



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:	Unannounced
Date of inspection:	05 January 2024
Centre ID:	OSV-0007181
Fieldwork ID:	MON-0042452

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. Here, 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
--	---

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
Friday 5 January 2024	11:15hrs to 16:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who were present in the centre on the day of inspection. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The centre consisted of one house and was centrally located close to a busy town, which gave residents good access to a wide range of facilities and amenities. The centre was designed and equipped to meet the specific needs of the people who lived there and provided them with a safe and comfortable living environment. The centre was domestic style, spacious, comfortably furnished and decorated with photographs, artwork and picture displays. Some features of the building enhanced the levels of safety and comfort for residents. For example, there were several fully-accessible bathrooms available to residents, specialised beds were provided and overhead hoists were fitted in as required in the centre. There was a well-maintained and accessible garden for residents to use.

The inspector met with two residents who were in the centre at the time. One of the residents did not have the verbal capacity to communicate with the inspector and the other resident was absent from the centre at the time, and one resident spoke with the inspector about their life there. This resident said they were very happy living in this house. They also said that they liked going out shopping and for outings and that they did this with staff when they wanted. The resident spoke about enjoying going out on the bus and was happy to be doing this on the day of the inspection, as they were going to visit another town for shopping and coffee.

The resident told the inspector that they got good food in the centre and always enjoyed the meals provided by staff. Staff explained and showed the inspector the techniques that were being used to offer residents choices around their meals. Staff prepared meals that residents liked, at the times that suited them. During the inspection, staff prepared a freshly cooked main meal at lunchtime. The meal looked appetising and nutritious, and residents clearly enjoyed it.

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 themselves and between residents and staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of 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 meals and refreshments to suit their needs and preferences.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to the centre's operational policies was required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who visited the centre frequently and was very knowledgeable regarding the individual needs of each resident. There were effective arrangements in place to support staff when the person in charge was not on duty. The person in charge worked closely with staff and with the wider management team. There were clear management arrangements in place to support staff when the person in charge was not present.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. An audit schedule was in place for 2024, and auditing had commenced as planned. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and frequently updated. A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, provided for consultation with residents and or their representatives and gave rise to an improvement plan with realistic time frames for completion.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe, clean and comfortable environment, wheel-chair accessible transport, access to Wi-Fi, television, assistive equipment, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy and physiotherapy,

were also provided to support residents as required.

Staff had received training relevant to their roles, such as training in hand hygiene, nutritional assessment, basic life support, and assisted decision making, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Policies required by schedule 5 of the regulations were also available to guide staff. However, while the majority of policies were up to date, some policies had not been reviewed within the time frames required by the regulations.

Documents viewed during the inspection included personal planning files, food records, audits, staff rosters and training records, residents' service agreements and operational policies and procedures. The sample of records viewed were being maintained to a high standard, and were informative.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of the resident at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other relevant training.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre. These included auditing systems and a clear organisational structure with clear lines of authority. This ensured that a good quality and safe service was provided to the residents who lived in this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service being provided.

Judgment: Compliant

Regulation 30: Volunteers

The provider did not use volunteers in their services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff. However, while most policies were up to date, some policies had not been reviewed within a three year period as required.

Judgment: Substantially compliant

Quality and safety

There was evidence that a good quality and safe service was being provided to residents who lived in this centre. The provider had good measures in place to ensure that the wellbeing of residents was promoted and that they received a good level of healthcare. The management team and staff in this service were very focused on maximising the community involvement and general welfare of residents who lived there. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

The centre was a large, detached house which had been modified to suit the specific needs of the residents who lived there. The location of the centre, within walking distance of a rural town, enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated, wheelchair accessible transport, which could be used for outings or any activities

that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping in the local towns, artwork, books, music and keeping in touch with family and friends. Residents liked going out for walks and drives in the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

The inspector found that the centre was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained. Since the last inspection of the centre, the provider had made improvements to the centre with the provision of additional overhead hoists to support the comfort and safety of residents.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, community involvement, and access to family and friends were well supported. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs and capacity.

Information was supplied to residents through interaction with staff, easy-to-read documents, and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. Arrangements were in place to support residents to communicate effectively. These included an up-to-date communication policy, involvement of a speech and language therapist, development of clear communication plans and provision of interactive communication aids.

Family contact and involvement was seen as an important aspect of the service. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were also systems to manage and record any temporary absences of a resident from the designated centre.

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing. Nursing staff were based in the centre, and were involved in the ongoing assessment of residents' health needs. Residents had access to general practitioners (GPs) and attended annual health checks. Additional professional services and medical specialist consultations were arranged as required. Residents were also supported to attend national health screen programmes.

Residents' nutritional needs were well met. Suitable foods were made available to meet residents' assessed needs and preferences. Each resident could choose what they liked to eat each day, through using communication systems to suit their needs.

Regulation 10: Communication

The provider had ensured that the resident was supported and assisted to communicate in accordance with their needs and wishes. There was an up-to-date communication policy available to guide staff.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and were supported to meet with family and friends in other locations. There was an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, spacious, suitably decorated and comfortably furnished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

Information that was relevant to residents was provided in user friendly formats.

There was also an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident. All such absences were being recorded.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals was arranged as required, and residents who were eligible for national screening programmes were also supported to attend these as they wished. Plans of care for good health had been developed for residents based on each person's assessed needs.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Clarefield Service OSV-0007181

Inspection ID: MON-0042452

Date of inspection: 05/01/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Action Plan for Regulation 04(3): The registered provider will review and update schedule 5 policies so that they meet the regulators requirements. This action will be completed by 30.04.2024	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2024