



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

Issued by the Chief Inspector

Name of designated centre:	Dearglish
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	19 July 2023
Centre ID:	OSV-0002610
Fieldwork ID:	MON-0031628

About the designated centre

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

Dearglish is a centre operated by the Health Service Executive. The centre is part of a large campus setting located on the outskirts of a town in Co. Sligo. The centre provides residential care for up to four male and female residents, who present with an intellectual disability and who may also have specific health care, behavioural and mobility needs. Residents have access to their own bedroom, shared bathroom facilities and communal areas. Staff are on duty both day and night to support residents who avail of this service.

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
Wednesday 19 July 2023	10:30hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection for the registration renewal of this centre as required by the regulations. In preparation for the inspection, the inspector contacted the person in charge, person participating in management, and discussed the arrangements for the day due to the residents' assessed needs. The inspector sent on the service user friendly document called "nice to meet you" to assist the staff in advising residents of the planned visit. Overall, the inspector found that this was a centre that very much ensured the resident's received the care and support they required but also had a meaningful person centred service delivered to them.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs while also ensuring that they benefited from a quality of life. It was also evident that the person in charge and staff helped the residents on a daily basis to understand and manage their schedule effectively, through a person centred approach and with the use of communication tools available in the centre, which included photos, gestures and objects of reference. Residents received weekly and daily meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff engaged with residents in a warmly and comfortable manner throughout the inspection. The inspector also noted that from observation of the interaction between staff and three residents, residents were very clear on their choices and preferences at all times. The inspector also met with family representatives during the inspection, who spoke very highly of the service provided to their relative. Furthermore, they felt that the provider had very effective communication systems in place to ensure that the residents' and their representative were consulted with at all times.

There were were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to ensure that residents' support needs were met. There were sufficient staff on duty during the day and night to ensure all residents were supported as per their individual plans. In addition, staff were observed providing individualised supports for residents on the day of inspection. In addition, the inspector found that staff very much catered for the aging profile of the residents and promoted a "comfort care" approach.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. At a staff meeting staff had discussed dining experience for residents. The preparation of meals for residents included individual meal preparation based on their food

preferences. This was to ensure that each resident had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour themes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms,

Residents had their own bedrooms, which were comfortably decorated, furnished and person centred. Residents' bedrooms were suitably decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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

Capacity and capability

Overall, the inspector found that the centre had maintained the governance and leadership arrangements in the centre, this meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and two managers who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs. The inspector also noted that actions identified from the previous inspection were addressed satisfactorily.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessment of needs and care plans. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills. Furthermore, the inspector noted that the daily activities

were in line with the aging profile of the residents and promoted a "comfort care" ethos.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. Audits included; medication, personal plans, health and safety, fire systems and daily activities. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

The provider's risk management practices were effective, subject to regular review and had put in place procedures to respond to adverse incidents which might occur. Staff were aware of and understood the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being regularly discussed with and incorporated into staff practices. This meant that staff were able to learn from and adapt their approaches to care and support when assessing and meeting the residents' needs.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the centre and of the residents' care needs. She also had effective systems in place to monitor the care and support provided to residents in the

centre.
Judgment: Compliant
Regulation 15: Staffing
The inspector found the review of the rota indicated that residents received continuity of care from staff members who were familiar to them. In addition, residents were also provided with support staff to complete individual activities where required.
Judgment: Compliant
Regulation 16: Training and staff development
All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required. In addition, all staff had completed training in human rights.
Judgment: Compliant
Regulation 19: Directory of residents
The person in charge had ensured that the directory of residents contained all information as specified in the regulations.
Judgment: Compliant
Regulation 22: Insurance
The provider had ensured that the centre had appropriate insurance as required by the regulations.
Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that good governance, management and oversight arrangements ensured that all practices at the centre were subject to regular monitoring to ensure their effectiveness and of a good quality. Management arrangements ensured that appropriate resources were available at the centre to support residents with their assessed needs, kept them safe from harm and supported residents to achieve their personal goals. Furthermore, the provider had established an effective audit tool to monitor areas for improvement or actions required in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected both the services and facilities provided at the centre and contained all information required under schedule 1 of the regulations. In addition, this was available in an accessible format in the centre. Amendments were required on the day of the inspection which were completed and submitted on completion of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a clearly documented register of all accidents and incidents that had occurred in the centre. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

At the time of the inspection there were no active complaints in place. The provider had established a complaints process in line with the regulations.

Judgment: Compliant

Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated a commitment to improving the residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community, which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Where residents required a more bespoke day programme this was provided by the centre's staff team and directed by the resident's interests and personal goals and suitable to the aging profile in the centre.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents. Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals, which were made available to them in an accessible version.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that they were supported by a multi-disciplinary approach. Comprehensive behaviour support plans to guide staff interventions and to support the reduction of these behaviours had been developed by qualified behavioural specialists. These plans were being reviewed regularly to ensure they were being implemented correctly and that the interventions were effective. Where restrictive practices were in use, there was a clear rationale for their use and evidence that the use of the restriction was subject to both approval and frequent review by the provider's Human Rights Committee, to ensure that this remained the least restrictive practice.

Regulation 11: Visits

The provider had suitable arrangements in place to ensure that residents could receive visitors in the centre. In addition, there was an up-to-date policy.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that resident's personal objectives were delivered appropriate to the aging profile of residents. Residents had access to a broad range of meaningful activities and community engagement; this was evident from records reviewed. Residents were supported to maintain and develop personal relationships with peers, family and the wider community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was suitably furnished and decorated throughout.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about the staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative resident's guide that met the requirements of the regulations. This was also available to residents in a easy-to-read format.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that effective infection prevention and control practices were in place in the centre. The provider had addressed actions from the previous inspection and had ensured that audits monitored the systems in place for protection against infection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents' had personal plans developed which reflected their assessed needs and aspirations. Annual personal planning meetings, which included the residents and their representatives, were held as scheduled. Residents' personal goals were agreed at these meetings and reviewed regularly. These plans were also provided in a user-friendly format.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans had been developed (when required) with input from behaviour support specialist and psychologist. These plans were being implemented effectively and the occurrences of incidents had reduced considerably. All staff had attended training in relation to the management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place for behaviour management, safeguarding planning and staff training. This meant that the provider had appropriate arrangements in place to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected. The staff team spoke about improvements they had implemented to promote residents rights. This included reviewing and improving access to necessary healthcare supports.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	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