



# 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:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0032430

## About the designated centre

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

The designated centre provides a residential and respite service to a maximum of seven adults with an intellectual disability, who require mild to high support needs. Residents of this service may also present with behaviours of concern and attend mental health clinics. There are six full-time residents and a respite service is also offered to six residents on a shared basis. Each resident has their own bedroom and there is one identified respite room which is also equipped with a hoist. The centre can support residents with reduced mobility and wheelchair accessible ramps and transport is available. The centre is located within walking distance of a medium sized town and some residents access local services independently. The residents of this service are supported by a combination of social care workers and care assistants daily and up to two staff members can support residents during night time hours.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 - 2015 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 May 2021	10:30hrs to 14:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life in which their rights and well being were actively promoted.

The inspector met with three residents on the day of inspection. One resident enjoyed a lie on in bed on the morning of the inspection and they met briefly with the inspector. Two other residents met with the inspector and they communicated on their own terms and in line with their own needs. Staff members who were supporting both residents had a good rapport with them and they chatted and interacted in a friendly manner as they supported them with breakfast. Both residents were relaxed and they appeared to enjoy the conversation and interaction as staff members chatted with them, the inspector and the person in charge. Staff members also kept residents informed as they assisted them as to what they were doing and what they might plan for the day. For example, a staff member explained to a resident that after breakfast they might take a walk in the countryside or a nearby park, the staff member discussed with the inspector that the resident generally liked their own company and loved the space and freedom of the outdoors.

The centre was warm and homely and on the day of inspection some additional interior decorating was underway. Residents had their own bedrooms and communal areas were spacious and decorated with pictures of special events. The exterior of the centre was also homely in nature with potted plants, patio and brightly painted garden shed available for residents to enjoy. The centre also had a very pleasant atmosphere with lots of chatting and music observed throughout the inspection. One staff member also discussed how a resident enjoyed music with a religious theme and various songs were played throughout the morning.

The rights of residents were also promoted and residents attended regular house meetings where they discussed relevant topics such as visitors, returning to day services and the easing of national restrictions. Residents had also received their COVID-19 vaccines and a consent process had been undertaken to support them in this area of care. The person in charge also discussed how a resident was being supported to return to their day service at their own choosing and that an advocacy referral had been made on their behalf. Contingency planning for COVID-19 also outlined how residents' continuity of care would be promoted should they be required to transfer to a dedicated isolation unit. Planning outlined how familiar items should move with the resident and that personal planning should continue in line with the resident's individual health needs.

Residents were also supported to pass the time during national restrictions by engaging in arts and crafts, making birthday and Christmas cards for loved ones and going for walks and engaging in outdoor recreation. Residents were also supported to make up scrap books which highlighted how they enjoyed these activities. Although residents were supported with activities which they enjoyed some

improvements were required in regards to personal planning. Residents had identified goals which they wished to achieve such as staying in contact with family, attending music sessions and reflexology and they had achieved these goals in the recent past; however, goals such as using a relaxation room in nearby day service and getting a talking picture frame had not been fully achieved and personal plans failed to fully highlight how the resident had been supported with these goals.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that their wellbeing was promoted, but improvements were required in regards to personal planning to ensure that residents were fully supported to achieve their chosen goals.

## Capacity and capability

The inspector found that the governance arrangements which were in place ensured that residents were safe and enjoyed a good quality of life. Some improvements were required in regards to contingency planning however, this posed no immediate risk to residents who were using the service on the day of inspection.

The provider had produced a robust contingency plan in response to COVID-19 which enhanced the safety of residents and respite users. Staff had completed additional training in regards to the use personal protective equipment (PPE), hand hygiene and infection prevention and control. Staff were also conducting regular sign and symptom checks for themselves and residents and an enhanced cleaning regime was introduced. Detailed arrangements were also in place to maintain staffing ratios should an outbreak occur and there were also individualised risk assessments for residents should they become ill from COVID-19. The person in charge had a good understanding of the centre and of how an outbreak of COVID-19 would be managed, including isolation areas, donning and doffing areas and how staff would enter and exit the centre; however, this information was not contained in the centre's preparedness plan. Although this posed no immediate risk to residents, more clarity in this area of planning would further build on the positive oversight arrangements which were found on inspection.

The provider had completed all required audits and reviews as required by the regulations which assisted in ensuring that the service was maintained to a good standard. Residents were actively consulted as part of the annual review and their family members were also included for their opinions on the service. All reported that they were happy with the service and the person in charge had introduced some areas to be addressed which assisted in driving improvements in the quality of care which was provided.

Overall, the inspector found that service provision was maintained to a good standard and that residents enjoyed the service and the supports which were in place.

<b>Regulation 15: Staffing</b>
The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff participated in regular supervision and one-to-one sessions with the person in charge. Staff were also up to date with their training needs and additional training in response to COVID-19 had been facilitated for staff.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider failed to ensure that the centre's preparedness and contingency planning contained all aspects of proposed arrangements including isolation zones, donning and doffing areas and how staff members would enter and exit the centre.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
A review of information indicated that all notifications had been submitted as required.
Judgment: Compliant
<b>Quality and safety</b>
The inspector found that the quality and safety of care which was provided was maintained to an overall good standard. A review of documentation indicated that

residents' rights were promoted and that residents enjoyed living in this centre; however, some improvements were required in regards to personal planning and the implementation of recommended healthcare monitoring.

The inspector reviewed a sample of personal plans which were found to be comprehensive in nature and outlined supports which residents required and also how they liked to be assisted with these support needs. Residents also had access to a goal setting process which enabled them to identify and achieve personal goals. As mentioned earlier, some goals were actively promoted and achieved but some were not which impacted on residents who required assistance in this area of care.

The provider had a robust risk management procedure in place and the person in charge had completed risk management plans for ongoing concerns such as COVID-19. Each resident also had individualised risk assessments which promoted their safety and individual risk assessments had been completed in response to poor mobility, modified diets and self injurious behaviour. The provider also had a system in place for monitoring and responding to adverse events. The person in charge had responded to incidents which had occurred and additional measures had been taken in response to an increase in medication errors.

Residents had good access to healthcare professionals and they were referred and reviewed as required by medical consultants, their general practitioner and allied health professionals. Some improvements were required to ensure that all recommended health monitoring was occurring as a recommendation for fluid intake for a resident was not actively recorded.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that the provider and staff team were making considerable efforts to ensure that national restrictions did not excessively impact on the well being of residents.

### Regulation 26: Risk management procedures

The provider had a system for identifying, recording and responding to incidents. The person in charge had also implemented measures in response to a recent increase in medication errors. Residents' safety was also promoted through the robust implementation of risk management planning.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken the impact of COVID-19 seriously and they had ensured that increased hygiene regimes and infection prevention and control arrangements had



been implemented in the centre. Staff had access to sufficient stocks of PPE.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider failed to demonstrate that resident's were fully supported to achieve their identified goals.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider failed to ensure that a fluid recording system had been implemented to monitor the recommendations of a medical professional.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

At the time of inspection a behavioural support specialists was engaging with a resident and staff to formalise a support plan in response to an increase in behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

There was one active safeguarding plan in place which promoted the safety of residents. The plan appeared to be effective in nature and the centre had a homely atmosphere and was a pleasant place in which to live.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were actively promoted and an advocacy referral had been made to support a resident in regards to attending their day service.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Dominic's Services OSV-0001507

Inspection ID: MON-0032430

Date of inspection: 19/05/2021

## 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 designated centre specific contingency plan in relation to Covid 19 has been reviewed and amended by the Person in Charge to ensure that it contains detailed instruction in relation to entry and exit points for staff and isolation zones for Residents in the event of a suspected case. Donning and doffing areas for staff members have been highlighted in the contingency plan. Residents individual risk assessments have also been reviewed by the Person in Charge to contain more detail regarding isolation protocols and staff support required in those circumstances.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Staff will review identified goals and ensure Residents are supported to achieve all identified goals insofar as possible and record in an effective manner all efforts made to achieve these goals. This will be completed by 30 June 21.</p> <p>If these goals cannot be achieved staff will consult with residents regarding alternative goals and achieving same.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Person in Charge has reviewed all health care plans and any recommended actions by Medical professionals are in place. In terms of a particular resident a daily fluid recording system is now in place.</p>	

## 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	21/05/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2021
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	19/05/2021

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