



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

Issued by the Chief Inspector

Name of designated centre:	Clochan House Residential Respite Centre
Name of provider:	Offaly Centre for Independent Living CLG
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	24 May 2022
Centre ID:	OSV-0001930
Fieldwork ID:	MON-0028808

About the designated centre

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

Clochan House Residential Respite Centre is a designated centre operated by Offaly Centre for Independent Living CLG. The centre comprises of a bungalow dwelling, located on a campus setting in a town in Co. Offaly. This centre can cater for up to five male and female residents each night, who are over the age of 18 years and who have an intellectual disability. The centre can also cater for the needs of residents with physical and sensory needs. Residents in this centre are referred to as 'leaders' in this centre and are supported by personal assistants during their stay. The centre operates a respite service from Monday to Friday and is closed at weekends. Within the premises, there are five residents' bedrooms, some of which are en-suite, shared bathrooms and there is communal use of a sitting room, visitors room, activity room, kitchen and dining area, laundry facilities, as well as offices and staff facilities. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Tuesday 24 May 2022	09:50hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This respite centre was availed of by a high number of residents who lived in nearby counties, and was very much a resident-led service that ensured residents received the care and support that they required during their stay.

Upon the inspector's arrival to the centre, they was greeted by the person in charge and brought to the main entrance for temperature checking and to perform hand hygiene. There was a very warm, relaxed and calm atmosphere in this centre, with residents being supported by staff to go about their morning routines. Some of these residents were having a lie on in bed and later in the morning were observed by the inspector to sit together in the dining area for breakfast. There was a great sense of friendship between these residents, who regularly availed of respite at the same time as their fellow peers. The person in charge told the inspector about how they encouraged residents to let her know if they wanted to shared their respite time with particular residents and this was taken into consideration when scheduling residents for respite stays. Throughout the day, the inspector had the opportunity to meet with these residents, with two of them speaking directly with the inspector about the specific care and support they received.

The design and layout of this centre was considerate of the assessed needs of residents, particularly those who were wheelchair users. Rooms and hallways were spacious to allow multiple wheelchair users to be in the centre at the same time, and still comfortably manoeuvre from room to room. In addition to this, some communal rooms had ramped access out onto the centre's courtyard area, the placement of hand sanitizer dispensers were lowered to allow for ease of access for wheelchair users and tracking hoists were also available in two residents' bedrooms. During their stay, each resident had their own bedroom, some en-suite facilities, shared bathrooms and communal use of an activities room, sitting room, kitchen and dining area and laundry facilities. Residents had chosen themed names for the bedrooms in this centre and wooden plaques with these names were proudly displayed outside each bedroom door. The person in charge also told the inspector that where residents wished to return to the same bedroom upon their stay, this was facilitated for them. Photos of staff were displayed in the main hallway to allow residents to become recognise staff who worked in this centre and information boards about the days planned activities were displayed in communal rooms. Overall, the centre was found to be spacious, well-maintained, clean and comfortably furnished.

Residents' social care was an integral aspect of the service that this provider strived to provide for these residents. Two forms of wheelchair accessible transport were available to the centre and the person in charge ensured sufficient staff were on duty to provide residents with the staff support they required to access the local community and engage in their chosen activities. Most of these residents led very active lifestyles, with some liking to go shopping, while others enjoyed going on day trips. One resident, who spoke with the inspector, said that staff really encouraged

them to choose how they wished to spend their time, and that sometimes, they had outings with their peers as part of a group, which this resident said they really enjoyed.

One resident who spoke with the inspector told of the centre was operated in a manner that ensured residents' wishes were at the forefront of daily operations. They said they enjoyed coming to the centre as it was like a home away from home break for them. They said they got on very well with their peers and with staff and told of their involvement in external voluntary agencies. Another resident, also spoke with the inspector about their satisfaction with the service. They told of how staff looked after them in relation to their skin integrity, supported them to take responsibility for their medicines and of how they enjoyed themselves each time they came for a respite stay.

Some of these residents had specific communication needs and over the course of this inspection, the inspector observed good examples of how staff supported these residents with this aspect of their care. For example, for one resident who had a visual impairment, and the person in charge told of how staff placed an item of clothing on their bedroom door, as this resident liked to use this as an item of reference to enabled them to re-orientate themselves around their bedroom. In addition to this, to further promote this resident's orientation around the centre, the person in charge always ensured this resident had the same bedroom each time they came to stay. Furthermore, over the course of this inspection, where the inspector was in the vicinity of this resident, staff respectfully and discreetly informed the resident of this, so that this resident knew who was in their general surroundings.

Multiple examples of good practice were observed by the inspector as part of this inspection, and this was found to be a very individualised service that endeavoured to promote residents' independence, enjoyment and safety, for the duration of their respite stay.

The findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was an announced inspection to assess the provider's overall compliance with the regulations and was facilitated by the person in charge. Overall, the inspector found this was a well-run and well-managed centre that provided residents with a safe and good quality of service. Although the provider was found to be in compliance with many of the regulations inspections against, some minor improvement was required to aspects of fire safety and medication management.

The person in charge was based full-time at the centre, which provided her with the opportunity to regularly meet with her staff team and to engage with residents.

There was a high number of residents who availed of this respite service and she was knowledgeable of each resident's assessed need and of the operational needs of the service delivered to them. She provided support to her staff team through her regular presence at the centre and through regular meetings that she held with them. This provided staff with an opportunity to raise any concerns they had in relation to residents' care and support, directly with her, and she always maintained regular contact with her line manager to review any operational issues.

Consistency in staffing was an important aspect of the service that this centre provided, with many staff having worked here for quite some time. One staff member who spoke with the inspector, said that although there was a high number of residents availing of this service, staff still knew them very well, which had a positive impact for residents as it meant they were always cared for by familiar staff. The person in charge was cognisant of the assessed needs of these residents and rostered staff accordingly to ensure a suitable number and skill-mix of staff were always on duty to meet residents' needs. Where additional staffing resources were required, from time to time, a relief panel of staff were available to support this centre. In addition to this, out of hours managerial and nursing support were also available to support this centre, as and when required.

The centre was adequately resourced in terms of equipment, staffing and transport. The person in charge told the inspector that where additional resources were required, she had a system available to her to request this from the provider. There was a defined management structure in place, which supported the person in charge in managing the centre. For example, along with her staff team, she was also supported by a team leader and by her line manager in the running and oversight of this centre. The on-going monitoring of the quality and safety of care was largely attributed to by the completion of regular internal audits and through the provider's own six monthly visits. Where improvements were identified as part of these monitoring systems, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of submitting an application to the Chief Inspector of Social Services to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and had the overall responsibility for this

centre. She regularly met with residents and with her staff team and had good knowledge of residents' assessed needs and of the operational needs of the service delivered to them. This was the only designated centre in which she was responsible for and current governance and management arrangements gave her the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

Due to the nature of this respite service, staffing arrangements were subject to regular review to ensure a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Further arrangements were in place, should this centre required additional staff resources. Consistency of care was promoted, whereby, many of the staff working in this centre had supported these residents for quite some time. Of the staff who met with the inspector, they spoke confidently about the care and support that residents required.

Judgment: Compliant

Regulation 16: Training and staff development

Robust systems were in place to ensure staff received the training they required appropriate to the role they held within the centre. Where re-fresher training was required, this was scheduled accordingly. In addition to this, each staff member was also subject to regular supervision from their line manager, which promoted staff development within the organisation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Internal communication systems ensured that staff were maintained informed of any changes occurring within the organisation and also afforded regular opportunity for resident specific care to be discussed. For example, the person in charge held regular meetings with her staff team to review residents' care and welfare and she also was in frequent contact with her line manager to review operational matters. Effective systems were also in place to ensure the quality and safety of service delivered to residents was regularly monitored. For

instance, six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in this centre and at the time of inspection, this document was in the process of being updated as part of the provider's application to renew the registration of this centre.

Judgment: Compliant

Quality and safety

The provider had ensured that robust systems were in place to provide residents with the type of service that they required, in accordance with their assessed needs.

Prior to residents returning to this centre for respite care, robust systems were in place to re-assess their needs and determine any changes that may be required to their personal plans. This was consistently overseen by the person in charge, which resulted in clear documentation being available to staff to guide them on the level of support that residents required during their respite stay. The person in charge also told the inspector of the on-going monitoring of residents' well-being and healthcare status during their time spent in the service, to ensure that where residents may require referral to relevant allied health care professionals, that this was promptly facilitated. This had a positive impact for residents and it meant timely review of their care interventions, as and when required, and also allowed the provider to be confident in knowing that they were providing residents with the care and support they required.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, all staff had up-to-date training in fire safety, emergency lighting was in place and regular fire safety checks were occurring. There was a waking staff member on duty each night, which meant, that should a fire occur, staff were available to quickly respond. Due to the campus based setting of this centre, they also had clear arrangements in place for additional staff support to evacuate residents, should it be required. Staff regularly carried out education sessions with residents to ensure they were maintained up-to-date on the centre's fire evacuation arrangements and each resident also had a personal evacuation plan, which identified the level of support they would need to safely evacuate the

centre. Fire drills were occurring and records of these demonstrated staff could effectively support residents to evacuate in a timely manner; however, at the time of this inspection, the provider had not completed a fire drill using minimum staffing levels. Furthermore, due to the number of residents availing of this service, a review of the current fire drill schedule was required to ensure it allowed for each resident to participate in a fire drill.

The timely identification of risk in this centre was influenced by the regular presence of the person in charge, quality of information discussed at handover, regular staff and resident interaction and also with regards to the incident report system that was in place. Where resident specific risk was identified, appropriate action was taken by the provider to ensure residents' safety was maintained. The oversight of centre specific risks was the responsibility of the person in charge and at the time of this inspection, she was in the process of updating the centre's risk register, to ensure it better demonstrated her oversight of some aspects of the service delivered to residents.

Where residents held responsibility for their own medicines at home, they were also encouraged to do so for the duration of their respite stay. Residents were appropriately risk assessed and adequate storage arrangements and staff support was made available for them to safely do so. One resident, who was responsible for this aspect of their care, told the inspector that this was working well for them, they showed the key of their medicine press that they kept on their person and told the inspector of the support they received from staff, as and when required. Although prescription records were in place to support the safe administration of medicines in this centre, a review of prescription records for as-required emergency medicines was required to ensure the max dose to be administered was clearly documented on these records.

Regulation 13: General welfare and development

During their respite stay in this centre, residents were supported to access facilities for occupation, recreation and employment. They were provided with opportunities to participate in activities in accordance with their interests, capacities and wishes. During their stay, they were also supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the timely identification, response, assessment and monitoring of all risks in this centre. Where residents were

identified with specific risks, the provider had put suitable arrangements in place to ensure their safety for the duration of their respite stay. For example, for residents with specific manual handling requirements, the provider had ensured they had access to the equipment and staff support that they required to reduce the likelihood of a manual handling related incident occurring. Furthermore, these measures were regularly reviewed and risk-rated as part of an overall risk assessment. The person in charge maintained a risk register, which supported her in the monitoring and oversight of any centre specific risks.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety of all residents and staff. Regular testing, temperature and symptom checking, use of appropriate PPE and hand hygiene was regularly practiced. The provider had contingency plans in place to guide staff on what to do, should and outbreak of infection occur and also with regards to decreasing staffing levels as a result of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, regular fire safety checks were occurring, emergency lighting was in place and all staff had received up-to-date training in fire safety. Staff also completed various education sessions with residents to ensure they were aware of the centre's fire safety arrangements.

Fire drills were occurring and records of these demonstrated staff could effectively support residents to evacuate in a timely manner. However, at the time of this inspection, the provider had not completed a fire drill using minimum staffing levels. Furthermore, due to the nature of this service, there was a high number of residents who availed of respite care. However, the current scheduling of fire drills didn't ensure that each resident would have the opportunity to be involved in fire drill at least once a year. For example, fire drills were currently occurring on quarterly basis, involving a maximum of five residents in each drill. However, to date, there was still a number of residents who had not taken part in a fire drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration, prescribing and storage of medicines. Where residents wished to take responsibility for their own medicines, they were risk assessed and supported by staff to safely do so. However, some improvement was required to the prescribing of as-required emergency medicines to ensure prescribing records clearly described the max dose to be administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had a robust system in place to ensure each residents' needs were re-assessed each time they were scheduled for respite and personal plans were developed based on their current assessed needs. Residents were encouraged to be part of this process and were maintained informed by staff, where any changes to their care had occurred. Of the records reviewed by the inspector, these were observed to be well-maintained, provided staff with clear guidance on the level of support required by residents and also evidenced resident input in their development.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed healthcare needs, the provider had ensure suitable arrangements were in place to provide these residents with the care and support that they required. For example, where residents required particular skin integrity care interventions, the provider had ensured a plan of care was in place for these resident for the duration of their stay. Furthermore, where any changes to residents' healthcare needs occurred, suitable referral was made on behalf of the resident to the appropriate allied health care professionals. Where this was required, it was overseen by the person in charge and any changes required to residents' care was communicated to staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Although there were no residents requiring positive behavioural support, the provider had ensured staff had the knowledge, skills and training required, should they be required to respond to behaviour that is challenging. There were no restrictive practices in use in this centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured staff were supported in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. Staff also regularly spoke with residents about the centre's safeguarding arrangements to ensure they knew what to do, if they had any concerns they wanted to discuss. The person in charge had ensured all staff had received up-to-date training in safeguarding. There were no safeguarding concerns in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted in this centre, whereby, the provider encourage maximum resident participation in the daily running of the centre. This was very much a resident-led service and staff were very respectful of residents' privacy and dignity and also towards their individualised preferences. Regular meetings were held with residents so as to establish how they wanted to spend their time during their respite stay and all efforts were made by the provider to fulfill residents' wishes in this regard.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochan House Residential Respite Centre OSV-0001930

Inspection ID: MON-0028808

Date of inspection: 24/05/2022

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Centre has carried out several training exercises which included minimal staff levels, with maximum numbers of residents. However this type of evacuation had not been carried out in real-time as part of the unannounced fire evacuation drills. The Person in charge has, since inspection, carried out a fire evacuation with a maximum resident number on site, with a minimal number of staff.</p> <p>The register of people who avail of the respite service now includes details of those who have taken part in the unannounced fire evacuation drill to date. All future residents will take part in fire evacuations on a weekly basis until all residents have taken part in the process. Ongoing 14.10.22</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Emergency prescriptions: e.g. Buccal Midazolam must include a maximum dosage by the Doctor.</p> <p>The person in charge has reviewed all prescriptions on site to ensure every detail of the prescription is included in line with Regulation 29: Completed 27.05.22</p>	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/10/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is	Substantially Compliant	Yellow	27/05/2022

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
--	--	--	--	--