



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

Name of designated centre:	St Dominic's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 June 2018
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0021588

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.

Current registration end date:	09/11/2018
Number of residents on the date of inspection:	7

How we inspect

To prepare for this inspection the inspector or 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
05 June 2018	10:00hrs to 16:30hrs	Ivan Cormican	Lead

Views of people who use the service

The inspector met with five residents on the day of inspection and two of these residents spoke openly in regards to their satisfaction with the service provided. The other residents interacted with the inspector on their own terms and appeared relaxed and comfortable in the centre.

The residents who spoke with the inspector stated that they were happy in their home and could also go to the person in charge or any staff member if they had a concern. Residents stated that they were offered choice in regards to managing their daily lives and some residents were also considering moving to a new centre which would further promote their independence.

A review of questionnaires also indicated that residents and their representatives were generally very happy in the service and that staff were very supportive. Staff members were also observed to interact in a warm and caring manner and residents appeared relaxed in their company.

Capacity and capability

Significant improvements were found in regards to the quality and safety of care provided to residents during this inspection. All actions from the previous inspection had been addressed and as a result, sustained improvements had been achieved.

The governance arrangements in this centre had brought about a positive change since the last inspection and the quality of care in regards to healthcare and fire precautions had greatly improved. Furthermore, the provider continued to build on these improvements by conducting robust internal audits of the care provided which assisted the person in charge in sustaining the quality of the service provided. The person in charge had also responded to issues in regards to medication errors and prolonged fire drills by implementing effective actions to address concerns raised following a review of these practices in the centre.

The provider had ensured that a competent workforce was employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. The person in charge also supported and supervised staff on a regular basis to ensure that consistent standards of care were maintained in the service.

Residents were safeguarded through good recruitment practice by the provider ensuring that all Schedule 2 documentation was received prior to staff

working in the centre, and was available for review by the inspector. The person in charge maintained an accurate staff rota which indicated that residents received continuity of care from both regular and relief staff employed by the provider.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

All prescribed information as stated in Schedule 2 of the regulations was available for review and the person in charge maintained an accurate staff rota

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and received regular support and supervision from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The provider had conducted an annual review of the service provided following a consultation process with residents and their representatives. The provider and person in charge were conducting regular reviews of the service provided and any actions generated as a result of these audits were addressed in a prompt manner by the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described to service provided.

Judgment: Compliant

Quality and safety

The provider had effectively implemented the action plan generated from the last inspection and as a result the quality and safety of care had improved for residents.

The person in charge effectively managed risks in the centre and appropriate controls and rating were applied to areas such as safeguarding and the use of high risk medications. An increased risk rating had also been applied to the fire and medication risk management plan following a review of practices in the centre. The person in charge indicated that these ratings would be reviewed following the implementation of additional controls to mitigate against the impact that these risk would have on residents.

The provider ensured that fire precautions employed in the centre promoted the safety of residents and additional fire exits had been added following the last inspection of this centre, which assisted the evacuation of residents with reduced mobility. The provider had also ensured that fire precautions such as emergency lighting, the fire alarm and fire extinguishers were regularly serviced. Staff ensured that these were in good working order by conducting regular fire equipment checks. The provider further demonstrated the safety of residents by conducting regular fire drills, which demonstrated that all residents could be evacuated in a prompt manner.

The centre was large and spacious and was also adapted to support residents with reduced mobility. The centre appeared to be a pleasant place to live and some residents showed the inspector their bedrooms which were of a good size and individually decorated. Residents were also supported to enjoy the outdoor space which was provided and to engage in hobbies such as gardening.

Residents' independence was promoted by supporting them to self-medicate if they so wished. The safe administration of medications was also promoted by ensuring that appropriate storage facilities and prescription sheets were maintained. Staff were trained to administer medications and those who were interviewed had a good understanding of medication practices, including the administration of high risk medications. The person in charge also ensured that safe medication practices were maintained by positively responding to a recent trend in medication errors.

The person in charge ensured that continuity of care would be provided to residents by introducing detailed healthcare plans to support residents in areas such as skin integrity, epilepsy and diabetes. Staff members were found to have a good understanding of these plans and could account for the measures which were implemented to support residents to maintain a good quality of health.

Regulation 17: Premises

The centre was clean and spacious and was found to meet the assessed needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate risk management plans in place which promoted the safety of residents. The provider had also a system to record and monitor adverse events and the person in charge had responded to all adverse events in a prompt manner.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had fire precautions on display and staff were guided in the evacuation of residents by personal emergency evacuation plans. The provider had suitable arrangements for the containment of fire and staff who were interviewed could clearly account for evacuation precautions and procedures in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The governance arrangements in the centre ensured that medication practices were maintained to a good standard. Residents had been assessed to self-medicate and those who were deemed suitable were supported to do so, in line with their wishes.

Judgment: Compliant

Regulation 6: Health care

Residents were regularly supported by healthcare professionals such as general practitioners (GP) and speech and language therapists. Residents were also supported to attend for preventative health screening following recommendations from their GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in place which had been recommended by a relevant healthcare professional to promote the safety of residents. These practices had been risk assessed and consent for their use had been sought since the previous inspection of this centre.

Judgment: Compliant

Regulation 8: Protection

Staff members had received training in regards to safeguarding and had a good understanding of the procedures used in the centre to protect residents from potential abuse. There was one safeguarding plan in place which was implemented in regards to practices outside of the centre. This plan was regularly reviewed and was also planned for review subsequent to the inspection. Staff were also found to have a good understanding of this plan.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	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