



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:	02 December 2022
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0038377

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:	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
Friday 2 December 2022	15:00hrs to 19:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that there was a pleasant atmosphere in this centre and throughout the inspection staff interacted with residents in a kind and caring manner.

The centre is registered to accommodate seven residents which includes six full time residential beds and one respite bed. There were six residents using this service on the evening of inspection and the inspector met with five of these residents. The respite placement was not utilised on the evening of inspection.

Residents who used this service had high support needs and they communicated by using some words, sounds and gestures. Residents who the inspector met with were either relaxing in their bedrooms or enjoying the company of staff in the open plan kitchen/dining room. Staff had a warm approach to care and they chatted in a caring and familiar manner with residents. Residents moved about freely through the centre and some sat and watched their favourite music on television. The centre was also preparing for Christmas with some decorations in place which gave the centre a pleasant atmosphere.

The centre was warm, cosy and it had a real sense of home. Residents were observed to sit in the company of staff who chatted to them in line with their individual needs. Staff members prepared some light snacks and beverages for residents and there was an adapted kettle available which ensured that residents could make their own tea or coffee safely.

The inspector met with three staff members and spoke directly with one staff member at various occasions throughout the inspection. The inspector found that this staff member had a good understanding of residents' needs and they clearly understood care needs such as behavioural support and safeguarding.

Overall, the inspector found that staff who were on duty had a kind approach to care and residents seemed at ease throughout the inspection. However, as will be discussed in the subsequent sections of the report, there were issues which were predominately attributed to the management and governance arrangements which failed to provide sufficient oversight of fire safety, staffing and the role and remit of the person in charge.

Capacity and capability

This inspection was an unannounced inspection which was conducted following the receipt of information in regards to the care which was offered in this centre. This

inspection found that there were concerns in regards to the management of this centre and an urgent action was issued to the provider in regards to fire safety prior to the conclusion of the inspection.

The inspector found that there were significant issues in regards to the management and oversight of care. The inspection was facilitated by the centre's person in charge and although they had a good understanding of the residents' care needs and of the resources which were in place to meet those needs, concerns were raised in regards to the person in charge capacity to oversee this centre. In addition, the provider did not ensure that the full compliment of staff was in place at all times to meet residents' care need and there was also issues in regards to the fire safety arrangements which were in place.

As mentioned above, there were staffing shortages in this centre and a review of the rota indicated that the centre had operated below the assessed staffing requirement on numerous occasions. Although this did not have an immediate effect on care, there was the potential to have a negative impact on the quality and safety of care which was provided. The immediate effect of staff shortages were evident in the governance and management of the centre. The person in charge explained that due to recent staffing issues they had not been able to fulfill their role as a person in charge and they detailed that they had been required to fill staffing shortages on six occasions in the two weeks prior to this inspection. The inspector found that internal audits of residents' finances and personal plans had not occurred as a result which had the potential to impact on the provision of care. More significantly, the remit of the person in charge had impacted on their ability to provide sufficient oversight of the fire arrangements which had negative impact on the safety of residents who used this service. In addition, the person in charge had been appointed to manage two designated centres and they had recently been appointed to manage a third centre. However, the provider failed to demonstrate how the person in charge would have capacity to manage all three centres under their remit and maintain the quality and safety of care provided to all residents to a good standard.

As stated above, this inspection was conducted following the receipt of information in regards to the quality of care which was offered in this centre. Earlier this year, the chief inspector had also received information in regards to care in this centre and the provider was issued with a provider assurance report which required the provider to review their own management arrangements and provide assurances to the chief inspector in regards to the provision of care. This report was returned with measures including the implementation of a task force to review care within the centre. Following this review by the task force, the provider also stated that the residents' assessments of need would be re-examined based on the findings of the task force. Although the person in charge had reviewed the assessments of need, the provider had not ensured that the task force had visited the centre and that a complete review of care had occurred. The inspector found that the failure of the provider to implement all assurances was a clear indication that the governance arrangements within this centre were not robust and without a full review of care the provider was unable to determine or demonstrate that residents were receiving the best possible service.

Overall, the inspector found that the governance and management arrangements were strained in this centre with basics checks of finances, personal planning not occurring. More significantly, assurances which had been submitted to the chief inspector had not been completed and there was issues in regards to supporting all residents to evacuate this centre in a safe and prompt manner which resulted in an urgent action issued prior to the conclusion of the inspection.

Regulation 14: Persons in charge

The person in charge has key responsibilities in regards to the oversight of care. The provider failed to demonstrate that the person in charge had the capacity to manage the three designated centres for which they had been appointed.

Judgment: Not compliant

Regulation 15: Staffing

Robust staffing arrangements assist in ensuring that services which are offered to residents are maintained to a good quality. The provider failed to demonstrate that staffing arrangements were consistently maintained in this centre which impacted upon the governance arrangements. Although there was no direct impact on care observed on this inspection, the provider was not providing staffing which was in line with residents' assessed needs.

Judgment: Not compliant

Regulation 23: Governance and management

Robust governance and management arrangements ensure that residents receive a service which is safe and effectively monitored; however, the provider failed to demonstrate that this centre had effective oversight with significant issues highlighted in regards to staffing, the remit of the person in charge, fire safety and the implementation of assurances which had been previously submitted to the chief inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure which was clearly displayed and readily available to both residents and visitors. The person in charge kept a record of all received complaints. A review of these records indicated that complaints had been reviewed by the provider and that resolution had been achieved.

Judgment: Compliant

Quality and safety

The inspector found that residents appeared to enjoy the company of staff and their surroundings; however, this inspection highlighted that there were issues in regards to the evacuation of residents which had the potential to impact on the safety of care in this centre. In response the provider was issued with an urgent action to address these issues.

The provider had fire safety measures in place such as a fire alarm, emergency lighting and fire doors. Residents who used this service had high support needs, with some residents requiring bed and wheelchair evacuation. The centre had one night duty staff in place to evacuate up-to-seven residents and staff who met with the inspector raised concerns in regards to the evacuating all residents in the event of a fire occurring. The provider was unable to produce a fire drill record where all residents had been evacuated by one staff member in a prompt manner and the most recent drill supported just five residents to leave the centre. In addition, a resident required one-to-one supervision when leaving the centre as they were at risk of wandering onto a nearby road. The inspector found that the overall evacuation arrangements did not ensure the safety of this resident or the prompt evacuation of all residents in this centre.

The centre was large and spacious and each resident who used this service had their own bedroom. There was also an ample number of bathrooms for residents to use and additional equipment such as hoists and wheelchairs were in place for residents with reduced mobility. The centre also had two reception rooms for residents to relax. In general, there was a pleasant atmosphere in the centre on the evening of inspection. There were six residents using this service as the respite service had not been taken up for that night. Staff who met with the inspector indicated that it was a very busy house and that vocalisations of some residents on occasion impacted upon others. A medical professional also clearly stated that the environment did not meet the needs of one resident, which impacted upon their behaviours. The provider was aware of these issues and a senior representative of the organisation spoke with the inspector subsequent to the inspection and gave further detail in regards to the initial planning which was in place for this resident.

The inspector found that there were measures in place to support residents with their behavioural needs. The inspector reviewed a plan for one resident and found

that it was comprehensive in nature. Staff were monitoring this resident's behaviour for trends to identify triggers of their behaviour and subsequent to the inspection the provider submitted additional information in regards to a review process which was underway at the time of the inspection.

As mentioned earlier, the inspector observed some pleasant interactions between residents and staff and the centre also had a very homely atmosphere. However, this inspection highlighted that there significant issues in regards to fire safety.

Regulation 17: Premises

The centre was large, warm and comfortably furnished. The premises was decorated and maintained to a good standard and each resident had their own bedroom which they had personalised. There were an ample number of reception rooms for residents to relax and there was an open plan kitchen and dining area.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for identifying, recording and responding to incidents. A review of records indicated that the person in charge had reviewed each incident and as mentioned above the provider was also examining behaviours of concern to assist in determining any triggers which may have an impact on residents. There were risk assessments in place for issues which impacted on safety; however, the provider was unable to demonstrate that the listed supervision controls for one resident could be effectively implemented in the event of the evacuation of the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Robust and responsive fire safety arrangements assist in ensuring that residents' safety is promoted at all times. Staff who met with the inspector reported difficulties in evacuating all residents across all shift patterns. In this centre the provider failed to demonstrate that all residents could be evacuated in a prompt manner. In addition, the provider also failed to demonstrate that a resident would be supported to evacuate in accordance with their assessed supervisory needs and assisted to attend a safe location.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had reviewed records within the centre which indicated a steady volume of challenging behaviour for one resident and a medical professional had determined that the centre was not meeting their needs. The provider was in the initial stages of reviewing their placement and the provider outlined that a comprehensive and planned transition would be in place should a suitable alternative centre become available for this resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had comprehensive behavioural support plans in place and the provider submitted evidence of the ongoing review of the behavioural support needs for one resident. Staff members were also completing detailed records of behavioural incidents to assist in determining triggers or trends in relation to this resident's behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The provider had appointed a person to review any safeguarding concerns which had occurred and there was clear evidence of their recent involvement in the centre. There were no active safeguarding concerns at the time of inspection and a review of information indicated that any concerns had been referred as required to the centre's designated officer.

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	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Dominic's Services OSV-0001507

Inspection ID: MON-0038377

Date of inspection: 02/12/2022

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • The PIC/PPIM are working in conjunction with the HR Dept. to ensure the appointment of a complete staffing compliment for the service and all others under the remit of the PIC to provide them the opportunity to work purely in an oversight capacity across all three services and engage in all the required administrative and auditing oversight duties to ensure the consistent quality and safety of service care. • The PIC and PPIM (ADOCS) will review the PIC workload capacity at regular supervisory support meetings and if required any challenges/risks identified will be dealt through the appropriate channels. • The PPIM/HR Dept. will develop a clear and explicit job role description for a multi-service (cluster) PIC and set out the roles and responsibilities along with the job role expectations to ensure a strong oversight of service quality. 	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The PIC/PPIM will work in conjunction with the HR Dept. to develop a recruitment and selection strategy which ensures a process of on-going staff recruitment and supply for replacement and relief positions as they are required within the Service. • The PIC/PPIM link with the Human Resource Department on a regular basis to inform the advertising of posts as they become available within the service. They are in addition 	

reviewing the current service rota in line with the current Individual Assessment of needs of the service population. The risk relating to understaffing levels within the serviced is reflected in the current service risk register and has been escalated to Senior Management Team via a risk escalation document twice in 2022.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC and PPIM (ADOCS) will hold regular service review meetings to ensure that Fire safety quality is reviewed and any required actions Identified and remedied. Within these meetings also the PIC/PPIM will identify occasions of challenge when the PIC is unable to carry out administrative duties due to staffing shortages on the floor.
- The PIC is in the process of arranging the first Task Force Committee meeting in the second week of January 2023 as the Committee membership is now in place and the work will commence to review current service provision within the service and set out a future service development plan.
- The Provider Led Audits for the service in 2023 will focus particular attention on the Governance and Management compliance schedule to ensure that service systems and processes are appropriately reflecting the service factors of safety and assurances as required to meet the needs of all within the service The PIC/PPIM will review same at their regular supervisory meetings in addition.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The PIC will ensure that all Individual Risk Assessment documents will be reviewed and updated as required
- The PIC will in turn on foot of same update the service Risk Register and identify the top 5 Service Risks as required and report these up the Organization
- The PIC/PPIM will ensure that the staffing levels within the service are delivered as set

out by the identified support needs of the service user population as necessary and within the available resource for the service.

- The PIC/PPIM will undertake a process of review of the service population in line with their individual current fire evacuation supports and ensure that sufficient staffing supports are in place to deliver upon the Centre Emergency Evacuation plan as outlined within the service throughout all staffing roster levels.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Contact made with the local Tuam Fire Inspector and a meeting was held on December 22nd 2022 for a Pre-Incident Inspection the recommendations of which will be incorporated in to the service Centre Emergency Evacuation Plan
- A traffic Light Fire Risk Assessment tool has been developed and upon which each service user's fire evacuation supports will be identified and incorporated into their individual emergency evacuation plans will be reviewed and updated
- The Ancillary Manager has made two visits to the service and established the potential for full service compartmentalization. The Ancillary Manager will seek approval from the Senior Management team for the works required which is also informed by the Pre-Incident Inspection meeting.
- Since the HIQA inspection a further practical single staffing Fire Evacuation Drill has been undertaken with improvements identified and upon which the service C.E.E.P. will be updated. Regular simulated evacuation drills will be carried out over the coming weeks
- The PIC and PPIM (ADOCS) are meeting in the service on January 5th to review all service Fire Safety factors and ensure that a robust plan is in place and implemented to ensure the fullest Fire Safety for all within the service any work outstanding actioned from then.
- The work has commenced in setting up the Task Force Committee to plan for current and future service developments and to ensure that service provision adequately addresses all Individual Service user assessed needs and the first meeting will take place in early January.
- Currently all respite service provision is suspended until the necessary works are completed to ensure the safe evacuation of the service at night by way of a single staff evacuation process.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	20/02/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	20/02/2023
Regulation	The registered	Not Compliant	Orange	06/03/2023

23(1)(c)	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.			
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.	Substantially Compliant	Yellow	20/02/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	13/03/2023