Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clarefield Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	20 March 2025
Centre ID:	OSV-0007181
Fieldwork ID:	MON-0038029

About the designated centre

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

Clarefield Services is a centre operated by the Health Service Executive. The centre provides residential support for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is located in a town in Co. Mayo and comprises of one premises. Residents have access to their own bedroom, shared bathrooms, kitchen and dining area, sitting room, utility room and external grounds. The centre is spacious and nicely decorated, providing residents with a comfortable environment to live in. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Thursday 20 March 2025	10:00hrs to 17:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that residents living in Clarerfield received a good quality, safe person-centred service. This was evident from observing staff and residents and from communicating with all residents, the three staff on duty, the person in charge, the area manager and review of relevant documentation. One area that required review included better recording of the decision making process as to how goals for residents were identified and progression and regular review of these goals.

The residents chose not to go to a formal day centre as they had a flexible social activity programme organised by the staff of the centre. This gave greater personalised choice and flexibility to residents.The inspector observed the three staff interacting with the residents in the kitchen, dining area. The resident who was able to verbally communicate with the inspector spoke positively about the care and support they received from staff. The inspector observed that residents were happy and content in the company of staff and staff were attentive to residents interacting in a pleasant caring way as they provided care to them and assisted them with their nutritional needs. The dinner was home cooked by staff and residents confirmed they enjoyed the food and it was always good. Staff spoken with described how their focus was to ensure that residents had a good enjoyable quality of life and were eager to continually improve the lives of residents. The inspector observed friendly, good natured and humorous interactions between staff and residents. This enhanced the homely atmosphere and put residents at ease which was conducive to enjoying life and allaying stress or anxiety.The atmosphere was also enhanced by the amount of space which was available to the three residents as the design of the house lent itself to residents having space to spend time in private as they wished or to go and listen to music in the second sitting room or in their own bedroom. The quality of the service delivered to residents was enhanced by the provider ensuring that adequate resources were available to ensure the care and welfare of residents was prioritised and protected. This also ensured that residents' rights to engage in meaningful activities was protected.

An established staff team was available which was crucial to ensuring continuity of care in this service due to the assessed needs of residents. Many of the staff team told the inspector that they had worked with some of the residents for years and consequently they knew them and their families well and were aware of the non-verbal cues expressed by residents. Residents were facilitated to pursue activities of their choice in their local community.The house was located centrally and residents accessed local shops, and the church frequently. It was a lovely bright dry day on the day of inspection and residents came and went to and from the centre during the day. Two residents went to Knock with two of the staff in the accessible vehicle that was available exclusively to the centre. The other resident liked to light a candle in the local church and, on the day of inspection, one of the staff brought the resident in their wheelchair to the local church to light a candle. The centre transport also supported residents to attend medical appointments.

This centre opened in 2019. This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and support of people who reside in designated centres for adults with disabilities. All residents had lived together for many years prior to this and had got on well prior to moving into this centre. Residents had settled well into their new environment and one resident told the inspector that they had a better life since moving into Clarefield. They proudly showed the inspector some of their personal property that they had acquired since moving into the centre which they particularly enjoyed; for example a hen and chicken garden ornament. The other two residents who were non-verbal but communicated via expression and gestures supported by staff, indicated that they had settled in well and were very happy living in this centre.

The inspector reviewed two compliments from relatives of the current residents who also stated that their loved ones had a better quality of life since moving into this centre. Residents at this centre had a keen interest in religion and this was facilitated by staff. Residents liked to attend Mass in the local church and one resident enjoyed joining in the singing with the choir. These interests were supported and facilitated by staff. All three residents had maintained contact with family members and one of the residents had a birthday celebration last year where family members attended the centre.

Clarefield designated centre is a purpose designed modern bungalow located on the verge of a busy town close to shops, supermarkets, restaurants and leisure facilities. The centre is also located in close proximity to a hotel which residents regularly attend for tea or meals. The centre was very clean and tidy and had been painted internally since the last inspection. Each resident had their own bedroom which was personally decorated and was clean tidy and provided a very pleasant environment for residents. Residents clothing was well cared for and was properly stored. The centre comprised of a large kitchen, dining and sitting room which was open plan and looked onto a pleasant back patio style garden which was easily accessible from the living area and provided great light into the open plan living area. The centre provided a personalised pleasant living environment which was bright, warm, and comfortable and was decorated with photographs, artwork and personal items of the residents choosing which symbolised their interests. Residents safety and independence was enhanced by the availability of two fully-accessible bathrooms, specialised beds and overhead hoists were fitted which ensured that as residents dependency increased they could remain in the centre.

Residents told the inspector that they had an activity of their choice every day; for example going for coffee in the local town or going out for a drive which, from talking with residents and staff, was something they enjoyed doing. Residents were engaged in the local community. They attended local hairdressers and went clothes shopping locally. As the residents who lived in the centre were retired, a home-based service was provided to them. There were adequate staffing levels and accessible transport to ensure that residents could go out to do things in the community, as they wished. It was clear from observation during the inspection that there was a good rapport between the residents and staff, with staff chatting with residents about daily living and other local news and changes in the area. Throughout the inspection, residents were seen to be at ease and engaged well with

staff and were relaxed and happy in their home. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering refreshments regularly.

All residents had received a questionnaire from The Chief Inspector of Social Services which had been sent to the centre in advance of the inspection. The inspector received three completed questionnaires. All residents had required assistance from staff or a family member to complete these questionnaires on 'What it is like to live in your home'. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Examples of comments included 'Staff are kind', and 'I am happy with the people I live with'.

In summary, from what residents told the inspector and from what the inspector observed, residents had access to person-centred care and meaningful activities and were well cared for by staff. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

Overall, the inspector found there were good governance and management systems in place, and these contributed to the safe running of the service ensuring residents' needs were met.

The inspector reviewed the previous two unannounced visits of the centre by a person nominated by the registered provider. These visits were carried out by an area manager who was independent of the centre on the 2 April 2024 and the 16 December 2024. The inspector found that an action plan was developed to address areas identified for improvement; for example, ensuring lifting equipment is serviced every six months, and to develop an easy to read version of the annual review. These actions had been completed by the person in charge at the time of this inspection.

An auditing calendar was in place which included audits of fire drills, infection prevention and control, safeguarding knowledge of staff post training, and falls prevention. This oversight was important in making sure the right action was taken to identify trends and learn from adverse events. This meant that residents were protected from harm and there was less likelihood of re-occurrence. However no auditing of the current procedures regarding person centred planning and assessing whether person centred goals were achieved was occurring. The last inspection of this centre was carried out on the 5 January 2024 and was an unannounced inspection to monitor compliance with the care and support of residents in designated centres for persons (children and Adults with disabilities) regulations

2013. The inspector reviewed the compliance plan from this report. One action was required post this inspection regarding ensuring that all schedule 5 policies were reviewed at a minimum of three years. The inspector had been addressed at the time of this inspection. Staff meetings were occurring at regular intervals. The inspector reviewed the minutes of the team meetings from the 25 September 2024 and the 24 February 2025. These meetings had an education and briefing focus where any changes to policies were identified, an update of all residents was discussed. Minutes were available for staff to review who were unable to attend. The person in change had bi weekly meetings with the area manager to discuss and issues in the centre. Regular person in charge meetings were also occurring which the person in charge stated were a great source of 'learning from each other'. Outcomes of HIQA inspections were discussed at these meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration renewal of this centre and found all of the required documentation to support the application to renew the registration of the designated centre has been submitted

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and was responsible for two designated centres which were located in close proximity to each other.The inspector reviewed the documents submitted in relation to the person in charge as part of the application to renew the registration of the centre. This showed that the person in charge had the required qualifications, skills and experience and had completed relevant academic training. This gave them the required knowledge and experience to fulfil the post of person in charge and to meet the requirements of regulation 14. This enhanced the provider's governance in the centre. The person in charge displayed a good knowledge of the process and procedures in place to run a safe quality service.

Judgment: Compliant

Regulation 15: Staffing

The provided had ensured that there were adequate staff on duty to meet the needs

of residents. The inspector reviewed the staff rota from the 10 March to the 6 April 2025 and found that there were three staff on duty during the day and two waking staff on night duty. A consistent staff team supported residents. The inspector spoke with the three staff on duty. They stated that they had worked with the residents for considerable periods of time and two of the staff had worked with the residents in their previous home. Staff displayed a very good knowledge of resident's needs. Staff and the person in charge told the inspector that they had a very low turnover of staff. A nurse was on duty at all times. Staff were observed to be responsive to any requests from residents. The inspector noted that there were some compliments recorded from families on the quality of care delivered to residents.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix was maintained which included details of when staff had attended training. The inspector reviewed the staff training records with the assistance of the person in charge since January 2024 which was the time of the last inspection of this centre. There was a colour coded system in place where you could easily track if all staff training was up to date or what staff required refresher training. All staff had up to date mandatory training. The inspector found that where refresher training was required, training was booked for staff to attend. In addition to mandatory training, staff received training related to the specific needs of residents; for example, safe management of epilepsy, safe administration of medication, and the speech and language therapist had completed training for all staff on modified diets. Staff had access to a formal programme of staff supervision and performance management.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established a directory of residents . The inspector reviewed this directory and found that it was up to date and included the information required under Schedule 3 of regulation 19.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted a copy of the current insurance for the centre as part of the application to renew the registration of the centre. This was reviewed by the inspector and was found to be in compliance with the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that effective governance and oversight arrangements were in place which resulted in the needs of residents being met and ensuring a safe, quality, rights-based service was delivered to residents.

As part of the management structure, there were clear lines of accountability. Staff were aware of who to report incidents or concerns to. This ensured that the provider and person in charge were aware of any concerns that may have a negative impact on residents. Audits were completed to ensure the systems developed were fit for purpose and, where any omissions were identified, a corresponding corrective action plan was developed and enacted by the person in charge to ensure improvements were enacted; for example, a quality of life audit identified that residents would like a water feature in the garden and this was in the process of being developed. Audits were completed of the knowledge of staff with regards to safeguarding. This assured management if any safeguarding issues were occurring these would be recognised by staff and reported to appropriate personnel for investigation ensuring residents were protected.The inspector reviewed the previous two unannounced visits of the centre by a person nominated by the registered provider. These visits were carried out by an area manager who was independent of the centre on the 2 April 2024 and the 16 December 2024. The inspector found that an action plan was developed to address areas identified for improvement; for example, ensuring lifting equipment is serviced every six months, and to develop an easy to read version of the annual review. These actions had been completed by the person in charge at the time of this inspection.

An auditing calendar was in place which included audits of fire drills, infection prevention and control, safeguarding knowledge of staff post training, and falls prevention. This oversight was important in making sure the right action was taken to identify trends and learn from adverse events. This meant that residents were protected from harm and there was less likelihood of re-occurrence. However no auditing of the current procedures regarding person centred planning and assessing whether person centred goals were achieved was occurring. The last inspection of this centre was carried out on the 5 January 2024 and was an unannounced inspection to monitor compliance with the care and support of residents in designated centres for persons (children and Adults with disabilities) regulations 2013. The inspector reviewed the compliance plan from this report. One action was required post this inspection regarding ensuring that all schedule 5 policies were reviewed at a minimum of three years. This action had been addressed at the time

of this inspection. Staff meetings were occurring at regular intervals. The inspector reviewed the minutes of the team meetings from the 25 September 2024 and the 24 February 2025. These meetings had an education and briefing focus where any changes to policies were identified, an update of all residents was discussed. Minutes were available for staff to review who were unable to attend. The person in charge had bi weekly meetings with the area manager to discuss and issues in the centre. Regular person in charge meetings were also occurring which the person in charge stated were a great source of 'learning from each other'. Outcomes of HIQA inspections were discussed at these meetings

Staff spoken with said that they wanted to ensure that residents were happy and the service provided should ensure this. The person in charge spent two to three days in the centre and said she interacted with residents and observed staff to assure herself that a safe quality service was delivered to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed two residents' contracts of care and found they were signed, were up to date, included fees to be paid, and services to be delivered. There were no vacancies at the time but the person in charge explained to the inspector that, if they had a vacancy, a detailed transition plan would be developed taking into consideration the current residents' care and well-being. An admissions policy was available. All residents and their families would be facilitated to visit the centre prior to deciding if they would like move in. An easy to read version of their contract was available to each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) had been prepared in writing and was submitted by the registered provider as part of the application to renew the registration of this centre. The inspector reviewed the SOP which accurately reflected the service provided and contained all of the information as required by regulation 3 and schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed notifications which the provider and person in charge had submitted and noted these were relevant notifications as specified by the Chief Inspector. These notifications had been submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place and this was prominently displayed in the centre. The inspector reviewed the complaints log since the last inspection in January 2024 and no complaints were recorded. The person in charge told the inspector that they remind relatives and significant others at the time of the annual review of the complaints policy and their right to make a complaint if they wish.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policies required to be in place by the provider under the regulations. At the time of the last inspection, while all policies were in place, some had not been reviewed in the previous three years. This action had been addressed. At the time of this inspection, the inspector found that this action had been addressed and all of the required policies were available at the centre ensuring that staff knowledge was kept up-to-date and informed care and support practices.

Judgment: Compliant

Quality and safety

The inspector found that this this centre provided a safe quality service to residents. However, one area that required review included better recording of the decision making process as to how goals for residents were identified and progression and regular review of these goals. The inspector observed friendly, good natured and humorous interactions between staff and residents. This enhanced the homely atmosphere. The systems in place ensured that residents' voices were sought and listened to and they were actively involved in their day to day choices in the centre. A weekly voices and choices meeting was held to discuss the activities , the menus and general household issues. The inspector observed that staff had non verbal cues

to assist residents st these meetings, for example pictures of menus. There was evidence that residents' needs were being met through good access to meaningful activities both in the centre and in the community. Residents For example one resident had attended Knock on the day of inspection and told the inspector they enjoyed this. Healthcare needs were met to a high standard and there was evidence that residents had timely access to services as required. Residents had access to health and social care staff such as behaviour support services, mental health services, speech and language therapy and physiotherapy. Some goals were identified which included attending local events, going on day trips. However while goals were identified the goals were similar for all residents. Additionally there was poor recording of the progression of the goals even though the policy stated that goals would be reviewed at three monthly intervals. Also where a resident had not achieved a goal due to recent inclement weather an alternative goal was not identified.

The inspector reviewed the training records for all staff employed in the centre for the past two years and found that all staff had undertaken training in safeguarding. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. Staff spoke with stated they were confident if they reported a safeguarding concern to any of the management team this would be investigated and residents would be protected. Staff had completed training in managing behaviours of concern. This meant that staff had the knowledge and skills to support residents in a person centred way to manage their behaviour.There were systems in place to ensure risks were identified, assessed and managed within the centre. All incidents were reviewed by the person in charge and a triage meeting was held with the area manager twice weekly to discuss any incidents. If a serious incident occurred it would immediately be discussed with the area manager and escalated to the registered provider as appropriate. Where risks to residents were identified, there were corresponding care plans and protocols in place detailing controls in place to mitigate these risks. This meant that there was a co-ordinated approach to the management of risk and the care and support provided. The provider had arrangements in place to reduce the risk of fire in the designated centre. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans. These were resident specific to ensure the safety of each resident. Fire exits were clearly marked and the inspector spoke with the person in charge and the three staff staff regarding fire safety. All staff on duty were aware of which exits they would use depending on where the fire occurred. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire safety training

Regulation 11: Visits

The provider had an open visiting policy in place to facilitate each resident to receive visitors in accordance with the resident's wishes. Suitable communal facilities were

available by way of the second sitting room to receive visitors. Residents had contact with family members but most communicated by phone with their loved one or with staff enquiring about their loved one.

Judgment: Compliant

Regulation 17: Premises

The inspector reviewed the premises and found they were laid out to meet the needs of the residents and provided a comfortable home to residents. The building was decorated to a good standard and was homely, clean and pleasant. Rooms had good light and residents had access to a second sitting room which they could use to listen to music or to have some visitors. Comfortable chairs were available in the dining cum sitting room and in the second sitting room. Residents had access to a rear garden which was accessible from the back door. Each resident had their own personalised bedroom and there were adequate accessible wet room style large shower and toilet facilities in close location to the bedrooms. This assisted to maintain the privacy and dignity of residents as they required to use the communal corridor for short distances. The centre was future proofed to assist the changing needs of residents. All bedrooms had a tracking hoist. The house was accessible with level entry front and back doors. The corridors were sufficiently wide to accommodate mobility assistive devices.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were well managed. Nutritional care plans were in place which provided guidance to staff on the specific nutritional care needs of each resident. All residents in the centre at the time of the inspection had specialist nutritional care needs. The inspector spoke with the staff regarding the specific needs of each resident and staff showed a good understanding on the importance of following the guidelines to ensure staff were safe. Fresh meals were prepared daily and the inspector observed that residents were happy with the meals provided and were involved in menu planning.

Judgment: Compliant

Regulation 20: Information for residents

The provider had submitted an up to date resident's guide as part of the application to register. The inspector reviewed this document and found that the provider had ensured that residents and their representatives had access to a resident guide in accordance with the regulations. The guide clearly informed them of the care and support they would receive. It included all regulatory requirements including residents' right to make a complaint, be involved in the day-to-day running of the centre, and how to access inspection reports about the centre. It was available in an easy to read version to assist with resident understanding.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to identify and mitigate risks to residents. The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The centre was well maintained and custom built to support the current residents which assisted with risk management. The staffing levels sanctioned by the provider also contributed to the safety of residents. Risk management arrangements in place at the centre ensured that risks were identified, acted upon to safeguarded residents from harm. The inspector spoke with the person in charge regarding the risk register. On reviewing the register the inspector found that risks were identified with controls in place to mitigate the risks. The register was reviewed regularly and the most recent review was in March 2025. A risk management policy was also in place to lead and guide staff on good risk management practices.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean and clutter free which assisted with ensuring all areas were clean. Furniture was easily cleaned. The provider had ensured that there was good infection and control measures in place and staff were noted to wash their hands regularly and gloves and aprons were available. A contingency plan was in place and comprehensive infection and control policies were available to inform staff on best practice. All staff had undertaken training in infection prevention and control and quarterly audits were completed relating to infection prevention and control in the centre. The inspector reviewed one of these audits and found a good level of compliance was recorded.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the residents. Exits were clearly identified. Fire extinguishers were serviced annually. All staff had training in fire safety. Personal emergency evacuation plans (PEEPS) were in place and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required. Records of fire drills including night time drills were available for review. The effectiveness of the PEEP was reviewed after each fire drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans. These provided a good assessment of resident's needs and annual reviews were occurring, but there was poor evidence of maximum participation of each resident and recording of the decision making process as to how goals for residents were identified as these were not person centred in nature and were very similar for both residents. Additionally the progression of goals was poorly recorded, and while the policy stated that they should be reviewed at three-monthly intervals, this was not occurring. The inspector noted that, where a resident was unable to complete a goal due to poor weather conditions, no alternative goal was recorded to ensure the resident was not disadvantaged. The inspector could see from observations on inspection, talking with a resident, and from daily records of residents activities that residents had access to meaningful activities and had a good quality of life.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors review of two personal plans found health needs of residents were well managed. There was good access to a range of health and social care specialist advice. Good person-centred health assessments were completed; for example, nutritional care and epilepsy care. Records of attendance at allied health professionals and the general practitioner was recorded and the rationale for same was well documented. Regular blood analysis was completed by the general practitioner Each resident had a comprehensive annual medical completed by their general practitioner. Residents were facilitated and supported to avail of health screening programmes appropriate to their age; for example, breast screening or

bowel screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector spoke with the person in charge regarding the management of positive behavioural support plans. There was one behaviour support plan in place, at the time of this inspection which was reviewed by the inspector. This had been last reviewed by the behaviour specialist and the person in charge on the 10 March 2025. The inspector found that the plan clearly outlined proactive and reactive strategies that were person-centred to support the resident. Restrictive practices were in place in the centre. These were generally in place on the recommendation of medical advice and where a risk assessment had been completed. The inspector reviewed the daily log of all restrictive practices in place. This detailed all restrictive practices in place and the time lines they were in place for. Most were in use at night time hours and included bed rails. One resident was using some restrictive clothing during night time hours and this was reviewed regularly by the behaviour support specialist and at multi-disciplinary team meetings. There was evidence available that staff had discussed reducing this practice but a consensus opinion was that a more restrictive invasive practice would have to be enacted to remove this option given the risks associated with removing, so it was deemed the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place at the time of this inspection and the inspector did not observe any safeguarding issues throughout the inspection . The registered provider and person in charge had implemented systems to safeguard residents. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. A policy on safeguarding residents was available which all staff had read. Details of the designated officers were clearly displayed in the centre. The provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clarefield Service OSV-0007181

Inspection ID: MON-0038029

Date of inspection: 20/03/2025

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 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Team meeting held in the house to discuss actions required following inspection.

Further guidance sought on the development of goals, particularly for residents with higher dependency levels.

Review ongoing of all recording systems for goals, this includes the development of the goal and the actions within the goal.

Each resident is being supported to review their goals, residents are now focusing on overarching goals which have a number of goals within the overarching goal. This also allows for stronger documentation of the residents regular involvement within their local community. Documentation is included on how the resident was supported to formulate their goals.

Each resident now has a scrap book in place, where photographs are used to document their goals being achieved. In the event a goal is not achievable for the resident due to external circumstances, the resident will be supported with an alternative.

All actions to be completed by 31/05/2025

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 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2025