



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

Issued by the Chief Inspector

Name of designated centre:	Clochatusce Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0030565

About the designated centre

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

Clochatuisce Services is a designated centre run by Ability West. The centre comprises of one large bungalow which provides full time residential care for up to six male and female residents, over the age of 18 years with an intellectual disability. Clochatuisce can provide accommodation for those with a range of medical and physical needs. The centre is located on the outskirts of Galway city and is located near local public transport services and amenities. Each resident has their own bedroom with access to a shared shower room. Each resident bedroom has overhead hoisting and includes double doors for emergency exit. There are shared communal areas and a garden space which is wheelchair accessible. The centre has it's own mode of transport to support residents to access community based activities. Clochatuisce Services has a team of staff who are on duty both day and night to support residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 - 2015 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 15 October 2020	10:05hrs to 16:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Due to the COVID-19 pandemic, the inspector spent some time in one area of the house reviewing documentation and meeting with the person in charge and staff that were working on the day. Later in the day, the inspector met with one resident and observed two other residents while adhering to the public health guidelines of wearing a mask and social distancing. The inspector was informed that one resident was at home visiting family on that day.

The inspector met and spoke with one resident in their individual living room in the house. The resident spoke briefly with the inspector showing them some personal items that they were carrying. They told the inspector that they were going out to the shops to buy something for themselves. They spoke about what they were watching on television and engaged with the inspector briefly on their own terms. The resident had recently moved into the centre, and when asked if they liked living in the centre, the resident responded that they did. The resident was observed to be supported by staff in line with their personal plan and appeared comfortable in their environment.

Towards the end of the inspection the inspector observed two residents relaxing in their living room area watching television. The inspector was told that two other residents were having a rest in their bedrooms and was informed that this is something that residents like to do during the day.

The inspector was informed that residents were not attending their usual day service at present due to the COVID-19 pandemic, but were supported during the day by familiar staff from their day service. The inspector also spoke with staff during the inspection who told the inspector what activities the residents were engaging in during the pandemic. This included activities in the house such as; sensory activities, art, massages and using the Jacuzzi bath. Residents also engaged in community based activities such as drives, walks, shopping and getting take-aways.

During the course of the inspection, the inspector observed that one resident was vocalising loudly in what appeared to be an angry manner for a period of time in the morning, and at times during the day. Staff were noted to be supporting the resident in line with the behaviour support plan in place, by use of a low arousal approach and distraction techniques. The inspector noted through a review of documentation, discussions with staff and observations on the day that this behaviour occurred regularly. The inspector was informed that the impact of this behaviour on other residents was minimised due to the resident having their own rooms in the house to occupy, and also by closing doors between areas of the house to reduce the possible impact of the noise. It was noted however, that the resident's individual living room was on the same corridor as all other residents' bedrooms, which could impact on other residents' quiet enjoyment of their home. Staff spoken with said that it was possible that this could impact on some other

residents at times, but that the resident who displayed the behaviours of concern generally went out in the community in the afternoon when other residents were resting.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to follow up on risks that had been identified through the submission of information to the Chief Inspector of Social Services as part of the person in charges' regulatory requirements.

There was a good organisational structure in place with clear lines of accountability. However the inspector found that the governance and management systems required improvements to ensure that the service provided ensured a good quality and safe service for residents at all times. It was found that the oversight and monitoring by the person in charge and provider required strengthening, so that possible issues which could impact on the quality of care provided could be identified and addressed in a timely manner. Specific improvements were required in the admissions process, residents' rights and risk management. These will be discussed in more detail throughout the report.

The centre was a purpose built centre which provided accommodation for residents with a range of disabilities. Most residents were wheelchair users, non-verbal and relied on staff for most of their personal care. There was a new admission to the centre in July. As part of the planning process for this resident, Clochatuisce services was identified and assessed as being appropriate and safe for the resident due to their changing physical needs. The inspector reviewed clinical reports where it was documented that the new admission had a low tolerance for other residents, and recommendations were made that an individualised living arrangement with minimal exposure to other residents would be most suitable for their individual needs. Through a review of documentation and discussions with staff it was found that the assessments regarding the suitability of service focused primarily on the physical environment, and the inspector was informed that it was felt that the layout of the environment would ensure compatibility with others as the resident would have their own rooms within the centre. The inspector noted that during the planning stages in June that a member of the multidisciplinary team requested that a full risk assessment be completed with regard to environmental and interpersonal triggers due to possible safeguarding risks. In addition, the statement of purpose for the centre stated that for any new admission that compatibility would be assessed with the current residents. However, there was no evidence that a comprehensive review to assess compatibility between residents had been completed prior to admission, nor had a risk assessment been carried out regarding the possible safeguarding risks that had been highlighted.

There was a policy and procedure in place for access to services including

admissions and transfers, which included the requirement for an assessment of needs to be completed prior to a new admission and also referenced the use of a specific transition document which detailed areas for consideration during the transition process. However the inspector found that while an assessment of needs had been completed, the specified document in relation to the transition stages had not been completed. This meant that some steps in the transition process had not been followed up in line with the policy, such as consultation with residents and families. In addition, the procedure stated that for any new admissions to a centre that the 'incumbent service-users are to be consulted in a timely manner'. While the inspector found that the new admission was consulted prior to admission, there was no evidence that there had been consultation with the existing residents and their advocates/families.

The person in charge was appointed to the centre in June of this year, and had responsibility for one other designated centre which was located nearby. She was found to be suitably experienced and qualified for the role. She was supported in her role by a team leader who was in this role since June. There was a system in place for internal auditing of the centre to include medication audits, incident reviews and health and safety related issues.

The centre was staffed with a mix of social care workers and care assistants and was found to be suitably resourced on the day of inspection. A resident that required one to one support had staff supports in place. There was both waking night and sleepover staff in place to support residents during night hours. There was a planned and actual rota in place which demonstrated that residents were supported by a regular team of staff to ensure continuity of care. Staff spoken with said that they felt well supported in their role and could raise concerns to the management team, if required. Staff were supported to fulfil their role and support residents by training in areas such as hand hygiene, management of behaviours and safeguarding. Regular team meetings occurred, where a range of topics relating to residents' care and welfare were discussed.

The provider ensured that an annual review of the quality and safety of care and support in the designated centre was completed in line with regulations. The most recent annual review and associated quality improvement actions were in draft form, and the person in charge stated that she was awaiting feedback from families and residents to finalise it. Unannounced provider audits occurred every six months as required by regulations. However, the inspector found that the most recent provider audit that occurred in mid July and in which the area of residents' rights, dignity and consultation were reviewed, failed to identify the developments that were ongoing at the time such as the transition of a new resident to the centre. Therefore, the monitoring and oversight by the provider failed to identify potential areas for improvement and failed to identify that the required risk assessments and compatibility assessments had not been completed in line with procedure.

Regulation 15: Staffing

The centre was found to be well resourced to meet the needs of residents on the day of inspection. A planned and actual rota was in place which demonstrated that there was consistent staff working in the centre to ensure continuity of care for the residents. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in order to support them in their role and to ensure ongoing professional development. Staff spoken with said that they felt well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and monitoring systems required review to ensure that risks were appropriately identified and assessed, and that the procedure in relation to admissions to the centre was adhered to in order to promote the safety and rights of residents at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the process for admissions to the centre were not followed in line with the organisation's procedure and as detailed in the centre's statement of purpose. Possible compatibility issues and safeguarding risks, in addition to consultation with residents and their families had not been adequately assessed and completed.

Judgment: Not compliant

Quality and safety

Overall the inspector found through a review of documentation and discussion with staff, that residents were well cared for and had support plans in place for assessed needs. Staff spoke about residents in a caring and respectful manner and demonstrated knowledge about residents' individual needs and how to best support them. However, the inspector found that improvements were required in the pre-admission assessments to ensure that the admissions procedure and statement of purpose were adhered to, which would further enhance all residents' rights, safety and the management of risks in the centre.

Residents that required supports with behaviours of concern had comprehensive support plans in place, which had a multidisciplinary input and were reviewed as required. The plans detailed specific strategies to support residents and aimed to ensure that any possible impact of behaviours on other residents were minimised. Staff had received training in the management of behaviours, and staff spoken with demonstrated an awareness of the strategies required to support residents. In addition, staff were noted to be supporting a resident with behaviours of concern in a low-arousal manner, as outlined in their individual plan.

Staff had undertaken training in safeguarding and staff spoken with were knowledgeable about what to do in the event of a safeguarding concern. The person in charge ensured that a review of incidents occurred, and a recent safeguarding plan had been implemented for one resident due to a pattern of incidents that was identified. Staff demonstrated knowledge about the measures contained in the safeguarding plan, and about how to support all residents involved. However, the rights of a resident to move around the centre independently was impacted due to safeguarding concerns. For example, the safeguarding plan stated that the resident likes to be free to move around the centre from their bedroom to the living area at their own will, however it was documented that they could no longer do this. It was confirmed through discussions with staff that the resident could move around the centre, but only with staff supporting them now. This meant that residents' rights to make choices about independently moving around their home, which was something that they had previously enjoyed, was now impacted due to safeguarding risks. In addition, the behaviour support plan for one resident detailed the measures to minimise the impact of behaviours on others, which included re-directing other residents to a different area of the house so that they would not be a target for behaviours. This meant that residents may need to be moved from an area of the house that they were occupying, which could impact on their freedom to exercise choice and control in their lives.

The provider had systems in place in relation to infection prevention and control (IPC) including; a COVID-19 contingency plan, personal protective equipment (PPE), availability of hand gels, staff training in hand hygiene and posters regarding IPC measures. A resident spoken with had awareness of measures required to minimise the risks of contracting COVID-19 while out in public and showed the inspector the face covering that they planned to use while out shopping. Staff spoken with demonstrated awareness of infection prevention and control measures and this was observed in practice on the day. In addition, the provider had an emergency response team in place to support and advise in the event of

emergencies, including for outbreaks of COVID-19.

There was a system in place for the identification, management and review of risks in the centre. A centre specific risk register was maintained by the person in charge. Risks that had been identified had assessments in place which contained control measures required to mitigate the risks. However, the inspector found that risk management required some improvements to ensure that all risks identified were assessed in a timely manner, and that the documentation was clear with regard to what the specific risks were. For example, a risk that had been identified prior to a resident's admission to the centre had not been assessed until after the admission, and there were gaps noted in some documentation about what the risks posed were. The centre had emergency plans in place including plans in the event of an outbreak of COVID-19; however the inspector found that this plan contained inaccurate information about what defined an outbreak. While the person in charge stated that the correct information may be contained elsewhere, the inspector found that the documentation of risks and contingency emergency plans required review to ensure that the information was accurate, up-to-date and that the correct information was accessible to all staff.

Regulation 26: Risk management procedures

The inspector found that some risks required review to ensure that the documentation was complete and clear as to what the actual risks were. In addition, the emergency contingency plan relating to the risk of COVID-19 was found to contain inaccurate information about what the definition of an outbreak was.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for infection prevention and control; including staff training, PPE, hand gel dispensers and posters regarding IPC measures. An organisation emergency response team was in place to support in the management of outbreaks of infection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had support plans in place, which had a multidisciplinary input. These plans outlined triggers to

behaviours and detailed how to manage and support residents in different scenarios that may cause residents to display behaviours.

Judgment: Compliant

Regulation 8: Protection

The person in charge ensured that safeguarding procedures were followed with regard to safeguarding concerns. The inspector found that where concerns were identified as a result of incident reviews, that the safeguarding procedure was followed. A sample of team meetings demonstrated that safeguarding was discussed.

Judgment: Compliant

Regulation 9: Residents' rights

One resident who was noted to have enjoyed moving around the centre independently could not do this anymore due to safeguarding concerns. This was noted in the safeguarding plan for this resident and staff confirmed that the resident now required staff support to move between areas of the house to their bedroom due to risks posed in the event of interacting with another resident.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0030565

Date of inspection: 15/10/2020

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The person in charge has undertaken a review of risk within the centre to ensure that all risks have been appropriately identified. Risk register will be reviewed on a scheduled basis and any necessary amendments completed. Person in charge has reviewed the documentation in relation to admissions to the centre to ensure it has been completed appropriately. Future Provider Led Audit processes will identify any potential areas for improvement and the person in charge will inform the auditors of any developments that may be ongoing at the time in the centre, to ensure best practice is followed and any potential deficits identified and remedied.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The transition document which had not been completed prior to and following admission will be completed in full by 30.11.2020. Discussion had taken place with Residents regarding a new admission and this information has been logged in their files. Families of residents have been given updates on new admissions to the centre. Possible compatibility issues and safeguarding risks are kept under close continual review to ensure that any issues arising do not impact on the quality of care and support of residents.	

Behaviour support plans, risk assessments and safeguarding plans continue to be reviewed on a scheduled basis by appropriate multidisciplinary teams and updated to ensure risks are mitigated against, to protect residents and guide staff in the delivery of appropriate safe care to all residents.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The risk register has been reviewed and updated to ensure that the documentation in relation to any risk in question is complete and clear as to what the actual risks are, and mitigating actions in place to minimise such risk.

The emergency contingency plan relating to the risk of COVID-19 has been updated to ensure it guides staff as to the most accurate information about what the definition of an outbreak is. All updates received from Registered Provider will be printed and available for staff to review. Person in Charge will also disseminate any new information to staff at team meetings.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Safeguarding Plans and Behaviour Support plans will be reviewed by appropriate multidisciplinary team members and person in charge to ensure that any actions recommended will minimise any impact on residents rights to exercise choice and control in their lives.

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.	Substantially Compliant	Yellow	12/11/2020
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	30/11/2020
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the	Substantially Compliant	Yellow	30/11/2020

	need to protect residents from abuse by their peers.			
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	12/11/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/11/2020