

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

Issued by the Chief Inspector

Name of designated centre:	St Dominic's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0043957

About the designated centre

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

This designated centre is operated by Ability West and can provide residential and respite care for up to seven residents, who are over the age of 18 years and who have an intellectual disability. Six beds are for residential care and an additional bed is used to provide a respite service. The centre is located within a town in Co. Galway and comprises of one large bungalow dwelling. Each resident has their own bedroom, shared bathrooms and all have communal use of a sitting room, kitchen and dining area, sensory room, laundry room and there is also a staff office. A garden area surrounds the centre, which residents can access, as and when they wish. The centre can support residents with reduced mobility, with tracking hoist, wheelchair accessible ramps and transport available. The residents of this service are supported by a combination of social care workers and care assistants, with staff on duty each day to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 11 June 2024	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was the second unannounced inspection carried out following the receipt of a representation and compliance plan submitted to the Chief Inspector of Social Services following the issuing of a notice of proposed decision to cancel the registration of this centre. The notice of proposed decision to cancel the registration of this centre was issued as the registered provider had failed to ensure that the designated centre was being operated in accordance with the requirements of the Health Act 2007 (as amended), the 2013 Regulations and the Standards. While some improvements had been completed at the time of last inspection in February 2024, issues remained in regards to staffing, governance and meeting the assessed needs of residents. The purpose of this inspection was to assess progress with the actions and assurances which were submitted as part of the provider's representation and compliance plan.

The findings from this inspection indicated that the provider had largely implemented the compliance plan submitted following the last inspection in February 2024. The inspector found that there were marked improvements in the overall provision of care since the last inspection of this centre. The level of non-compliant regulations which had been seen in the previous two inspections of the centre had notably decreased and there were sustained improvements in many of the regulations which were inspected. Although, the quality of care had improved, a significant issue was identified on this inspection in regards to a resident's safety and an immediate action was issued to the provider to address this issue prior to the conclusion of the inspection. Recent reviews by physiotherapy of resident's falls risk, had identified that they were at serious risk of personal injury should they sustain a fall. A recommendation was made that this resident required one-to-one support for all mobility and transfers. In addition, a recommendation was made that the resident was also subject to close supervision; however, considering the impact that a fall would have on this resident, the provider did not demonstrate that this resident was consistently supervised in the kitchen, dining and sitting room area. This issue will be further discussed in the subsequent section of this report.

The centre was a large single story building and was registered to provide residential services for up to six residents. Each resident had their own bedroom which they had individually decorated. There was also a sufficient number of shared bathrooms and toilets which had been adapted to meet the needs of residents with reduced mobility. The centre had a large sitting room in which residents could relax and there was also a large open plan kitchen and dining room. Residents also had access to a separate reception room in which to relax or receive visitors. The centre was maintained to a good standard both internally and externally and overall it had a pleasant and homely feel. The centre was located within walking distance of a moderate sized town in the west of Ireland, and transport was available for residents to access the wider community.

This inspection commenced in the morning as residents were preparing for the day

ahead. The inspector met with all six residents and three staff members. Two residents were having a lie on in bed, while others were getting ready to attend the respective day services. The centre had a very pleasant atmosphere and residents seemed at ease with each other and staff on duty. Residents who used this service required a high level of support and they needed assistance in the majority of aspects of daily living, including their safety, social and personal care needs. Four residents attended day services from Monday through to Friday, while one resident was facilitated to have an extra few hours in bed before they attended their day service. One resident, had officially retired and they received one-to-one staffing throughout the working week in the designated centre. Over the course of several inspections, the inspector has observed that residents were getting older and some of their needs were changing. On previous inspections of the centre, the inspector found that the provider had not responded promptly to the changes which were occurring. However, on this inspection, it was clear that the provider was actively meeting the changing needs of residents. Additional nursing hours had been secured, and was due to commence in the weeks after this inspection.

Throughout the inspection, the inspector observed that residents were treated with dignity and respect. Staff on duty had a kind and considerate approach to the delivery of care, and they were observed to interact with residents in a warm and caring manner. Care was not rushed, and residents were observed to transition between tasks such as having breakfast, getting ready for day services and walking to the bus at a pace that suited their care needs. The inspector observed that the gentle pace of care had a positive impact on residents. Residents were observed to smile when assisted by staff, and it was clear that staff knew them, and their needs well. For example, a staff member sat at eye level with a resident as they assisted them with breakfast. The staff member smiled and chatted and the resident in turn smiled back and enjoyed their breakfast and the interaction. Another resident who was somewhat discontented after their sleep was reassured throughout the morning with staff stopping to check in on them frequently and offering activities, cups of tea and also space to themselves. As the day proceeded, the resident indicated that they would like a take away pizza and they were happy and content when staff stated that they would order this for their early evening meal.

The inspector found that residents enjoyed a good quality of life and that they were supported by a kind and considerate staff team. Although the overall quality of care had improved, significant improvements were required in regards to falls safety for one resident.

Capacity and capability

The inspector found that there was sufficient oversight of the majority of care practices in this centre and that residents generally enjoyed a good quality of care. There had been sustained improvements in compliance with the regulations and the provider had brought about sufficient change since the last inspection of this centre.

However, oversight of a resident's falls risk and associated safety required improvement. An immediate action was issued to the the provider in regards to the safety of this resident. In response, a senior manager and the person in charge implemented an action plan to address this safety concern. A named staff was identified to remain within the communal areas to provide additional supervision and minimise the risk of falls. The resident's risk assessment was also updated and the formal supervision of the resident was included in the daily staff handover.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, resident's needs and of the resources which were implemented to meet these needs. They explained that the provider had employed addition allied health professions and that this resource was readily available following initial referral. They openly discussed the day-to-day operation of the centre, including the oversight of risks and incidents, and how the centre had developed to meet the residents' changing needs.

In general, there was good oversight of care in this centre. The provider had appointed a person in charge who had both the capacity and the capability to fulfill the duties of this role. The provider had also identified a senior manager to offer additional support to the centre. Both managers had a good rapport with the residents and staff. In addition, the provider had recommended a range of internal audits to monitor day-to-day care practices including fire safety, health and safety and trends in incidents and accidents. All audits and reviews required by the regulations were completed which also assisted in ensuring that care was held to a good standard.

The staff members on duty had a very pleasant approach to care and they actively supported residents throughout the morning and afternoon of inspection. It was clear that they had a good understanding of each resident's preferences in relation to care and also how they liked to spend their day. As mentioned above, there have been sustained improvements in the quality of care that residents received since the previous two inspections of the centre. Staff who met with the inspector stated that there was better and more prompt access to allied health professionals such as physiotherapy and occupational therapy. Staff also reported that there was better communication with senior management, and they felt supported in their roles.

Overall, the centre operated at a level which ensured that residents generally had a good quality of life; however, improvements were required with regards to safety of one resident in relation to falls.

Regulation 14: Persons in charge

The person in charge was in a full-time role and they were allocated to the management of one designated centre. They attended the designated centre throughout the working week and there were also part of the on-call arrangements for the provider.

They had a detailed knowledge of the centre, residents needs and action plans which are in place to improve the quality and safety of care provided. Staff members on duty spoke highly of the support they offered and the indicated that they would have no hesitation in approaching them for assistance or clarity in regards to the provision of care.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which contained full staff names and their start and finish times. The rota clearly outlined the provisions for both day and night time staffing and there was also a planned future rota. There was also an out of hours on call system which they could refer to for issues which may arise.

Staff who met with the inspector had a good understanding of the resident's care needs and the provider ensured that a consistent staff team was in place. The provider was also active in regards to recruitment and additional nursing support was due to commence subsequent to this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff attended regular one-to-one supervision sessions with the person in charge and there were a schedule of house meetings for staff to attend. These measures ensured that staff could discuss care practices and raise any concerns which they may have.

The provider had a schedule of mandatory and refresher training in place in areas such as fire safety, safeguarding and behavioural supported which assisted in ensuring that staff could meet the needs of residents. A review of training records indicated that all staff were up to date with regards to the required training for this centre.

Judgment: Compliant

Regulation 23: Governance and management

The oversight of all areas of care requires detailed examination to ensure that is held to a good standard at all times. Although many areas of care were held to a

good standard, the provider failed to demonstrate that a resident who was at significant risk of harm should they fall had appropriate supervision in place in communal areas of the centre.

Although improvements were required in regards to safety, the provider had completed all required audits and reviews are set out in the regulations. The centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year and the provider's latest six monthly audit indicated that a good level of care and support was offered to residents.

Judgment: Substantially compliant

Quality and safety

Residents who used this service required a high level of support with their activities of daily living. This inspection, and previous inspections of the centre highlighted the changing needs of residents. Recent inspections showed that the provider had not responded in a prompt manner to these needs; however, this inspection showed that the provider was actively responding and also future planning against these needs. Additional resources from allied health professionals and nursing support have been deployed to the centre which had a positive impact on the provision of care. Although the majority of regulations were held to a good standard, a significant issue in relation to one resident was identified in this inspection in relation to falls.

There were improvements noted in regards to risk management since the last inspection of this centre. Risk management plans were frequently updated and included current controls to mitigate against identified risks such as modified diets, staffing shortfalls and changing healthcare needs. The person in charge and the staff team had a good understanding of these risks which also assisted in ensuring that residents were safe. Although risk management was promoted, a significant issue was identified on this inspection in regards to the potential for serious injury should one identified resident fall. A resident required one-to-one supervision in regards to mobility and transfers and the provider ensured that this was occurring. However, close supervision was also prescribed and the provider failed to demonstrate that this was consistently in place in the centre's communal areas. Due to the high risk of injury, an immediate action was issued to a senior manger to resolve this issue and promote the safety of this resident.

Residents had comprehensive personal plans in place, which clearly outlined their individual care needs and also how the preferred to have the care delivered. Personal plans were reviewed formally on an annual basis and also throughout the year to reflect any changes in their care needs. As part of the annual review, residents were supported to identify personal goals which they hoped to achieve in the coming year. Goals which had been achieved for one resident included

celebrating their 60th birthday and developing their interest in horticulture. The resident had also identified additional goals including pampering days and also going on a holiday to Center Parcs. There had been a marked improvement in personal planning with comprehensive, up-to-date assessments of need in place for each resident. This "All about me" assessment identified where the resident needed support and how this support should be delivered.

Residents required support in maintaining good social access to the local community. Staff in place assisted residents with their activities including going to mass, shopping, having meals out and going to local areas of interest. Staff reported that some residents really enjoyed going for a walk in the local town and stopping to have a coffee to watch the world go by. Residents had opportunities to go out independently with staff, are as a group. The inspector found that the resources in place offered residents a good quality of life and ensured they were active in their local communities and also in line with their own preferences.

Although significant improvements were required in regards to the safety for one resident, overall the inspector found that there have been significant improvements in the overall quality of care which residents received.

Regulation 13: General welfare and development

Four of the residents attended day services on a full-time basis in their education training and employment opportunities were addressed in the services. One of the residents, also attended day services but they were facilitated to have a lie on each morning in bed before they went to their respective service.

One resident had retired from attending day services and they were supported on a one-to-one basis by staff Monday through to Friday. They remained resting in bed in the morning of inspection and staff were on duty as they got up for the day ahead. The inspector observed that staff help them prepare their breakfast and were also on hand to offer them reassurance throughout the day. The resident also enjoyed arts and crafts and having their nails painted and staff were observed to assist them with these activities on the afternoon of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

A resident with changing needs, and also a history of falls, was assessed as being at significant risk of injury should they sustain a fall. They were assessed as requiring one-to-one support for all mobility and transfers and the inspector found that the centre was resourced to meet this need. This resident had not sustained any falls since the last inspection of the centre, and only one near miss in relation to a fall

had been reported.

Documentation which was reviewed by the inspector's stated that this resident also required close supervision, however, the provider failed to demonstrate that this supervision was in place at all times. For example, staff who met with the inspector stated that the resident would not always be supervised when in the communal areas such as the dining and reception rooms. Considering the potential injury a fall would have on this resident, the inspector issued an immediate action in regards to their support and supervision. Although an action plan was implemented prior to the conclusion of this inspection to address this issue, the inspector found that precautions should have been implemented prior to this inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage facilities in place for medicinal products and the inspector found the storage was locked and secure on the day of inspection. Staff had received training in the safe administration of medications and a review of prescription sheets indicated that all required information for the safe administration of medications was in place. In addition, a review of administration records indicated that residents received their medication as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place which was reviewed to reflect changes and also at least on an annual basis. Personal planning contained and all about me needs assessment which clearly outlined the supports the residents required to be safe and live a good quality of life.

The centre was in the process of trialling a new goal setting programme, and the person in charge outlined how residents were going to be involved in this process.

Judgment: Compliant

Regulation 6: Health care

Residents and comprehensive care plans in place in regards to the health care needs. These plans were reviewed on at least an annual basis and giving good

outline as to resident' care requirements. Residents were reviewed by the general practitioner on at least an annual basis and also in times of illness. In addition, residents had also been seen by specialist consultants in regards to the change in health care needs.

Although residents were well supported to maintain good health, improvements were required as baseline tissue viability scores had not been completed to promote skin integrity.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were on duty had a good understanding of safeguarding and also of the providers safeguarding procedures. There was one active safeguarding plan in place on the day of inspection in relation to transport to and from day services.

The inspector observed the residents were treated with dignity and respect throughout the inspection and it was clear that they were safeguarded from harm. The centre had a warm and homely atmosphere and was clear that residents felt safe in the presence of staff and each other.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents were consulted with throughout the inspection process in regards to choice and plans for the day ahead.the inspector also observed that residents were treated with dignity and respect and it was clear the welfare and well-being was to the forefront of care.

Information in relation to rights, complaints and advocacy were clearly displayed in the centre and it was apparent that the centre had an open and transparent culture.

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	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Dominic's Services OSV-0001507

Inspection ID: MON-0043957

Date of inspection: 11/06/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The residents risk assessment has been reviewed and updated to encompass all control measures to reduce the risk of falls within the communal areas of the centre. A staff member is allocated to the communal areas of the service to ensure support and supervision of the resident when the resident avails of these spaces. This staff is highlighted on the roster. The resident has been reviewed by physiotherapy and a falls prevention plan is in place. A Occupational Health referral has been submitted to the OT department to review the enviroment to ensure all supports and control measures are in place to support the residents.</p> <p>These measures will be completed 01/08/2024.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The resident who has been identified as a risk to falls has a staff allocated at all times of personal care and ambulation. A staff member is assigned to the supervision and support of the resident. The staff allocated to extend the identified support and supervision is clearly identified on the staff roster. The requirement to extend this support had been shared with the staff team via the communication book and shift hand overs within the service since 12/06/2024. The requirement to extend this vital support was discussed at the scheduled 08 July Team Meeting.</p>	

A weekly review of centre incidents by the Person in Charge will clearly identify trends which will be addressed in a timely manner with the Person Participating in Management. Incidents and trends are reviewed at the monthly team meetings which encompasses shared learning. In addition, incidents are reviewed on a weekly basis by the Area Service Managers and Quality and Compliance Department.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A review has been completed by the Person in Charge and Key Workers of all Water Low Assessments for Residents. As a result of this review ,the viability ratings have been added to all assessments. The Clinical Nurse Manager appointed to this region has been contacted and requested to complete a full Nursing assessment including Waterlow. This review will be completed by 29/07/2024.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/08/2024
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.	Not Compliant	Orange	08/07/2024
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	29/07/2024

	care for each resident, having regard to that resident's personal plan.			
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