



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

Issued by the Chief Inspector

Name of designated centre:	Clochan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	18 May 2021
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0032454

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:	3
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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
Tuesday 18 May 2021	11:35hrs to 17:25hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From what residents discussed with the inspector, conversations with staff, observations in the centre and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The inspector met with three residents who lived in the centre, two of whom was happy to talk to the inspector and discuss life there.

These residents said that they were very happy living in the centre and enjoyed their life there. Resident said that they had good involvement in the community and described some of the social and leisure activities that they took part in and enjoyed. These included residents' preferred activities, which were going out in the community for meals, coffee, outings, walks and music events. As live music events were no longer taking place in local venues due to COVID-19 restrictions, a musician had performed for residents in the garden of the centre.

On the day of inspection all of the residents were out in the local area doing things that they enjoyed. For example, one resident had several things to do in the town, including going for a haircut, shopping for new shoes and going to a specialist shop to have some hobby equipment repaired. On return later in the day, the resident was pleased that all these had been achieved and happily showed a new purchase to the inspector.

Residents said that they enjoyed meals in the centre and there was evidence that their meal choices were prioritised. As the centre was within walking distance of some of the major supermarkets, residents did grocery shopping with staff and food was purchased based on their preferences. Nutritious home cooked meals were being prepared in the kitchen of the centre, although there was also evidence that residents sometimes chose to have a take-away meal. During lockdown staff had asked a resident to pick a preferred birthday meal and the resident chose fish. Staff then ordered and collected a seafood meal from a restaurant in the town for the birthday celebration. There was photographic evidence of residents enjoying this and other birthday celebrations in the centre.

Resident told the inspector that they got on well with staff and with each other. Resident also knew that if they had any complaints or concerns, they would tell staff and it would be addressed. All residents were observed to be in good spirits and comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were seen speaking kindly to residents, having fun with them and supporting their wishes.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they

lived their lives. Residents attended weekly house meetings and their views on the centre and their lives were also gathered through ongoing daily discussions and judgements on choice and preferences. Advocacy support was available to residents and this information was made available to them. All residents were registered to vote and were supported to practice their religion as they preferred.

The person in charge and staff had ensured that information was made available to residents in a format that suited them and that they could understand. For example, easy-to-read versions of important information had been developed which included information about assisted decision making, the human rights charter, various aspects of COVID-19 and its implications for residents, and the residents' guide.

Residents also had rights to keep in touch with their loved ones and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements.

Due to COVID-19 safety protocols, the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were clean, bright, warm, comfortably furnished and tastefully decorated with pictures and artwork. Each resident had their own bedroom. The rooms viewed were very personalised and comfortable and were decorated with family photos, personal possessions and favourite colour schemes. There was a spacious kitchen, and enough communal and private space for residents.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. However, some improvement was required to the oversight of infection control training.

There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. The person in charge worked closely with staff and the wider management team.

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. Unannounced audits were being carried twice each year on behalf of the provider. Ongoing audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication, finances and health and safety. A range of equipment checks were also being carried out by staff. Records showed a high levels of compliance in all audits.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and or their representatives was taking place in various formats throughout the year and this indicated a high level of satisfaction with the service. A quality improvement plan

had been developed based on the findings of the annual review, and several issues in this plan had already been achieved. For example, so far in 2021, a replacement vehicle had been purchased, dementia training had been completed and the intruder alarm system had been upgraded.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, healthcare plans and risk management assessments. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. Overall, records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested. However, some improvement was required to recording of staff attendance at infection control training. There was an informative statement of purpose which reflected the service being provided.

Due to COVID-19 safety protocols, the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were clean, bright, warm, comfortably furnished and tastefully decorated with pictures, lamps, flowers and artwork. Each resident had their own bedroom. The rooms viewed were very personalised and comfortable and were decorated with family photos, personal possessions and favourite colour schemes. There was a spacious kitchen, and enough communal and private space for residents.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full-time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose that described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 21: Records

Overall, a sample of records viewed were maintained in a clear and orderly fashion and were up to date. However, there was insufficient recorded evidence to demonstrate that all staff had attended infection control training in line with the organisation's practice.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's wellbeing was promoted at all times and that residents were kept safe.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in a nearby busy tourist town. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose, such as, going out for drives and taking walks in the local areas, and for personal shopping and appointments. Residents also enjoyed chatting and joking with staff and this was taking place during the inspection in a friendly and light-hearted manner.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks by the general practitioner (GP), and appointments with consultants and other healthcare professionals such as opticians, podiatrists and psychologists. Residents' nutritional needs were well met. Residents' weights were monitored monthly, residents were being assessed for their nutritional care requirements and suitable foods were ensured to meet their assessed needs and preferences.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding

training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff and a missing person profile for each resident. The support of a designated safeguarding officer was also available if required.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. For example, residents met together for weekly meetings where they discussed issues of importance to them such as meal planning, shopping, places they wanted to go to and things they wanted to do during the coming week. Staff also used these meetings as a way to share important information with residents. At recent meetings, COVID-19 restrictions and return to visiting, making healthy eating choices and human rights had been discussed with residents. Staff also used the meetings to explore if residents had any concerns or worries. All residents were registered to vote, were supported to vote as they wished, and residents were also supported to practice religion as they preferred.

Regulation 26: Risk management procedures

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs.

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 GPs, healthcare professionals and consultants. Care was delivered to residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

There were robust arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 20: Information for residents

There was also an informative guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format. A range of other relevant information was also made available to residents' in easy to read format.

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 - 2015 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
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 20: Information for residents	Compliant

Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0032454

Date of inspection: 18/05/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of training records was undertaken on 9th June 2021 and up to date records are now in place in Clochan services which demonstrate that all staff have completed infection control training in line with the organisation's practice. The Person in Charge will review training records on a monthly basis to ensure that all training is up to date and has been recorded accordingly. Training and training records, as well as schedule 4 documents, will be a standing agenda item for regular meetings between the Person in Charge and the Person Participating in Management. Provider Led Audits will review training records and schedule 4 documents during six monthly audits.</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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	09/06/2021