

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Dominic's Services
<b>Centre ID:</b>	OSV-0001507
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 August 2017 09:00 To: 09 August 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 9 and 10 September 2015. Two actions were identified following the previous inspection, the inspector found that all of these actions had been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. The inspector also spoke with five staff members, including the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a large single storey house that accommodated

up to seven residents who have an intellectual disability. The centre offered a respite service to a number of residents and the centre had a specific bedroom for respite users. Each full time resident also had their own bedroom which was warm, comfortably furnished and decorated with personal effects. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was a large patio area for residents to enjoy and there were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a large town where public services such as buses, taxis were available. Transport was also available to support residents to access the community.

Overall judgment of our findings:

This inspection found compliance with the regulations under outcomes including admissions and the contract for the provision of services, premises, social care needs, statement of purpose and governance and management and workforce. However, the inspector also found that improvements were required in relation to outcomes including safeguarding and medications.

The inspector found that significant improvements were required in regards to health and safety, with deficits found in regards to fire precaution. The inspector also found deficits in regards to the supports provided to some residents with incontinence.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that residents had written agreements in place which outlined the fees to be charged and any additional charges which the resident may incur.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard.

All residents in the designated centre had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found that they reflected the assessed needs of the residents. Each plan contained details such as family and friends, social interests, intimate care needs, healthcare needs and risk assessments plans. Personal plans were also in an accessible format and readily available to residents.

The inspector reviewed the documented personal goals for some residents. These goals had been formulated through circle of support meetings which involved the resident, their family members and staff from the designated centre. The inspector found that all identified goals were supported by an action plan and good progress had been made in achieving each identified goal.

Some residents stated that they were supported to access the community both independently and with the support of staff on a regular basis. One resident stated that they were supported in their personal interests such as gardening and walking and attended a local walking club on a weekly basis. Another resident stated that they frequented a local public house once a week to play music. Daily log notes also indicated that residents regularly attended local community facilities such as restaurants and hotels and were planning a summer break.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

The designated centre was a large single storey residence which was located within walking distance of a large town. Each resident had their own bedroom which was individually decorated with areas of personal interest and each bedroom had suitable storage available. One resident stated that they were being supported to redecorate their room and to choose a new colour scheme. There was also a patio area to the rear

of the property which a resident used to promote their interest in gardening.

There was an adequate number of bathrooms available for residents which were suitably equipped to meet their needs. The centre had two reception rooms in which residents could receive visitors and there was also an open plan kitchen and dining room. The centre had sufficient lighting and ventilation and was also found to be warm and clean on the day of inspection.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that improvements were required in regards to fire precautions within the centre. The inspector reviewed the fire arrangements and found that there were occasions when not all residents could be evacuated from the designated centre. The person in charge had also highlighted this issue in terms of risk management; however, insufficient progress had been made in addressing this issue. This was brought to the attention of the provider on the day of inspection and, subsequent to the inspection; the provider submitted an action plan to address this issue.

The designated centre had fire doors in place throughout and staff were conducting regular checks of the fire alarm, fire extinguishers, emergency exits and emergency lighting. Staff were also conducting regular fire drills and the procedures to be followed in the event of a fire were clearly displayed in the centre. However, staff who were interviewed gave conflicting information in regards to number of fire zones within the centre.

The person in charge maintained a risk register and individual risk management plans for residents within the centre. Each risk was clearly identified and appropriate measures and controls were in place to manage the identified risk.

The centre had suitable emergency management systems in place including an on call arrangements and information on how staff should respond in the event of loss of power, heating and flooding.

The centre also had systems in place for recording and responding to adverse events.

Staff who were interviewed had a good knowledge of these systems and all recorded events had been addressed in a prompt manner by the person in charge.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that residents were safeguarded from potential abuse. Some improvements were required in regards to the consent for the use of restrictive practices.

The inspector met with five residents on the day of inspection. Each resident appeared relaxed in the company of staff who were observed to interact with residents in a respectful and warm manner. Two of the residents were able voice their satisfaction with the service and stated that they felt safe in their home. Staff who were interviewed had a good knowledge of residents' needs and could clearly identify potential abuse and the reporting procedures used within the organisation, including the designated officer to manage allegations of abuse.

The centre had one interim safeguarding plan in place on the day of inspection. The person in charge had recently reviewed safeguarding procedures within the centre and a referral had been made to the designated officer following this review. A safeguarding plan had been implemented following a review by the designated officer and an external agency had been notified.

Residents who required behavioural support were regularly reviewed by the behaviour support specialist and the staff team. The person in charge and staff members had detailed knowledge of behavioural support plans and were able to articulate the proactive and reactive strategies used in responding to behaviour that challenges.

There were some restrictive practices in place such as the use of bed rails which were recommended following a reviewed by a member of the multi disciplinary team. Each



restrictive practice had been upheld by the centre's human rights committee and a log of its use was in place. However, the provider had not sought consent for the use of restrictive practices from the resident or their representative.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that improvements were required in regards to the healthcare provided for some residents.

Residents were supported to access their GP in times of illness and were reviewed on a regular basis by specialists such as ophthalmologists and neurologists. Residents also had access to allied health professionals such as dieticians and occupational health. A recent referral had been made for orthopaedic support for one resident following a review by a physiotherapist.

The inspector reviewed a sample of personal plans and found that some residents were incontinent and required assistance from staff in this area of personal care. One of these residents had sufficient staff on duty when they were present in the centre to support this care need. However, the inspector found that two of the residents were not offered this level of care and did not have their incontinence wear attended to for prolonged periods throughout the night. The provider was also unable to demonstrate that the incontinence wear provided would be able to sustain the residents for this period of time.

Staff on duty were maintaining detailed notes in regards to the residents' pressure area care which indicated that one resident may require additional care in this area; however, a tissue viability score had not been completed to determine what supports the resident may require, including the suitability of the pressure relieving mattress which was in place on the day of inspection.

Staff had good knowledge of residents healthcare needs and a plan of care was in place for one resident who required specific support; however, a plan of care was not available to guide staff in supporting all residents with their on going medical needs.

**Judgment:**

Non Compliant - Major

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that there was evidence of good practice within the centre; however, some improvements were required in regards epilepsy care plans and the prescribing and administration of medications.

The centre had appropriate medication storage facilities in place and staff had a good knowledge of the safe administration of medications including the actions to be taken following a medication administration error. Residents had been assessed to self-medicate and some residents had been supported to manage their own medications in the recent past, but there were no residents self-medicating on the day of inspection.

The inspector reviewed a sample of medication prescription sheets and medication administration recording sheets. The inspector found that one medication, which was required to be administered at a specific time in the day, did not have an administration time stated. The inspector also found that an 'as required' medication was being administered as part of a regular regime and not in line with the prescription sheet.

The inspector reviewed an epilepsy care plan and the associated prescription sheet for the administration of rescue medication. Staff on duty could explain when this medication was to be initially administered; however, staff were unable to clarify if a second dose was to be administered. The inspector also found that the epilepsy care plan and associated prescription sheet were not in line with each other and offered conflicting information in regards to the administration of rescue medication.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspector found that the action from the previous inspection had been addressed with all requirements of the regulations in place on the centre's statement of purpose.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the provider had suitable governance and management arrangements in place.

The person in charge was in a full time role and had specific allocated time to carry out their duties. The person in charge was also conducting regular audits in areas such as health and safety, fire precautions and medications.

The provider had completed an annual review of the service for the previous year and the person in charge was finalising this years annual review, pending feedback from residents and their representatives.

The provider had conducted a six monthly audit of the care and quality of service provider which examined 16 outcomes. An action plan had been generated following this review and the person in charge had addressed all identified issues.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the staffing arrangements were meeting the assessed needs of residents.

The inspector reviewed staff training records within the centre and found that staff had received training in areas such as fire safety, medications, safeguarding and manual handling. Training records also indicated that staff were up to date with all their training needs.

The person in charge maintained a staff rota which the inspector found was accurate on the day of inspection. Staff meetings were occurring on a monthly basis and staff attended regular support and supervision with the person in charge.

The centre had no volunteers on the day of inspection; however, the person in charge stated that two staff members attended the centre on some of their days off to assist residents with their personal interests.

**Judgment:**

Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0001507
<b>Date of Inspection:</b>	09 August 2017
<b>Date of response:</b>	01 September 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that staff were aware of fire zones within the centre.

#### 1. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

The alarm company, contacted on 10th August, confirmed that the alarm system in place is an addressable system, not a fire zone system and that each fire point in the house has its own address reflected on the monitor in the event of a fire. Staff have been made aware of this.

Completed 10th August 2017.

**Proposed Timescale:** 10/08/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that all residents could be evacuated from the designated centre in the event of a fire.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

(a) Interim fire evacuation measures implemented whereby, when required, a second staff on duty overnight, as well as an on-call staff, to assist in the evacuation of residents in the event of fire. Completed 14th August 2017

(b) Double doors being installed in respite bedroom to enable timely evacuation of all residents in the event of a fire.

**Proposed Timescale:** 30/09/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that consent for the use of restrictive practices had been sought from the resident or their representative.

**3. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**

The Person in Charge has made contact with the representatives of the residents regarding their consent for the utilisation of restrictive practices and seeking their written permission.

**Proposed Timescale:** 11/09/2017

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that

- a plan of care was in place for all residents' healthcare needs
- residents had been assessed to determine the level of support they require in regards to personal care and the suitability of incontinence wear
- a tissue viability score had been completed for residents with reduced mobility
- the resident's pressure relieving mattress had been reviewed to ensure it's suitability

**4. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

(A) Plans of care for specific health care needs have been completed and signed by residents' GPs.

Completed 21st August 2017

(B) Incontinence Advisor has been contacted and is due to visit the designated centre and review the suitability of continence wear being utilised currently. Monitoring charts in place to record any changes in personal care needs.

(C) Waterlow scores are being completed as residents avail of respite. This score will be re-taken on each respite visit. Risk assessments will reflect any concerns regarding tissue viability.

(D) Mattress manufacturer has been contacted and advice given to the designated centre regarding suitable mattress pressure settings to be utilised.

Completed 21st August 2017

**Proposed Timescale:** 11/09/2017

## **Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The person in charge failed to ensure that

- prescription sheets contained the times for administration for all medications



- as required medication was administered as prescribed
- epilepsy care plans and associated prescription sheets clearly guided staff in the administration of rescue medication

**5. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**

(A) All prescription sheets contain the times for administration of all medications.  
Completed 10th August 2017

(B) All staff have been informed of the need to ensure that medications are prescribed correctly, and scripts as required have been amended by the GP. Completed 10th August 2017

(C) Parent has been contacted with regard to epilepsy care plan and associated prescription sheet to ensure that both of these documents correspond and accurately and clearly guide staff in the administration of rescue medication.

**Proposed Timescale:** 01/09/2017