



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

Name of designated centre:	Sky Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	17 April 2018
Centre ID:	OSV-0005035
Fieldwork ID:	MON-0021127

## About the designated centre

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

Sky Service supports ten individuals of mixed gender who are over 18 years of age, and who have an intellectual disability. These individuals may also have complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. The service provides a mixture of full-time residential and respite care. The centre is comprised of two houses, one in a town, and the other nearby in a rural area. The houses meet the needs of residents with suitable assistive equipment, single bedrooms, gardens and comfortably furnished rooms. Residents in the centre are supported by a staff team that includes team leaders in each house, nurses, social care workers and care assistants. Staff sleep in one house, and there is a staff member on waking duty in the other house.

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

Current registration end date:	11/02/2021
Number of residents on the date of inspection:	9

## 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
17 April 2018	09:30hrs to 12:30hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with one resident in centre during the inspection. While this resident did not speak with the inspector it was clear that this resident was happy and comfortable in the centre and in the presence of staff. It was also clear that the resident was enjoying the person centred care that was being delivered.

## Capacity and capability

On the day of inspection the inspector found that a good quality service was provided to residents in this centre. There were effective governance and management arrangements in place which ensured this quality of service could be maintained. These included suitable systems and resources to support residents to enjoy a good quality of life in the centre, at day services, and in the local community.

The provider had established a clear management structure, supports were available to staff and there were systems in place to review and improve the quality of service. The provider had taken the findings of the last inspection seriously and these had been suitably addressed in a timely manner. In response to the last inspection findings, improvement had been made to the governance systems in the centre. These changes had focused on improving the quality and safety of care delivered to residents, and had increased residents' involvement in the local community. Issues relating to complaints management, privacy and dignity, implementation of behaviour support measures, maintaining privacy and dignity in bathroom facilities, fire evacuation drills and staffing resources had been addressed.

There was also evidence that the management team had introduced measures to ensure that there were additional staff available to support residents' social care wishes. An increase in the staffing level, and changes to the allocation of staff duties, had resulted in staff having more available time to support residents' social care, such as involvement in leisure activities and visits to the local community. Staff who spoke with the inspector confirmed that this was the case and that these changes had been beneficial to residents.

Furthermore the management team, on behalf of the provider, had been reviewing the operating systems and had introduced further measures to improve the quality of the service. For example, formal schedules for staff supervision and for auditing of residents' personal plans had been developed and commenced. In addition, a

relaxation room was being developed in the centre for the comfort of residents, and the person in charge discussed other changes that were being introduced to increase the levels of comfort and safety for residents.

While there was a suitable statement of purpose, the provider had introduced a new template to improve the quality of this document. A revised statement of purpose was near completion and the person in charge stated that this would be supplied to the Chief Inspector in the near future.

### Regulation 15: Staffing

The provider had ensured that there were sufficient staff available to meet the needs of residents. The management team had introduced changes, such as increase in staffing levels and re-allocation of duties, to ensure that there were adequate numbers of staff available to support residents' social care needs.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents that included the requirements set out in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. In response to the findings of the last inspection the provider had strengthened the management systems in the centre to improve the quality and safety of care for residents. Systems had also been introduced to ensure that compliance would be maintained and improved.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were systems in place in the centre for the management of complaints and all complaints had been taken seriously. Although there had been a low number of complaints, any complaints received had been finalised with suitable records of the outcome and the level of satisfaction of the person who made the complaint.

Judgment: Compliant

### Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of resident care. There were no issues relating to the quality and safety of residents that required improvement arising from this inspection. The inspector found that residents had a good quality of life and that they were supported to take part in activities that they enjoyed such as community involvement, social outings and events, and maintaining relationships with family and friends.

The provider had reviewed and revised practices to ensure that residents' well-being was promoted at all times and that they were kept safe. The inspector found residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of residents and there were plans to make some further improvements to the centre. In response to the findings of the last inspection, an aspect of the building and some operational systems had been reviewed and improved to fully support all residents' privacy and dignity.

The rights of residents were protected and promoted. All residents had their own bedrooms and had adequate storage of their personal belongings and valuables. Staff advocated for the rights of residents as required. The inspector saw evidence that staff had fully investigated all available options to ensure that residents could pursue their interests in community involvement in a safe manner. The management team had reviewed visiting arrangements in the centre to ensure that the privacy and dignity of all residents would be respected at all times. The management team had also reviewed the security arrangements in the centre to further improve and protect the privacy and safety of residents.

The provider had suitable arrangements in place for the management of risk. The person in charge had recently reviewed and updated risk records in the centre. As a result of this some additional risks and their control measures had been identified and recorded. This ensured that there were systems and interventions in place to reduce risk to residents, and that this information was available to guide staff.

Suitable arrangements were in place to protect residents and staff from the risk of fire. In response to the previous inspection findings, the provider had ensured that all staff were scheduled to take part in fire evacuation drills at least once each year. To date most staff had attended a fire drill in accordance with this schedule, and a remaining two staff were scheduled to take part in a fire drill before the end of April 2018. Considerable work had been carried out, in conjunction with the organisation's health and safety officer, to review fire drill outcomes, to learn from these findings and to introduce alternative procedures to ensure that fire drills could be undertaken promptly. These measures had been effective and the time taken to evacuate residents at night had reduced considerably.

#### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The provider had recently carried out improvement work in an en suite shower room which had improved the level of privacy, dignity and comfort for a resident.

Judgment: Compliant

#### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and that measures had been identified to safeguard residents from risk.

Judgment: Compliant



## Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. Some issues relating to fire safety had been identified at the last inspection of the centre, and these had been suitably addressed to improve the safety of residents in the event of a fire.

Judgment: Compliant

## Regulation 9: Residents' rights

There were suitable arrangements in place to ensure that each resident's privacy and dignity was respected and supported.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant