



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

Issued by the Chief Inspector

Name of designated centre:	Clochán Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0040847

About the designated centre

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

Clochan Services supports six male and female adults with intellectual disabilities, who may present with other needs, such as physical needs. This service is a combination of full-time residential and respite care. Clochan Services is a two-storey house with a garden in a residential area on the outskirts of a rural town. The house is centrally located and is close to the town amenities. All residents in the centre have their own bedrooms. The physical design of the building renders parts of it unsuitable for use by individuals with complex mobility needs or wheelchair users, although residents with physical disabilities can be accommodated on the ground floor. Residents are supported by a staff team that includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep there at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 July 2023	08:30hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on non-compliances identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The centre had a capacity for six residents and there were three full-time residents at the time of inspection. The centre also provided respite and there were six identified residents who availed of respite with generally one-to-two respite users attending at any one time. Full-time residents had their own bedrooms and there were identified respite rooms. One full-time resident had planned breaks at home and they allowed their room to be used for one identified respite user when they were not in the centre.

The centre had a very pleasant atmosphere and the inspector met with three residents throughout the course of the inspection, two of which were full-time and one respite user. The respite user was preparing to go home to their mother after a short break in this centre and they sat and chatted with the inspector for a period of time. They explained that they really enjoyed coming to this centre and that staff were really nice. They chatted about how they enjoyed the breaks but they also loved going home. They explained that they enjoyed going out with staff to the local town but they also enjoyed relaxing in their room. They spoke highly of the food which was cooked in the centre and they joked that they were well able to make light snacks and meals in their own home but they liked when staff made them a sandwich or a cup of tea in this centre.

One full-time resident also chatted separately with the inspector for a period of time. They sat and spoke freely and they explained that they normally went to their respective day service each morning. They said that they liked going to their day service and that they had lots of friends there. They spoke highly of the designated centre which they considered their home and they also spoke highly of the staff team who supported them. They talked about how they generally like relaxing in the centre during the week as they could be tired but they loved going for a meal at the weekend with the other residents. They explained that this was something that they did every week and everyone looked forward to it. They explained that they had plenty of other opportunities to get out and about during the week but generally they preferred to meet up with a friend for lunch or engage in mini activities such as going for a drive, walk or to the local shop. They also discussed that their family was very important to them and that they had their own phone which they used to chat to loved ones who lived abroad.

The remaining resident normally attended day services; however, they were recuperating at home following a recent fall which occurred while on an outing with their day service. As a result, they had received a fracture which required additional supports with their mobility for a number of weeks. They explained to the inspector

how the fall had occurred and how something like this had never happened before. They discussed how staff had been really good to them since their accident and that they were looking forward to returning to their day service. On the day of inspection an occupational therapist attended the centre to assess equipment which had been acquired for this resident which would promote better community access and also facilitate their return to day services. The resident was delighted to tell the inspector that occupational therapist was very nice and gave him some good news as they would be back to their day services in the days subsequent to the inspection.

The centre was very homely and it was undergoing extensive internal renovations at the time of inspection. Since the last inspection the kitchen had been modernised and which gave an open plan area a bright and pleasant feel. Some of the residents' bedrooms had dated fitted wardrobes removed and new modern furniture was on order. There was also extensive painting planned which would brighten both communal and personal areas.

Residents had good access to their local communities and they were out and about on a daily basis. Residents enjoyed going for coffees and meeting up with friends and also going out as a group for dinner at the weekends. Residents also enjoyed going to concerts and going to local public houses to listen to live music. A resident who met with the inspector also explained how they had recently gone on a hotel break in Westport which they really enjoyed. Throughout the morning of inspection the inspector observed staff and residents interacting in a warm and caring manner. The respite user often referred to a staff member for reassurance in relation to them going home and also in regards to their having their possessions packed.

In general, the inspector found that day-to-day life was pleasant for residents; however, this inspection did highlight issues in regards to the compatibility which impacted upon the quality of care provided to both full-time residents and some respite users. In addition, the inspector also found that the provider had not sufficiently responded to this issue. These concerns will be discussed in the subsequent sections of this report.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23 Governance and management, Regulation 15 Staffing, Regulation 14 Person in Charge, Regulation 5 Individualised assessment and personal plan, and Regulation 26 Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a regulatory compliance plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this regulatory compliance plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in

the registered centres. These regulations were reviewed in this inspection and this report will outline the findings found on inspection.

The inspection was facilitated by the centre's person in charge who had a good understanding of the service, residents' needs and also of the resources which were in place to meet these identified needs. The person in charge was aware that the Office of the Chief Inspector had engaged with the provider entity in regards to the management and delivery of care in centres which they operated and that concerns were raised in relation to the quality and safety of services which were provided to residents.

The provider had outlined to the Office of the Chief Inspector a number of governance measures with the aim of bringing centres which they operated back into compliance with the regulations. One of these measures was increased local oversight with a range of internal audits scheduled to occur. Although this schedule of audits had not commenced at the time of inspection the person in charge was aware of their purpose and they outlined how they would improve the day-to-day oversight of care. The person in charge was monitoring some care practices such as fire safety, medications and personal planning and it was clear that they were committed to the delivery of a good quality service.

The provider had completed all required audits and reviews as stated in the regulations. In response to issues which had been raised by the Office of the Chief Inspector the provider had implemented a quality enhancement plan in this service and utilised inspections, both internal and external, to guide where improvements were needed. The person in charge had made good progress in addressing highlighted issues; however, the inspector found that significant improvements were required in regards to this process. For example, there had been an ongoing compatibility issue which this enhancement plan failed to acknowledge or seek to address. This concern been raised through the centre's incident reporting system and it had also been risk assessed but there had been little progress in its resolution. Although there were plans in place to alter the centre's accommodation with the intention alleviating the situation, this compatibility concern remained unsolved on the day of inspection. In addition, this inspection also found that improvements were required in regards to determining the assessed needs of residents and also in relation to addressing an ongoing compatibility risk.

Staff who were working in the centre on the day of inspection had a pleasant approach to care and they also had a good knowledge of residents' collective care needs. They also spoke confidently about the operation of the centre including the provision of respite including the required adjustments to the centre's rota when respite was offered for some residents. They also highlighted that the recent improvements in regards to the out of hours management support was welcomed and they outlined how this system operated and which senior manager was on-call over the coming weeks. The provider had also responded promptly to the increased needs of one resident who had received an injury and was recuperating in the designated centre. Additional staffing resources had been deployed in the the both during day and night-time hours which was in line with the resident's wishes to

remain in their home while they were recovering.

Overall the inspector found that care was generally held to a good standard and that full time residents had good community access. However, the governance and management arrangements in this centre required improvements to ensure that compatibility issues were addressed and that the centre's quality enhancement plan took into account relevant information in regards to incidents and active risk assessments in the centre.

Regulation 14: Persons in charge

The person in charge was in a full-time role and they met the requirements of this role as stated in the regulations. They held responsibility for the day-to-day management of the centre and they had protected managerial time to fulfill their duties.

The person in charge was based in the designated centre which they attended as part of their duties. They had a good understanding of the residents' collective care needs and both residents and staff said that they could go to her if they had any concerns.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly highlighted that the staffing allocation was based on the needs of residents and altered throughout the month when respite was offered. The provider had also temporarily resourced the centre with additional staff to facilitate the recuperation of a resident who had sustained an injury.

In addition, staff attended for regular supervision and scheduled team meetings were occurring which assisted staff members to raise any concerns they may have in relation to care practices.

Judgment: Compliant

Regulation 23: Governance and management

Robust governance and management arrangements assist in ensuring that residents receive a good quality service and that the care which is provided is maintained to a

satisfactory standard at all times. Internal review and audit mechanisms are an essential aspect of governance with comprehensive implementations of these mechanisms assisting in ensuring that the quality and safety of care is held to a good standard. However, this inspection highlighted that a compatibility issue had not been addressed and also that information in relation to risks and incidents had not been considered as part of the centre's quality enhancement plan.

In addition, the provider's assessment of resident's individual needs required review in relation to determining the assessed staffing requirements for the operation of the centre. The person in charge had completed a recent staffing assessment which determined that the centre was grossly understaffed; however, they had not received any training in completing this assessment and the findings of this inspection were not wholly in line with the assessments outcome.

Judgment: Not compliant

Quality and safety

The inspector found that residents enjoyed a good quality of life and they were actively supported to access their local communities. They enjoyed a good social life and residents reported that that were nice and they could go to any staff member if they had a concern. However, this inspection highlighted improvements were required in regards to assessments of need and also in relation to risk management.

Personal planning is an integral aspect of care, with effective personal planning outlining each resident's personal, social and healthcare needs. A review of personal plans highlighted that they were regularly reviewed and they gave a clear outline of residents' preferences in relation to care. Residents were also supported to identify and achieve personal goals in relation to hotel breaks and various outings. Residents in this centre recently had an assessment of need completed on their behalf which had been completed by an allied health professional with the assistance of the centre's person in charge. The person in charge outlined that this was the first stage of this process and that they had recently completed the second stage which was determining any current or future resource deficits. However, the person in charge had not received training in completing this additional assessment and the outcome of this assessment found significant deficits in terms of the staffing allocation but this was not in line with the findings of this inspection. Although reassessing the residents' needs was a positive approach to the delivery of care, the process which was employed by the provider required additional adjustments and oversight to ensure that these assessments were accurate.

The person in charge maintained oversight of safety measures in the centre which included the monitoring of incidents and risks. The provider had a system in place for reporting and responding to incidents and the person in charge held responsibility for the initial triage of incidents for any potential impact on residents

or the provision of care. From the review of incidents the person in charge identified a compatibility issue and an associated risk assessment was implemented and referred to the provider. Although this was a positive example of identifying and escalating risk, improvements were required as there was no feedback to the centre in terms of actions taken to address the issue or plans to alleviate these compatibility concerns.

Overall, the inspector found that residents had good access to their local community and in generally enjoyed their time in the centre; however, a compatibility issue detracted from the overall lived experience of full-time residents and some respite users.

Regulation 26: Risk management procedures

Effective risk and incident management procedures are essential aspect of safety and promote the wellbeing and welfare of residents. Although risk assessments were in place, improvements were required as there was no feedback to the centre in terms of actions taken to mitigate against the identified risk or plans to alleviate compatibility concerns.

Responding to incidents is a critical function of the provider. The provider had a incident reporting system in place and a review of information indicated that all incidents had been recorded and responded to by the centre's person in charge.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal planning is central to the quality of care which residents receive. Robust assessments of need assist in determining the residents' requirements to live a fulfilling life and examines key areas in regards to their health, social and personal well being. Each resident had an "all about me" assessment of need in place on the day of inspection which outlined residents' care needs.

While the "all about me" assessment of need was in place and in use on the day of inspection, additional assessments of need were recently completed in this centre to assist in determining both current and future resources in terms of staffing. Although this was a proactive measure, the person in charge had not received any training in their completion and their outcome was not in line with the findings of this inspection.

Judgment: Substantially compliant



Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0040847

Date of inspection: 12/07/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A compatibility issue has been identified with a respite service user and the following actions have been implemented to manage the compatibility with other services users in the house</p> <ul style="list-style-type: none"> • Staffing Levels have been reviewed by the Person in Charge and the Area Service Manager. The respite service user has 1:1 staffing in place when in respite • An extended day service is available with 1:1 staffing, when in respite service. • Transport has been made available to support community activities of choice with the 1:1 staffing to the individual when receiving respite. There will be a second bus available to accommodate the remaining service users effective from 15th October • In addition, a room has been identified within the house which will accommodate the respite service user to have an additional space for activities. <p>A review of the reporting system for incidents and identified risks has been integrated into the Quality Enhancement Plan.</p> <p>The person in charge is responsible for ensuring that there is adequate staff on the roster to the meets the needs of the residents in the Clochan Services.</p> <p>The document which contained projected staffing levels in the event of changing needs has been removed from circulation and is no longer a working document in Clochan Services with immediate effect.</p> <p>Date completed; 31st July 2023</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Risk management training was delivered by an external training organization to the current person in charge on 21st April. • Risk awareness training will be carried out with all staff in Clochan services on 4th September. • The person in charge will review the centre risk register on a monthly basis or more frequently where evidence of increased risk or other changes arises . • The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk assessment is required. • The top five risks identified are forwarded by the Person in Charge to the Quality and Compliance department on a monthly basis, this is reviewed and circulated to the Area Service Manager. Area Service Manager will review the top five risk with the person in charge and ensure the necessary controls are in place to manage same. • Where a risk is identified that is unable to be managed in the service, the Area Service Manager is informed by Person in Charge, a review meeting is arranged, and this is carried out in consultation with Quality and Compliance Department. Additional controls required will then be agreed and implemented and if required, the risk is escalated to Senior Management team by the Area Services Manager <p>Date completed. 21st August 2023 and 4th September 2023</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The document 'My support needs assessment' is now removed from resident files with immediate effect. • My All About Me Assessment document is an existing Ability West document which is completed by the Person in Charge and the Keyworker. This document reflects the needs of the service user. Changing Needs are reflected in the 'All About Me' assessment. All assessments are reviewed no less than annually or when required as identified through any change in the current needs of the service user, done through the identification of trends or review of incident management. The 'All About Me' Assessment of needs reflects the current needs of the service user. 	

- The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.
- The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate

Date completed: 21st August 2023

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/10/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	04/09/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	21/08/2023

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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