



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

Issued by the Chief Inspector

Name of designated centre:	Dun Siog
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0008038
Fieldwork ID:	MON-0034053

About the designated centre

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

Dun Siog is a bungalow located in a rural location. It provides care for up to 3 individuals and can support residents who have severe/profound intellectual disabilities. Each resident has their own bedroom. Dun Siog can support residents with all aspects of daily living and support residents to access community and day services. The service has a mandatory training schedule in place for all staff to ensure they are adequately equipped to meet the care and support needs of residents. Service specific training is arranged as required. Residents are supported to manage their medical appointments, social goals, and links with family and friends in accordance with their will and preference. Each resident has an identified key worker to support them. All residents have access to a local GP. Residents can attend the local health centre. There is transport available in the centre suitable to the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 31 January 2023	09:00hrs to 09:30hrs	Ivan Cormican	Lead
Tuesday 21 February 2023	10:45hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and they were actively assisted to engage in activities which they enjoyed. This inspection was unannounced and it occurred over two days. This inspection occurred over two days as on the first day the centre was undergoing a deep clean due to a recent outbreak of COVID 19 and as a result there would have been little opportunity for the inspector to meet with residents and staff members. The second day of inspection was facilitated by the person in charge, it occurred on an agreed date which suited the residents' needs.

The inspector met with the three residents and four staff members, including the centre's person in charge on the day of inspection. Residents had left for their day service when the inspection commenced and they returned for lunch at midday. There was a very pleasant and relaxed atmosphere when residents were in the centre and they interacted with staff and each other in a casual and friendly manner. Two residents had verbal skills and the remaining resident interacted through the use of some single words, sounds and gestures. Staff members also chatted in a casual manner with residents and they had a good rapport and understanding of residents' preferred methods of communication.

One resident showed the inspector around their home and they also showed the inspector their bedroom which was warmly decorated and comfortably furnished. They pointed out pictures of them which were in the hall where they had met the local fire brigade and also of them spending time with a therapy dog. They smiled warmly as they pointed out the photographs and it was clear that they considered the centre their home. Another displayed photograph showed a resident enjoying a glass of wine in restaurant and when they met with the inspector they stated that they really enjoyed being out and about and that they sometimes relaxed with a glass of wine in the evening while they watched the television.

A review of records in the centre indicated that residents lead very busy lives and that they were out in their local community and nearby towns on a daily basis. Financial records indicated that residents regularly went for meals out, coffee and one of their favourite pastimes which was shopping. As mentioned above residents enjoyed being busy and they attended day services in line with their own preferences. One resident attended four days per week, while the other two residents attended for sessions which they had an interest in. For example, these residents popped into their day service for art, reflexology and exercise classes.

Resident's personal development was also promoted and the person in charge explained how some residents enjoyed attending community based classes such as zumba, fitness and music. In addition one resident was also a member of a local gym and they went there on a weekly basis. The person in charge also explained that staff were consulting with a national organisation to explore further training and education for residents in the areas of life skills, computers and money

management.

The centre was modern, warm and comfortably furnished. Each resident had their own bedroom which was bright, airy and also had ample storage for their personal possessions. One resident had an ensuite bedroom and the other residents had the use of two large bathrooms. The centre had one large reception room and there was also a large open plan kitchen/dining and living area where residents liked to spend most of their time chatting with staff and interacting with each other. The centre was clean and well maintained and there was numerous photographs of residents on display which gave the centre a warm and homely feel.

Overall, the inspector found that residents had a good quality of life and that they enjoyed living in this centre.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The inspection was facilitated by the centre's person in charge and they attended the service on at least a weekly basis. They held responsibility for the day-to-day oversight of care and they were also a named person in charge of three other centres. The provider had identified that this arrangement posed a risk to the oversight of care and recruitment was nearing completion which would reduce the number of centres under the remit of this person in charge.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required minor adjustments. The person in charge also had a schedule of internal audits which assisted in ensuring that areas of care such as medications, fire safety and personal planning would be held to a good standard. The centre's most recent annual review had also discussed the service with both residents and their representatives to get their thoughts on the service with an overall positive response received.

As mentioned earlier in this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members were also supported in their roles by attending regular team meetings which facilitated them to raise any concerns which they may have in regards to the care. The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher

training in areas such as behavioural support, fire safety, safeguarding and also IPC related training.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that residents were supported to enjoy their time in the centre.

Regulation 14: Persons in charge

The person in charge held responsibility for multiple centres and the provider was aware of their capacity to fulfill their duties. A risk assessment had been formulated to determine the viability of these arrangements and additional recruitment was underway at the time of inspection to alleviate the risk which this posed to the oversight of care.

Judgment: Compliant

Regulation 15: Staffing

A staff member who met with the inspector had a good understanding of the resident's individual care needs and they clearly outlined how residents preferred to have these needs met. The person in charge maintained an accurate staff rota which indicated that residents were supported by a regular staff team and the provider also ensured that the centre was consistently resourced with the residents' assessed staffing requirements.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff members could meet the assessed needs of residents by implementing both a mandatory and refresher training programme. A review of training records indicated that staff were up-to-date with their training needs. The person in charge also scheduled regular team meetings and individual supervision sessions which facilitated staff members to discuss care practices and any concerns which they may have.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that care practices were closely monitored which promoted both the quality and the safety of the service which residents received. Management were actively involved in the running and operation of the centre and it was clear that there was an open and transparent culture within the centre. All required audits and reviews had been completed as required and the provider and any identified areas for improvement had been addressed by the centre's person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information in the centre indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints at the time of inspection; however, residents were supported to understanding the complaints process which was on the agenda of house meetings. In addition, information on complaints was clearly displayed and it was clear that an open and transparent culture was promoted by both the provider and the staff team.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care was maintained to a good standard and that residents were supported to engage in activities which they enjoyed.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that residents could freely access

their local community, nearby towns and shopping areas. The person in charge displayed information on rights and residents attended weekly meetings where they were kept up-to-date with areas of care such as complaints, safety and community events. In addition, the inspector observed staff interacting with residents in a kind and respectful manner and a training day had been scheduled to further inform residents in regards to their rights.

It was clear that residents were offered a person centred service and individualised personal plans had been developed for each resident. Personal plans were found to be comprehensive and they were reviewed to reflect any changes in residents' care requirements. A resident had an accessible format of their personal plan with them on the day of inspection and they were happy to show the inspector some of their goals for the upcoming year which included going to a concert to see their favourite country star and also go for afternoon tea. The resident told the inspector that they were really looking forward to the concert and their tickets were booked. They also had a sample menu for afternoon tea in their personal plan and but they hadn't decided on a date yet.

As stated earlier, the centre was very homely in nature and residents had access to all communal areas of their home. Residents were very relaxed when chatting and interacting with the inspector and they freely sought the assistance of staff in regards to their communication and dietary needs. Residents had ample storage for their personal possessions in their individual bedrooms and staff members maintained a log of these possessions to ensure they were safeguarded. The centre was also large and spacious which facilitated residents to have visitors in private if they so wished. A review of information indicated that residents were well supported to remain in contact with their family members with regular phone calls and trips home. In addition, one resident also frequently met up with their family for meals and shopping trips.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

Regulation 11: Visits

There were no restrictions on visits in this centre and a review of information indicated that residents were well supported to remain in contact with family and friends. The centre had a large reception room where residents could have visitors in private if they so wished and there was also a large open plan kitchen/ dining area which residents could also utilise. Residents often chatted with their families on the phone and staff members ensured that residents' wishes in maintaining contact with their families was respected and promoted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had full access to their personal possessions and the staff team maintained a log of the personal belongings which assisted in safeguarding their possessions. Residents also had ample storage for their clothes and belongings and they had free access to laundry facilities. The person in charge also ensured that detailed records of financial transactions were maintained for any money which was spent on behalf of residents. Although, detailed financial records were in place for financial transactions, there was no financial records in place for monetary gifts which one resident received.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents attended days services on days of their choosing during the working week and the person in charge explained that many of their educational, training and employment needs were supported in these services. In addition, staff were in consultation with an external agency to further assist residents with their personal development in areas such as life skills and money management.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system for identifying, recording and responding to incidents. The person in charge had a good understanding of incidents which had occurred and there were no trends or patterns of concern. In addition, the provider assessed issues which could impact upon care such as safeguarding, behaviours of concern and COVID 19. The inspector found that these measures assisted in ensuring that the safety of residents was promoted at all times.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place which promoted the infection prevention and control of this centre. Staff had also received relative training in areas such as hand hygiene and the use of personal protective equipment. The provider had a colour

coded cleaning system in place and staff were observed to wear the recommended PPE throughout the inspection. The centre was clean to a visual inspection and also free from clutter and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were robust fire safety arrangements in place with each house supplied with a fire detection and warning system, fire doors, emergency lighting and fire fighting equipment. Staff were completing regular checks of this equipment to ensure it was in good working order and the provider had service arrangements in place for relevant fire safety equipment. A review of fire drills also indicated that residents could evacuate the centre in a prompt manner across all shift patterns.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications with assessments identifying that all residents required support in this area of care. A review of medication prescription sheets and associated administration records indicated that residents received their medications as prescribed. In addition, where residents required rescue medication there was specific protocols in place for its administration and staff who met with the inspector were found to have a good understanding of these protocols.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis. Personal plans gave a clear outline of their assessed needs and they were found to be well maintained and easy to navigate. Residents were supported to attend their individual planning meetings where they decided on their goals for the coming year. A review of a sample of identified goals showed that residents were well supported in this area of care.

Judgment: Compliant

Regulation 8: Protection

The centre had a very pleasant feel and all observed interactions between residents and staff were warm and caring in nature. Residents were relaxed in the company of staff and there was information readily available to both residents and staff in regards to safeguarding. All staff were also up to date with their safeguarding training and there were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively involved in the running and operation of their home and they attended scheduled house meetings where they were kept up to date in regards to developments in their community and also in relation to topics such as their safety, complaints and their rights. Residents rights in regards to community access were also to the forefront of care and they were out and about enjoying life on a daily basis.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dun Siog OSV-0008038

Inspection ID: MON-0034053

Date of inspection: 21/02/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To ensure compliance of regulation 12 the following action has been completed</p> <p>All monetary gifts are recorded in the resident’s financial record when received.</p> <p>This record is monitored and audited by the Pic on a weekly basis.</p> <p>Action completed -22-2-23</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	22/02/2023