



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:	24 March 2025
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0046181

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 care for up to six residents, who are over the age of 18 years and who have an intellectual disability. 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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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 March 2025	15:00hrs to 19:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. In addition, following outcome of the last inspection of this centre in June 2024, which was conducted to inform a registration renewal decision, the Chief Inspector of Social Services applied an additional restrictive condition to the registration of this centre, requiring the provider to take all necessary action to comply with Regulation 23 Governance and Management, no later than 9th February 2025. The purpose of this inspection was also to assess the provider's compliance with this additional registration condition. This inspection found that the provider had clearly met the requirements of the additional condition, with an overall marked improvement in the governance arrangements, which in turn had a positive impact on the quality and safety of care which residents received.

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.

The inspection was conducted over one day and commenced in the late afternoon when residents were returning from their respective day services. The centre supported six residents with an aging profile who required supports in relation to their health and social care, personal care and also safety and nutritional needs. As residents returned to the centre, the inspector observed the centre had a calm and relaxed atmosphere. Residents had a home cooked meal upon their return and were assisted with their evening meal by staff where required. Residents also enjoyed an ice cream afterwards and with some relaxing at the dining table and others retiring to the centre's main sitting room.

Residents used a variety of ways to communicate with some using single words and phrases and others using non verbal communication. One resident could communicate fully verbally and they spoke with the inspector for a short period of time. They had recently moved to this centre and they stated that they liked their new home and the staff who supported them. They had a love of soccer and they joked with the person in charge about who was the best team in the premier league. They enjoyed this banter and it was clear that they were comfortable in their surroundings.

As the evening progressed, the inspector met with all the residents in the communal

kitchen and sitting room. Some residents were relaxing by watching television and others were interacting with staff in the kitchen and having a cup of tea. One resident preferred to relax in their bedroom each evening after having their dinner. One resident was very excited that evening as they were preparing to go to a country music concert in a local hotel. They were getting their hair done by staff and they had picked out their favourite outfit. They used some words to communicate and they indicated that they also might have a beverage or two throughout the show.

It was clear that residents were consulted in regards to their care. As the inspection progressed, the inspector observed that that staff chatted freely with residents in regards to preferences around meals, drinks and activities for the evening. Staff were observed to frequently ask residents if they would like a cup of tea or snacks and if they needed any other assistance. As mentioned above the centre had a very pleasant atmosphere and staff indicated that residents were generally tired in the evening after attending day service and they preferred to get out and about more at the weekends. However, sometimes residents assisted with grocery shopping during the weekdays and they would often go for an evening stroll and maybe stop off for coffee in the local hotel.

Overall, the inspector found that residents who used this service received person centred care which was based on their needs. As mentioned above, residents who used this service were of an aging population and the supports which were in place reflected their needs in regards to the provision of health and social care. In summary, the residents received a good service in this centre and there were notable improvements in areas such as risk and the access to allied health professionals. These improvements will be discussed in the subsequent sections of this report.

Capacity and capability

This inspection was facilitated by the centre's person in charge. The inspector found that there were good oversight arrangements in place and the resources which were made available to the centre ensured that residents' personal, social and changing needs were met. There had been a marked improvement in the oversight of care compared to previous inspections of this centre and the inspector found that this oversight promoted the quality and safety of care which was provided to residents.

The inspector met with three full-time staff members who were on duty and spoke with one staff member for a period of time. Residents who used this service were of an aging profile and they had associated needs in relation to health, nutrition, social access and intimate and personal care. There was also an on-going falls risk for one resident and the provider clearly demonstrated how the staffing resources were implemented to keep them safe. The staff member who met with the inspector had a good understanding of residents' needs and they spoke about the ongoing

supervision requirements for this resident. They also had a good knowledge of another resident's behavioural support requirements and a recently reported safeguarding issue. The provider had a mandatory and refresher training programme in place which ensured that staff could cater for residents' assessed needs. The centre's person in charge managed their training needs and a review of associated records indicated that all staff were up to date with their training requirements. A staff member also indicated that they felt supported in their role and that regular team meetings and supervision sessions meant that they could openly discuss the delivery of care with management of the centre.

Previously, there had been issues in this centre in relation to meeting resident's changing needs and inspections reports would have highlighted delays in accessing allied health professionals. The provider had made positive changes in this regard and a regional hub was created in the vicinity of this centre which provided allied health and nursing supports, specifically to this and other centres. The person in charge reported seamless ease of access to these professionals which had a positive impact on the review and reduction of falls. In addition, health care planning and general health promotion also improved with the recruitment of a nurse to the centre and also with the availability of senior nurse based in the regional hub

The provider had completed all required audits and reviews which found that a good level of care and support was offered. The resources which were offered to the person in charge ensured that there was a management presence throughout the working rota. The person in charge stated that they covered both day and night duty shifts which kept them in touch with the delivery of care across all shift patterns and also aided in the monitoring of service provision.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard.

Regulation 15: Staffing

The provider ensured that the centre was adequately resourced to meet the assessed needs of residents. There were three staff on duty during daytime hours and both a waking night staff and a staff on a sleep in arrangement attended the centre at night.

The person in charge maintained both a planned and actual rota which indicated that these staffing levels were consistently maintained. In addition, there was minimal use of agency staff and in general the residents were generally supported by staff who knew their needs well.

In addition, a registered nurse had recently joined the staff team which enhanced the arrangements to meet both the changing and age related care needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members who met with an inspector stated that they felt supported in their roles. They attended monthly staff meetings where they discussed issues such as risk, falls and any overall issues in regards to the delivery of care. In addition staff also attended individual supervision sessions with the person in charge which also gave staff a platform in which to raise concerns or issues.

There was a positive culture in this centre towards staff training and development. The provider had both a mandatory and refresher training programme in place and staff had completed training in areas such as safeguarding, fire safety, behavioural support and also the safe administration of medications. Some residents also had additional care needs and training based on these needs in relation to dementia and supporting those who required modified diets was also facilitated.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements had shown significant signs of improvement since the last inspection of this centre. As a result of these improvements, areas of care such as risk and falls management which had shown repeated non compliance with the regulations over previous inspections, was deemed as complaint on this inspection. The person in charge demonstrated a good understanding of risks and the associated escalation pathway which was used to make senior managers aware of any significant risks which had the potential to impact on the provision of care or services.

The provider had completed all required audits and reviews as set out in the regulations, with the most recent audit identifying some areas of care which required some adjustments in relation to the updating of documentation. The centre's annual review had just been completed and the person in charge made this available for review subsequent to the inspection.

In addition, the day-to-day oversight of care had also improved with a range of internal audits in areas such as medications, risk, finances and fire safety completed by the person in charge on a scheduled basis. The inspector found that these arrangements ensured that care was held to a suitable standard at all times.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 30: Volunteers

A resident had recently transitioned to this centre and they were still in the process of settling in at the time of inspection. This resident transitioned from a centre also operated by this provider, and at this centre they were supported by a volunteer.

The volunteer had visited the resident on two occasions but they had not recommenced their voluntary work. The person in charge indicated that they would be formally meeting with the volunteer to review their role and responsibilities and that they hope to re-establish this form of support.

Subsequent to the inspection, the person in charge also confirmed that the volunteer had the necessary vetting disclosure.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care was also held to a good standard and ensured that residents were safe and that their needs were met. Residents had good access to their local community and they were well supported to participate in activities which they enjoyed.

The residents who used this service attended day services throughout the week which met their personal development needs. The provider had recognised the aging profile of this resident group, with one resident facilitated to have a rest on in bed each morning and they traveled to their service in the late morning each day. The person in charge also stated that the provider was at the early stages of planning a full rest day for this resident each week due to their changing needs. Residents who used this service enjoyed music, holidays and going for coffee and meals out. On the evening of inspection, a resident was excited and looking forward to going to a music concert and they were assisted by staff to get their hair done and pick out their favourite outfit for the evening. Staff explained that there was

various music events coming up over the summer months and they planned to attend many of these with residents. In addition, the person in charge recounted how a two residents had gone to a holiday park in Ireland last summer and due to the success of this trip they were exploring other residents' wishes to also go there this summer.

Supporting residents to maintain a good level of health was a fundamental aspect of care due to their aging and changing needs. The provider had made good progress in this area of care over several inspections and the provision of a regional hub for access to nursing and allied health professional support had a positive impact on this area of care. The person in charge reported streamlined ease of access a physiotherapist and occupational therapist who knew the resident's needs well. The inspector found that this arrangement worked well. For example, the same physiotherapist was involved with the ongoing review of a resident with a high risk of falls which ensured consistency of care and thereby enhanced the safety of care which this resident received. In addition, the provision of nursing supports enhanced the oversight of known health conditions and ongoing assessments were in place for the monitoring of residents' tissue viability.

It was clear that residents were safeguarded in this centre. The provider had implemented a revised and updated safeguarding pathway for the monitoring and reporting of safeguarding incidents and a staff member who spoke with the inspector had a good understanding of safeguarding procedures in this centre. There was one recent incident which had undergone safeguarding screening and an interim plan was in place to minimise the likelihood of further incidents occurring. The inspector found that the actions taken worked to good effect and there were no further related incidents of concern reported.

The inspector found that residents were well supported in this centre to have a good quality of life. Their health and wellbeing was actively promoted through the actions of the provider and the staff team and overall the inspector found that this centre was a pleasant place in which to live.

Regulation 13: General welfare and development

Residents who used this service were of an aging population and all attended day services throughout the working week which met their personal development needs.

One resident was facilitated to have a sleep on each day and staff dropped them to their day service when they were ready for the day ahead. The inspector found that this approach was person centred and the person in charge stated that initial planning was in place to facilitate them to also have a rest day each week.

The residents also had good access to their local community and they each enjoyed both individualised and group based activities. The person in charge stated that a recent holiday for a small number of residents to an Irish holiday park was very successful and they were planning a return trip in the near future. In addition,

residents attended various concerts and as mentioned earlier, one resident was going to a country and western concert on the evening of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management procedures had stabilised and improved since the last and previous inspections of this centre. Risks remained in this centre in relation to falls; however, this risk was well managed. The person in charge was well aware of mitigating factors such as ongoing physiotherapy, staff supervision, monitoring equipment and a recent medication review which assisted in reducing the likelihood of a fall occurring.

The person in charge held responsibility for assessing both individual risks and collective risks which had the potential to impact on the overall provision of care. A risk register was maintained and the person in charge had completed assessments in relation to safeguarding, fire safety and the use of modified diets.

In addition, the provider had system in place for recording and responding to incidents. Again, the person in charge held responsibility for the initial response to all incidents and accidents and they had a good knowledge of all recent events in the centre. They spoke

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and safety equipment such as emergency lighting, alarm panel and fire extinguishers were installed and had a completed service schedule in place. Staff were also completing daily, weekly and monthly monitoring of this equipment to assist in identifying any issues or faults which could impact upon fire safety measures or the evacuation of residents and staff.

There had also been a recent admission to the centre and the staff team ensured that they had participated in several fire drills. These drills enhanced their understanding of the fire evacuation arrangements and associated records indicated that everyone could leave the centre in a prompt manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage facilities in place for medications. This storage was locked, well maintained and only held medicinal products. The medications which were due for administration were dispensed from a local pharmacy via blister pack. Blister packs displayed a photograph of the individual resident, a list of the medications contained therein and also a clear description of each medication. Medications which were unsuitable for blister packs were dispensed as normal in clearly labelled containers.

The inspector reviewed a sample of two prescription sheets and their associated records of administration. Prescription sheets contained relevant information for the safe administration of medication such as the identified medication, dose, route, frequency and times for administration. In addition, administration records indicated that medications were generally administered as prescribed. The person in charge indicated that medication errors were not a regular occurrence and that all staff had undertaken training in the safe administration of medicinal products.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' health and well being was actively promoted in the centre. Residents attended their own general practitioner (GP) for routine checkups and also in times of illness and the provider had strengthened that health care arrangements in the centre through the appointment of a full time registered nurse.

The residents were also assisted to participate in the national preventative health screening programme, with bowel screening completed for those meeting the criteria, and mammograms referrals discussed with resident's GPs.

Some residents also had medical histories and conditions which required specific care planning to ensure that they were consistently well cared for at all times. In addition, due to the residents' presentation and aging profile, tissue viability scores were completed to monitor resident's risks for developing skin related issues such as pressure sores.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was one positive behavioural support plan required on the day of inspection. The inspector reviewed this document and found that it was comprehensive in nature and gave a clear and concise account of the resident's support requirements and included a range of recommended staff responses.

The plan clearly outlined known triggers for these behaviours such as not having an item to hold, waiting too long and associated events such as pain or exacerbation of a medical condition. The plan also listed both proactive and reactive strategies which assisted the resident to regulate their behaviours and as a last resort a chemical restrictive practice could be used.

The associated use of the chemical intervention had an associated protocol to guide staff and the inspector found that there was minimal use of this restrictive practice in the centre.

Judgment: Compliant

Regulation 8: Protection

There were no formulised safeguarding plans in place at the time of inspection, but a recent safeguarding referral had been made in relation to a once off incident which had recently occurred on the centre's transport. An interim safeguarding plan had been introduced and no further incidents of concern had been reported. This interim plan was awaiting approval at the time of inspection and a staff member who met with the inspector had a good understanding of the measures in place to protect residents from harm.

All staff had completed safeguarding training and a new safeguarding pathway, which had been introduced by the provider, was discussed at the centre's most recent staff meeting. The inspector found that these measures ensured that safeguarding was actively promoted in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that residents' rights were promoted in this centre through both planned and everyday interactions. Residents attended scheduled monthly meetings where they were informed about upcoming events, safety, meal choices and the overall running and operation of their home. The inspector also observed that choice was offered to residents throughout the inspection and that all interactions were warm and respectful.

Each resident had their own bedroom which promoted their right to privacy and staff were also observed to knock before entering residents' bedrooms.

There were no active advocacy referrals at the time of inspection; however, information in relation to advocacy services was clearly displayed.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant