



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:	Announced
Date of inspection:	04 March 2024
Centre ID:	OSV-0008038
Fieldwork ID:	MON-0034039

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

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 4 March 2024	10:15hrs to 13:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The service in this centre was of a very good quality. Residents' needs were identified and appropriate supports in place to support those needs. The oversight and governance of the service ensured that residents received good quality care and support. This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection forms part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre.

The centre consisted of a bungalow in a rural location. Each resident had their own bedroom. One bedroom was en-suite. There were two bathrooms in the centre. One had a bathtub and the other had a level access shower. There was also a large, bright kitchen-dining room with a seating area and television. The centre also had a separate sitting room. The utility room was next to the kitchen. Outside, there was a garden and sheds. The grounds were well maintained.

The house was warm, clean, tidy and homely. Residents' bedrooms were decorated in line with their tastes. They were personalised with their own pictures, photographs and belongings. There was adequate storage for residents to store their clothing and personal possessions. The centre was in very good repair. Some rooms had recently been repainted. The furniture was new, clean and comfortable. There was adequate space for residents to spend time together or alone, as they wished. The house was fully accessible to all residents.

The inspector met with all three residents in the afternoon. Residents had spent the morning engaged in different activities in line with their preferences. Residents said that they were happy in their home and that the staff were nice. They said that they got to do lots of things that they enjoyed. As part of the announced inspection of a designated centre, HIQA issued questionnaires to residents to get their opinions on the centre and the service they received there. The inspector reviewed the questionnaires that residents had completed with the support of staff. These showed that residents were happy in their home, that they felt safe there, and that they were happy with the service they received.

Staff were very knowledgeable on the needs of residents and the supports required to meet those needs. They knew the residents likes and dislikes. They spoke about the residents with respect. Staff were knowledgeable on the steps that should be taken in the event of an incident and who to contact to report any issues. Staff were observed supporting residents with activities of daily living in a caring manner. They were very quick to respond when residents asked for help. Staff had received training in human rights-based care. They spoke about ensuring that residents were offered choices in their daily life and this was observed by the inspector as staff assisted residents with their midday meal.

Overall, the inspector found that residents in this centre were happy with the service

they received and had a good quality of life. 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

The governance and management of this centre was robust. This ensured that the provider maintained good oversight of the service. Staffing numbers and skill-mix was suited to the needs of residents and this ensured that they received a good quality service.

The inspection was facilitated by the person in charge. The person in charge was very knowledgeable of the needs of residents and the service requirements to meet those needs. They maintained a regular presence in the centre and very good oversight of the service.

There were clearly defined management structures in the centre. Staff were aware who to contact to report any incidents or issues that arose. Incidents were reviewed regularly to identify any trends and actions were put in place to avoid re-occurrence. Staff meetings were held weekly to keep staff informed of issues relating to the care of residents and issues relating to the service. Minutes of these meetings were available for staff who were not in attendance. Staff received formal supervision in line with the provider's policy.

The provider maintained oversight of the service through a suite of audits. There was a schedule that outlined how frequently audits should be completed. There was evidence that audits were completed in line with this schedule. It was also noted that issues identified on audit were addressed quickly. The provider had also completed the annual report and six-monthly unannounced audits into the quality and safety of care and support in the centre. These reports identified specific actions that would improve the quality of the service. These actions were completed within the timeframe set out by the provider.

The staffing arrangements in the centre were suited to needs of residents. The number and skill-mix of staff ensured that residents received good quality care and support. The staff were consistent and planned leave could be covered from within the team. This meant that staff were very familiar to the residents. The provider had identified staff training modules and records indicated that all staff were up-to-date with their training in these modules. Where refresher training was required by some staff, the person in charge had scheduled training sessions for those staff.

Overall, the inspector found strong governance arrangements in the centre. The provider maintained good oversight of the quality of the service through audits and incident reviews. Issues that were identified were addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation and fee to renew the registration of this centre. The documentation was submitted within the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and supervisory experience as outlined in the regulations. They had very good knowledge of the needs of residents and service requirements to meet those needs. They maintained a regular presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff were suited to the needs of residents. Staffing arrangements meant that planned leave could be covered from within the team and therefore, staff were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up-to-date training in modules that had been identified by the provider as mandatory. Where refresher training was required, the person in charge had booked sessions for those staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider maintained good oversight of the service through a number of audits. Issues identified on audit were addressed in a timely manner. Incidents were identified, recorded and measures put in place to avoid reoccurrence. Information was shared between staff through regular team meetings. Staff received formal supervision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information as outlined in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy. The policy was displayed within the centre. Complaints were audited monthly. There was a named complaints officer for the centre.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. Person-centred care ensured that residents were supported to engage in activities of their choosing. Residents' rights and their safety was protected and promoted.

The centre itself was very well suited to the needs of residents. It was nicely decorated, in a good state of repair, and fully accessible to all residents. Residents

had room to spend time alone or together, as they wished. They had adequate storage for their clothes and personal items.

Residents' health, social and personal needs were assessed. Where a need was identified, there was a corresponding care plan to guide staff on how to support residents to meet those needs. Where required, the care plans included information on how to support residents manage their behaviour. Care plans were devised with input from appropriate healthcare professionals. The care plans were updated regularly and staff were knowledgeable of their content. A personal plan was developed with each resident to support their personal development. The assessment of need and personal plan were reviewed annually with residents, a family representative and members of the multidisciplinary team.

The healthcare needs of residents were well managed in this centre. Residents had access to a variety of healthcare professionals, as required. There was evidence that the provider had taken proactive steps to support residents to address identified healthcare needs. For example, a resident with a newly diagnosed health need was supported to engage in a programme of healthy eating and gentle exercise.

The rights of residents were promoted in this centre. When seeking consent from residents in relation to their care, staff used communication supports to assist residents understand the information presented and to express their wishes. A weekly meeting was held with residents where they had the opportunity to express their choices regarding meals and activities for the week. A review of documentation found that residents engaged in a wide variety of activities in the community. These activities included concerts, trips to the theatre, holidays, music classes, beauty treatments and meals in restaurants.

The provider had measures in place to protect residents and ensure their safety. Staff were trained in safeguarding and knew how to escalate any concerns that may arise. Individual risk assessments had been developed for each resident. These risk assessments gave guidance to staff on how to reduce risks to residents. The person in charge maintained a comprehensive risk register that identified risks to residents, staff, visitors and the service as a whole. Risk assessments were regularly reviewed.

Overall, residents in this centre received a good quality service. They were supported to engage in activities that they enjoyed. Their choices and rights were respected.

Regulation 10: Communication

Residents' communication needs were identified. Appropriate supports were available to residents to ensure that they could communicate their needs and preferences. Residents had access to appropriate media.

Judgment: Compliant

Regulation 13: General welfare and development

Residents engaged in a wide variety of activities that were in line with their preferences. Residents were supported to maintain links with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of residents. The centre had adequate private and communal space. It was in a very good state of repair and nicely decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to ample fresh food. Meals were prepared in line with the residents' dietary needs. Residents had choices at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents that contained the information set-out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a system to assess and manage risk. Risk assessments were devised

for individual residents. The centre had a comprehensive risk register.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The health, social and personal needs of residents were assessed and updated routinely. Personal plans were devised to support residents with their personal development. The personal plans were reviewed annually.
Judgment: Compliant
Regulation 6: Health care
The residents' health care needs were well managed. Residents had access to appropriate healthcare professionals. Residents had a named general practitioner.
Judgment: Compliant
Regulation 7: Positive behavioural support
Behaviour support plans were in place for residents who required support to manage their behaviour. These plans gave clear guidance to staff on how to support residents manage their behaviour. Staff were observed implementing strategies from these plans on the day of inspection.
Judgment: Compliant
Regulation 8: Protection
The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans.
Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected in this centre. Staff offered choices to residents routinely and these choices were respected. The consent of residents was sought in relation to their care.

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 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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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