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:	Dun Siog
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	24 January 2022
Centre ID:	OSV-0008038
Fieldwork ID:	MON-0034035

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

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 (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
Monday 24 January 2022	10:20hrs to 14:40hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

There was evidence of good quality care for the residents in this centre. Residents were supported to engage in activities that they enjoyed. Their rights and choices were respected. This was the first inspection of this centre and throughout, the inspector adhered to public health guidelines on the prevention of infection from COVID-19.

Residents had recently moved into the centre from a congregated setting. The centre was a newly renovated bungalow in a rural location. It was tidy, clean and warm. It had three bedrooms; one of which was en-suite and had a walk-in wardrobe. There were also two large bathrooms; one with a level access shower and the other had a bath. The living areas of the house consisted of a large sitting room and a bright kitchen-dining room with seating area. There was also a utility room and WC located off the kitchen. There were fire doors in the communal rooms and bedrooms throughout the house. One fire door in the kitchen was faulty and the provider was issued an urgent action to repair it. This was completed and will be discussed later in the report. The house had new, modern, comfortable furniture and a homely feel. The house was tastefully decorated and there were plans to hang pictures on the wall to personalise the house further. Residents' bedrooms were decorated in different styles in line with their taste. Each bedroom was spacious, comfortable and had adequate storage. Residents had their own televisions and radios in their rooms. Throughout the inspection, radios and televisions were tuned to stations that the residents chose. Outside, the grounds were well maintained and the garden was accessible. There were sheds outside and there were plans to adapt these sheds for use by the residents and for storage.

When the inspector arrived, some residents were leaving to attend day services for the morning but returned to the centre at lunchtime. The inspector had the opportunity to meet with all residents during the inspection. When asked about their new home, one resident responded that it was 'great'. Another resident spoke about a recent visit to their family. All residents appeared very comfortable and at ease in their home. They moved throughout the house at their own choosing, either independently or with the support of staff, as required. Staff reported that residents had settled very quickly and very happily in their new home. Staff were observed interacting with residents in a respectful and friendly way. When residents asked for help, staff were quick to respond and assist residents. Staff were familiar with residents' communication style and easily chatted with residents about their day, their wishes, recent events and upcoming plans. Staff were observed offering choice to residents throughout the inspection. This included choices in relation to their clothes, food, activities and places they would like to go during the day. Residents' choices were respected by staff.

Overall, residents in this centre enjoyed a good quality of life and were supported to engage in activities they enjoyed. The next two sections of the report present the findings of this inspection in relation to the governance and management

arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

In this centre, there were clear lines of accountability and measures to provide oversight of the service. However, improvement was required in relation to staff training to ensure that the needs of residents were met.

The inspection was facilitated by the person in charge who was very knowledgeable on the needs of residents and the requirements of the service. The person in charge had good oversight of the day-to-day running of the centre. There were clear reporting relationships in the centre and within the service as a whole. For example, on the day of inspection, an incident that occurred in the centre had been reported to the person in charge and there were clear pathways and protocols to manage the incident. The provider had the required written policies and procedures in the centre as outlined in the regulations. The majority of these policies were up to date and, where they needed review, the policy had been forwarded to the relevant committee. As the centre was only recently opened, an annual report or six-monthly audit had not yet been completed by the provider. However, there was a schedule of audits that were planned for the centre and some had already been commenced. The provider had a quality improvement plan in place that identified areas that needed improvement. The plans to address these issues were outlined and specific timeframes were set for their completion. As this was a new centre, residents had been issued with new written agreements that outlined the terms of residency. They were signed by family representatives in line with the regulations.

The service provided in this centre was outlined in the centre's statement of purpose. This was reviewed on the day of inspection and contained the required information as set out in the regulations. The document outlined the care and support that would be provided by the staff working in the centre. It was found that the service provided in the centre was in keeping with this document. Staffing in the centre was as described in the statement of purpose and suited to the needs of residents. Nursing support was available in the centre during day-time hours and on-call nursing support was available at night, if needed. The rostering arrangements meant that there was adequate staff to cover annual leave and there was no need for agency staff. This ensured that the staff working in the centre were familiar to the residents.

The provider had identified areas of mandatory training for staff. In addition, staff had been provided with additional training to meet the specific needs of the residents in this centre. Mandatory staff training was largely up to date but a number of staff required refresher training in different areas. In certain cases, dates had been booked for staff to attend these refresher training courses but dates had not be identified in all cases.

Overall, there was good governance and oversight in this centre. The service provided to residents was in line with their written agreement and the centre's statement of purpose. The staffing arrangements were adequate to meet the assessed needs of residents but further improvement is required in relation to staff training.

Regulation 15: Staffing

The number and skill mix of staff were adequate to meet the assessed needs of residents. Nursing staff were available as required. The staff were familiar to the residents as leave could be covered from within the team of staff allocated to the centre. There was a planned and actual rota that showed which staff were on duty during the day.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified areas of training that were mandatory for all staff. Staff had also engaged in additional training specific to the care needs of residents in this centre. However, not all mandatory training was up to date for all staff and dates for refresher training had not been identified in all cases.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good management systems in place to provide oversight to the service and ensure that the service provided was suited to the residents' needs. As the centre was recently opened, there was no annual review or six-monthly audit completed. However, the provider had identified the need to complete these reports within the required timeframe on the centre's quality improvement plan. There was a schedule of audits for the year and audits had commenced in line with this schedule.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided with a written agreement outlining the terms of their residency. These had been signed by family members of the residents in line with the regulations. The admission criteria for the centre was outlined on the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information as outlined in the regulations. It had been reviewed in light of changes to the staff within the organisational structure of the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The written policies and procedures, as outlined in the regulations, were available in the centre for staff. The policies were kept under regular review and were largely up to date. Where a review was required, the policy had been forwarded to the relevant committee.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare were maintained in this centre through a good standard of care and support. There was evidence of good practice in a number of areas. However, improvements were required in relation to residents' assessments and personal plans, the maintenance of fire doors, the update of individual risk assessments and practices in relation to infection prevention.

As described above, this was a new centre and residents had recently moved in. The centre was appropriate to the needs of residents. It was fully accessible, equipped with the necessary facilities to meet residents' needs and had adequate space for residents to spend time together or alone. It was newly refurbished and in a very good state of decorative and structural repair. The provider had plans with definite completion dates to further enhance the centre. The house was clean and tidy. However, a review of cleaning schedules indicated that not all tasks were completed

in line with the providers' guidelines. It was noted throughout the inspection that the back door was used as the main entrance and exit point as this was next to the parking area of the house. However, the station for COVID-19 symptom checking and hand sanitisation was located at the front door. In order to access this station, staff and residents had to pass through the kitchen-dining area. This was not in line with best practice in relation to infection prevention and control.

Residents' safety was promoted in the centre. Staff were trained in safeguarding. Safeguarding was a standing item on staff and resident meeting agendas. Incidents that occurred in the centre were reported and escalated in line with the provider's policy. There was a comprehensive risk register in the centre the outlined the risks to staff, residents and visitors. Control measures to reduce the risks had been identified and the assessments had been reviewed recently. Each resident also had individual risk assessments. However, on review of documentation, it was noted that some risk assessments were no longer applicable and needed to be updated to reflect the current circumstances of residents in their new home. The provider had taken measures to protect residents from the risk of fire. The provider had developed evacuation procedures and fire drills had been completed simulating different scenarios. Fire alarms, emergency lighting and fire extinguishers had been checked by an external fire company. The house was fitted with fire doors. A staff audit in the centre had identified one faulty fire door into the kitchen. This had been reported to the maintenance department four weeks prior to inspection but had not been fixed. As a result, an urgent action was issued to the provider to repair the door. The provider addressed the issue within the timeframe specified.

Each resident had a personal plan that included an assessment of their heath, social and personal needs. The plans included care plans to support residents with these identified needs. However, it was noted that the personal plans had not been fully updated since the residents had moved to the new centre and were not reflective of the residents' needs and goals in line with their changed living circumstances. There was evidence that residents had access to a range of healthcare professionals, as required, and each resident had a named general practitioner. The plans included input from a variety of professionals to support residents to manage their behaviour, including a behaviour support therapist. Staff were knowledgeable on strategies to support residents manage their behaviour. The use of these strategies by staff was observed during the inspection. Each resident had a communication profile that outlined their communication strengths and supports required. Staff were familiar with residents' communication style and supported residents to communicate their needs and wishes. This enabled residents to make choices and, as outlined previously, these choices were respected by staff. Staff also respected residents' privacy and dignity and were observed knocking before entering residents' rooms. Residents were active participants in the running of the centre. Weekly resident meetings were held where residents made decisions about day-to-day activities in the centre, for example, menu planning. Residents had been supported to go grocery shopping and there were plans to continue to support residents develop skills in this area. There was adequate food in the centre and residents were offered choice at mealtimes.

Overall, residents received a good-quality, safe service in this centre. The needs and opportunities for residents had changed since they moved to a new centre and this needed to be updated and reflected in their personal plans. However, staff were responsive to the residents' needs and knowledgeable of their preferences. Residents were offered choices, their rights were respected and they were supported to engage in meaningful activities that they enjoyed.

Regulation 10: Communication

Residents had communication profiles that outlined their communications strengths and needs. Staff were familiar with residents' communication style. Staff had received additional training to support residents with their communication. Residents had access to radio, television and appropriate media.

Judgment: Compliant

Regulation 17: Premises

The centre was suited to the needs of residents and was fully accessible to all. Residents had adequate private and communal space. The centre was in good structural and decorative repair and was equipped with the facilities required by residents.

Judgment: Compliant

Regulation 18: Food and nutrition

There was sufficient fresh food in the centre for residents. Residents were offered choice at mealtime and wholesome, home-cooked meals were prepared in the centre. Residents were involved in menu planning and were supported to go grocery shopping.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a comprehensive risk register in the centre that identified risks and control measures to reduce the risk. This was reviewed recently. Each resident had

individual risk assessments. However, these required updating to reflect the changes in residents' new living arrangements.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The centre was clean and tidy. The provider had cleaning schedules in place for the centre. There were plans to help control the risk and spread of COVID-19. However, a review of documentation showed that not all cleaning tasks were completed in line with the provider's guidelines. Also, the location of the hand sanitisation and sign-in station was not in keeping with best practice in relation to infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety management systems in place. However, a faulty fire door had been identified on audit by staff in the centre and had not been repaired in a timely fashion. This was addressed by the provider within a specified timeframe after the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments and personal plans that identified their heath, social and personal needs. However, these plans had not been updated since the residents had moved to their new centre. They were not reflective of the residents current situation and needs.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured appropriate health care for residents. Residents had a named general practitioner and access to a variety of healthcare professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were available for residents as required with input from a behaviour support therapist and other professionals as appropriate. Staff were knowledgeable on the contents of these plans and used relevant support strategies during the inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse. Staff were trained in safeguarding . There were protocols in place for the reporting and escalating of incidents in the centre. Intimate care plans were in residents' personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected. Residents were offered choice and these choices were respected. Residents were active participants in the running of 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dun Siog OSV-0008038

Inspection ID: MON-0034035

Date of inspection: 24/01/2022

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: In order to comply with Regulation 16 the following actions have been undertaken. • The schedule of mandatory training and uptake of same has been reviewed • Each staff has been allocated an identified date to undertake their refresher training • All mandatory training relevant to the role will be completed by 28/02/22	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to comply with Regulation 26 the following actions have been identified: • All residents individual risk assessments have been updated to reflect each residents current living arrangements and the measures in place to support risks identified. • Action Completed 31/01/2022	
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In order to comply with Regulation 27 the following actions have been undertaken
• The location and point of contact for staff daily safety pause now includes a hand sanitization unit and sign in station at both front and back entrances to the home.
• All cleaning schedules have been updated to ensure all cleaning tasks are completed in line with guidance and all staff involved in the cleaning are aware of this update

Date Completed 31/01/2022

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to comply with regulation 28 the following actions have been undertaken

• The fire door on entrance to the kitchen has been planed, adjusted and rehung. This door is now closing completely without delay. Date Completed 25-1-2022

- A complete safety check of all fire equipment undertaken. Date Completed 25-1-2022
• A weekly check of all fire equipment, going forward any defects will be reported immediately to the PIC and the maintenance Department.

-All staff have signed to say they understand this instruction.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
In order to come into compliance with Regulation 5 the following actions have been undertaken
• All personal plans have now been fully updated and are now reflective of the resident needs and goals in line with their changed living arrangements.
Date Completed 31/01/2022

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	28/02/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/01/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	27/01/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/01/2022