents' rights. A staff member spoken with told the inspector that the training had supported them in upholding residents rights in the centre.

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 9: Residents' rights	Compliant