



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

## Issued by the Chief Inspector

Name of designated centre:	Clochán Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0043685

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 May 2024	15:00hrs to 19:00hrs	Ivan Cormican	Lead
Thursday 23 May 2024	09:00hrs to 12:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The residents who used this service enjoyed a good quality of life and they were supported by kind and considerate staff team. There had also been a marked improvement in the quality and safety of care which was provided to residents since the last inspection of this centre. Although there were many positive findings, the inspector also found that the provider of this service, had not responded to a resource issue in 2023, and as a result the centre was left without adequate funds to purchase groceries and basic food supplies on a day in December.

This was an unannounced, two day inspection to monitor the quality and safety of care which was provided to residents. The findings of this inspection will be used to assist in determining the provider's application to renew the registration of the centre. The inspection was facilitated by the centre's person in charge who attended over both days. The centre offered both a full-time residential and respite service. There were three full-time residents on the day of inspection and six residents in total used the respite service. Respite was offered on a planned basis with residents availing of between five and 20 nights respite per calendar month. The centre had two assigned respite bedrooms for the provision of the respite service.

The designated centre was a large two-storey detached house which was located within walking distance of a medium-sized town in the west of Ireland. The centre had a large comfortably furnished sitting room in which residents could relax and it also had a large open plan kitchen/dining area. Since the last inspection, a separate TV room had been made available to residents in response to compatibility issues and a safeguarding concern. One respite user generally used this room during their stays; however, this room was made available to other residents when not in use by the respite user. The centre had undergone a number of renovations since the last inspection, with the completion of a new kitchen and the installation of new flooring and carpet. In addition, there had been extensive painting completed to the interior of the building and overall the inspector found that maintenance of the centre was held to a good standard. Each resident had their own bedroom, and there was an ample number of shared and private bathrooms and toilets for residents to use. Residents had also decorated their individual bedrooms in line with their own preferences interests and hobbies. One resident had a love of music and they displayed photographs of meeting various traditional and country music stars. They also played musical instruments and they kept guitars, accordions and speakers in their room. The other full-time residents displayed photographs of family and friends in their bedrooms which give the centre a real sense of home.

The inspection commenced in the late afternoon when residents were returning from their respective day services. As residents returned, they chatted freely with each other and also the two staff members who were on duty. The centre had a very relaxed and homely atmosphere and it was clear that residents felt comfortable in the presence of their peers and also staff members. On the first day of inspection there were two full-time residents and two respite users using the service, with one

resident was in hospital at the time of the inspection following a recent illness. The inspector spoke with residents throughout the evening and they voiced a high level of satisfaction with the service they received. All residents complemented staff and stated that they were very nice and that they enjoyed their company. Throughout the first day of inspection, the inspector observed staff and residents chatting freely, making plans for the evening and discussing the events of the day. One staff member asked residents if they would like to assist with grocery shopping or to go for a walk later. Residents informed the staff member that they were tired after the day, however they might pop down to the shop later for some personal items. In addition, one staff member also prepared a home-made roast dinner and all the residents stated that they looked forward to their evening meal.

Residents who used this service enjoyed a wide range of activities and they had good access to their local community and amenities. Residents told the inspector that they were generally tired after attending day services and they preferred to relax in the evening time. However, at the weekends they liked to go for meals out, attend music sessions in local public houses and also complete personal shopping. Even though residents preferred to relax during the weekdays, on the evening of inspection one resident went to visit their family and had dinner at home. They explained the inspector that they visit their family every week and they really look forward to seeing them. Another resident had been out for tea with the friend during the day and they also planned to attend a hair appointment the following day. In addition, they had booked afternoon tea in a nearby hotel and they were looking forward to going with a staff member. They explained to the inspector that they had also picked out their favourite outfit to wear.

The inspector found the residents liked living in the centre, and also using it for respite stays. Their well-being and welfare was also actively promoted through the actions of the staff team and the person in charge. In general, care and support was held to a good standard and improvements which were made since the last inspection were sustained. However, some areas of care such as behavioural support, fire safety, safeguarding and personal planning required some adjustments. In addition, it will be discussed in the subsequent section of this report an issue which occurred in December 2023 which resulted in the centre having limited funds for its operation, and had the potential to negatively impact on the provision of care.

## Capacity and capability

The oversight of care is a fundamental aspect of governance and assists to ensure that services are safe, and that the welfare and well-being of residents is actively promoted. The inspector found that the local governance arrangements were held to a good standard with sufficient oversight of day-to-day care. However, the inspector found that the provider had not adequately responded to an ongoing issue in the latter part of 2023 which left the service without adequate funds for its operation. Although this issue had been resolved on the day of inspection, it was an indication

of poor governance arrangements which placed the residents at risk.

The provision of care is dependent upon the allocation of suitable resources which is a core responsibility of providers who operate designated centres. In this centre, the provider had ensured that adequate staffing resources were in place on a day-to-day basis. However, this inspection highlighted that residents and the person in charge were left in a difficult situation in December 2023 when there was insufficient funds available for the purchase of food supplies and basic groceries. The provider had been aware of this issue for a number of months but no action was taken to address this concern. The inspector found that this lack of action had placed residents at risk of harm as the provider had failed to ensure that the centre was adequately resourced at all times. On the day of inspection, the person in charge reported that this issue had since been resolved with the provider assuming responsibility for the payment of bills. The person in charge also reported that the centre's account had adequate funds for the purchase of grocery and provisions. In addition, the provider had conducted a financial review of the service to ensure that resident's individual finances had been adversely impacted by this situation. The outcome of this review was shared with the office of the Chief inspector following the inspection, with no negative impact on residents' finances found. In addition, a senior manager confirmed that the resources within the centre had been strengthened to ensure that this situation does not arise again.

The staff on duty throughout both days of inspection were found to have a good understanding of the residents' collective and individual care needs. The inspector spoke at length with two staff members and they were found to have a good understanding of safeguarding, compatibility issues, behavioural support and residents' preferences in regards to the delivery of care. Residents were supported by a core staff team of seven individuals which promoted consistency of care, in addition there were four relief staff who knew the residents well and covered both planned and unplanned leave. As mentioned earlier in the report, staff had a caring and warm manner when interacting residents. The inspector found that the actions of the staff team created a homely environment and promoted the well-being of residents who used this service. Staff members who met with the inspector stated that they felt supported in the roles and they attended regular team meetings and supervision sessions with the person in charge.

The person in charge held responsibility for the oversight of day-to-day care in the centre. They were employed on a full-time basis and the attended the centre throughout the working week. During the inspection, they demonstrated good knowledge of the resident's individual care needs, recent compatibility and safeguarding issues and also residents' plans for the future. They had a schedule of internal audits in areas such as fire safety, medications and adverse events which assisted in ensuring that care was generally held to a good standard. The provider was aware of the requirement to complete two unannounced audits and also an annual review of the service provided to residents. The centre's annual review gave a good account of the service over the previous year and included challenges in terms of compatibility and incidents of challenging behaviour. In addition, the annual review took into consideration residents' and the representatives' views on the service and in general positive feedback was received. The centre's last provider

led audit, had found that residents received a good level of care and support, and as mentioned above, highlighted issues in terms of finances. In response, the auditor recommended that a financial review be conducted in the centre to ensure that residents' finances were safeguarded. This review had occurred on the day prior to this inspection.

The inspector found that day-to-day life for residents was very pleasant, they enjoyed living in their home and they had a good rapport with each other and the staff team. Although some areas of care required some minor adjustments, the main issue which had faced the centre in the recent past was the failure of the provider to ensure that the centre was adequately resourced at all times.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of the centre. The application was submitted within the required timelines and also contained all required documentation and information. The provider had made adjustments to the layout of the designated centre, and as a result the centre could not accommodate the number of residents which had been submitted as part of their application. This issue was identified on inspection, and the provider submitted additional information, following this inspection, reducing the number of residents from six to five.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was in a full-time role and they met the requirements of the regulations. The designated centre was their main place of work, which they attended throughout the working week. The person in charge had a range of internal audits in areas such as medications, adverse events, fire safety and also resident's finances which ensured that these areas of care were generally held to a good standard.

The person in charge had a good understanding of the resident's individual and collective care needs, and also of the required resources to ensure that residents were safe, had regular access to the community and enjoyed a good quality of life.

Judgment: Compliant

### Regulation 15: Staffing



The person in charge maintained an accurate rota which detailed both the day and night time staffing arrangements. The centre was resourced with the core staff team of seven individuals, and four regular relief staff were used to cover both planned and unplanned leave.

Staff members who were on duty had a good rapport residents and they had a good understanding of their care needs including behavioural support, safeguarding, personal planning and health care needs. A staff member who met with the inspector stated that they felt supported in their role and they would have no hesitation in approaching the person in charge if they had any concerns or queries.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had both a mandatory and refresher training programme in place which ensured that staff could meet the assessed needs of residents. The person in charge maintained a training matrix which demonstrated that staff completed mandatory training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. In addition, staff had also completed training in areas such as medications, rights and supporting residents with modified diets.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector reviewed the centre's provider lead audit which was conducted on 6 December 2023. This audit highlighted an issue whereby a resident had been unable to pay their nightly contribution. The person in charge explained that this had been an issue since the summer and had been previously highlighted with the provider. The person in charge further explained that resident contributions were used to pay bills and also purchase groceries for the centre. However, without the above resident's contribution, the centre had been left at a financial deficit. The person in charge explained that on the evening of December 6, 2023, the centre had approximately three euro to spend on groceries. On this evening, the person in charge used their own money to purchase groceries for the residents' evening meal and breakfast the following morning. The inspector found that this was a complete lack of governance on behalf of the provider which had the potential to have a profound and negative impact on the provision of care. The responsibility to adequately resource the designated centre rests solely with the registered provider Ability West. The provider had been made aware of this issue, however, they had

not responded in a timely manner.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had a complaints process in place and the person had been appointed to manage all received complaints in the centre. Information on both the complaints process and the person nominated to manage all complaints was clearly displayed in the designated centre. On the day of inspection, residents told the inspector that they could go to the person in charge or any staff member if they had a complaint. They also told the inspector that they felt confident that any issue, which they raised, would be addressed in a prompt manner. There were no active complaints on the day of inspection, and residents had been made aware of the complaints process at recent residents' meetings.

Judgment: Compliant

### Quality and safety

The inspector found the residents enjoyed a good quality of life and there were well supported to engage in activities which they enjoyed. On the day of inspection, both full-time residents and respite users were found to have a good rapport with each other. On the last inspection of the centre, and in the recent past, there had been a number of compatibility and safeguarding concerns. However, actions had been taken by the provider to promote safety within the centre and to address these issues.

Compatibility and safeguarding had been a concern since the last inspection of this centre. There had been a number of issues between full-time residents and a respite user which had a negative impact on the provision of care. The provider had taken these issues seriously and an action plan had been implemented to address these areas of concern. The provider had converted a bedroom into an additional relaxation/television room, which provided additional space for the respite user when they attended the centre. The resident had also been provided with a one-to-one staffing arrangement and the inspector found that these arrangements had a positive impact on residents' lived experience in the centre. Staff reported to the inspector that all residents were now getting on much better together and that incidents of challenging behaviour and issues of concern had dramatically reduced. There were two active safeguarding plans in place on the day of inspection, and staff on duty were found to have a good knowledge of these plans. In addition, the provider's designated officer had attended the centre and the residents' "right to

feel safe document" had been discussed with them at a recent residents' meeting. Staff members that also attended safeguarding refresher training, and it was clear overall that safeguarding residents was actively promoted. However, some adjustments were required to the two individual safeguarding plans as they did not include the specific issues which had been the origin of the safeguarding incidents.

Residents had comprehensive personal centred plans in place. These plans give a clear account of resident's individual needs and also the supports which they required to promote their safety and ensure they enjoyed a good quality of life. Two personal plans examined by the inspector had been reviewed on at least an annual basis and also at times when the resident care needs had changed. Residents were also supported by a goal setting process. A review of personal plans showed that residents attended an annual planning meeting whereby they discussed goals for the upcoming year. The resident's key worker, representatives and senior staff were invited to these meetings in order to support the resident in achieving their goals. Residents had chosen goals such as attending summer festivals, short hotel breaks, having afternoon tea and also attending an active age club. A staff member who was on duty discussed how residents were supported to achieve their goals and they also outlined a number of goals which have been completed. Although this was a very positive area of care, some adjustments were required as suitable action plans were not in place for goals which had yet to be achieved.

Two residents who use the service required interventions in regards to behaviours. On the previous inspection of the centre, the inspector identified that there was a lack of behavioural support services for the centre. A resident who used the service had complex behavioural needs and there been a number of safeguarding concerns due to negative behavioural related incidents with their peers. There have been some improvements in this area of care with information in place to guide staff in the behavioural support needs of both residents. The resident with complex behavioural needs had an interim behavioural support plan while awaiting a functional needs assessment. Although this interim plan, gave a good outline of their behavioural support needs, key information was missing. For example, the provision of intimate care was a trigger for behaviours of concern and this information was absent from behavioural support guidance. In addition, the behaviour support plan did not include negative interactions with other residents and the use of a second television room to alleviate and reduce the incidents of behaviour of concern. However, staff who met with the inspector had a good working knowledge of the resident's behavioural support needs including the proactive and reactive actions they took to reduce the likelihood of the occurrence behaviours in general. Although staff had a good knowledge of behavioural support, the associated plan required updating to ensure that all staff had up-to-date information available to them, and assist in ensuring that a consistent approach to care was offered at all times.

Overall the inspector found, that the centre was a pleasant place in which to live. There have been sustained improvement since the last inspection of the centre and the actions taken by the provider promoted the safeguarding and safety of residents. Although some areas of care required further examination, residents who used this service reported that they were happy and satisfied with the care they

received.

## Regulation 12: Personal possessions

Residents had their own bedrooms and each of these bedrooms had ample lockable storage in place. Residents generally kept their personal belongings in their bedrooms and one resident told inspector that they were safe there. Residents required support with managing their finances and detailed records were maintained for all cash and cashless transactions which were completed on their behalf. Staff members were assigned to audit and review spending within the centre and the person in charge completed regular reviews of their oversight which assisted to ensure that resident's personal belongings and finances were safeguarded at all times.

Judgment: Compliant

## Regulation 17: Premises

The designated centre had undergone recent maintenance with the completion of a new kitchen, interior painting and the installation of new carpet. New wardrobes had also been installed in residents' bedrooms and overall the inspector found that the centre was well maintained.

Resident's bedrooms were of a good size and there was also ample space for residents to relax, watch television and chat with each other. The provider had also made available, an additional television room which was primarily used by one respite user. The provision of this room had a positive impact on the lived experience of residents with a marked reduction in behaviours of concern and safeguarding issues since the last inspection of the centre.

Judgment: Compliant

## Regulation 18: Food and nutrition

On the day of inspection, the inspector found the residents had free access to snacks and refreshments. Fresh fruit had been laid out on the table and the inspector observed that residents requests in regards to meal preferences were listened to and also provided. On the evening of inspection, a staff member prepared a roast dinner for when residents returned from their day services. This gave the centre a real sense of home and residents reported that food in the centre

was of a very high standard and the enjoyed their evening meals.

Judgment: Compliant

### Regulation 26: Risk management procedures

There had been marked improvements in the identification and management of risks since the last inspection of the centre. The person in charge maintained a risk register which clearly outlined the issues which had the potential to impact upon individual residents or the provision of care. Risk assessments were in place in regards to behaviours of concern, safeguarding, falls, fire safety and also in regards to meeting the changing needs of residents.

In addition, the provider had a system in place for the identification, recording and response to adverse events. Again, the person in charge held responsibility for the oversight of, and response to, adverse events in the centre. A review of the system showed that all adverse events had been addressed by the person in charge and that there had been a marked reduction in behaviours of concern and also potential safeguarding concerns.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and the fire warning system, emergency lighting, fire doors and extinguishers had been installed. A complete and up-to-date service schedule was in place, and staff completed regular fire safety checks to ensure that all equipment was in good working order.

Fire safety procedures were clearly displayed, and individual guidance was in place to aid in the evacuation of each resident. Staff had also completed fire safety training and regular fire drills were occurring. Individual fire drills had also occurred with a resident whose mobility had reduced following recent planned surgery and staff who met with inspector had a good knowledge of residents' evacuation needs. Although fire safety was generally held to a good standard, a recent fire drill had not been completed whereby residents were supported to evacuate when minimal staffing was available.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage facilities in place for medicinal products. Staff had also undertaken training in the safe administration of medications, and the staff member who met with the inspector had a good working knowledge of residents' medication requirements. They explained how residents were supported with their daily medications and they also discussed the safe administration of a rescue medication. A review of medication administration and prescription records showed that medications were generally administered as prescribed, and there were no trends in regards to medication errors.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis. These plans give a good account of resident's individual care needs, and also how they preferred to have these needs met. Residents also had good access to allied health professionals and their personal plans were updated to reflect recommendations from their professional input.

The provider had a goal setting program in place for residents, and in general residents were well supported in this area of care. They attended their own planning meetings and were supported by their representatives, key workers and staff from the respective day services. A review of resident's individual goals showed that they have been supported with hotel breaks, attending an active age group, having pampering days and also going on holidays. However, some improvements were required as suitable action plans were not in place to support residents with some goals which had not yet been achieved.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Two residents who used the service required support in regards to their behaviours. Staff members who met with the inspector had a good knowledge of these resident's behavioural support needs and they clearly described their day-to-day care. They spoke about how some behaviours had led to safeguarding concerns in the past and they also discussed the actions which were taken to alleviate behaviours and safeguarding concerns. Although there have been improvements in this area of care since the last inspection, some further adjustments were still required. For example, a behavioural support plan which was reviewed do not include that the provision of intimate care was a trigger for behaviours of concern. In addition, the behaviour support plan did not outline the use of a separate

television room to alleviate negative interactions between residents.

There were a number of restrictive practices in use in the centre, however, the inspector found that there was good oversight of these practices and the provider demonstrated that the least restrictive practice was implemented at all times.

Judgment: Substantially compliant

### Regulation 8: Protection

Residents reported that they felt safe in their home and that they could go to any staff member or the person in charge if they had a concern. They reported that staff were very nice and in general they got on well with all full-time residents and also respite users. On both days of inspection, the inspector observed very pleasant interactions between residents and also with staff. Residents chatted freely with each other, both discussing their day and also their plans for the evening ahead. The provider's designated officer had also attended the centre to discuss safeguarding with residents and information in regards to safeguarding was clearly displayed.

There were two active safeguarding plans in place on the day of inspection. Staff who met with the inspector had a good knowledge of these plans and they reported that there have been marked improvements in regards to safeguarding in recent months. However, the inspector found that improvements were required with regard to both safeguarding plans as they failed to give a clear account as to the incidents which were at the origin of the safeguarding issues.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were actively promoted through the actions of the staff team and also the provider. The staffing resources which were in place facilitated them to be active in their own community and also engage in activities at a time of their own choosing. Staff had undertaken additional human rights training and information in regards to rights was clearly displayed in the centre. One resident who had an interest in politics, was registered to vote and they planned to vote in the upcoming elections.

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
<b>Capacity and capability</b>	
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	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0043685

Date of inspection: 22/05/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The following measures have been implemented to support finances in Clochan Services:</p> <ol style="list-style-type: none"> <li>1. Household bills are being paid from by the Ability West central fund.</li> <li>2. A subvention is given by the finance department to ensure adequate funds are in the account.</li> <li>3. Accounts are set up with local suppliers.</li> <li>4. Social Work department support all those that require additional supports with financial matters.</li> <li>5. An audit was undertaken to ensure that the lack of funds by the Finance department in Clochan which confirmed that no resident was adversely affected. This was completed 21/05/2024.</li> <li>6. The scheduled Leaders calls (Heads of Departments, Persons in Charge, Team Leads, Quality and Compliance Department, the Compliance lead person) with the CEO will continue to discuss and address highlighted areas which require improvement, at these meetings. Service resources and resident’s finances will continue to be an agenda item at these meetings.</li> <li>7. The Person in Charge and the Person Participating in Management meet and discuss service issues at the scheduled weekly Area Services Teams Meetings.</li> <li>8. The Person in charge will carry out monthly Financial Audits to include Residents finances and Centre resources.</li> <li>9. The Person Participating in Management with the Person in Charge will carry out Financial Audits every eight weeks of the Residents Finances. The Residential Centers Finances will be reviewed at this time to ensure the Service is sufficiently funded as part of the eight-week Service review meetings.</li> </ol>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A review of fire drills took place on 20/06/2024 by the Area Service Manager. Although minimum staffing fire drills had taken place on 04/01/2024, 29/02/2024 and 03/05/2024, records did not clearly identify that only one staff member had participated throughout the drill in supporting residents to leave. Documentation will be clearly recorded for all future fire drills.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  The behavior support plan was escalated to the Psychology Department by the Person in Charge. The behavior plan has been reviewed to ensure that it includes all areas of care, with specific content in relation to incidents of behaviours that challenge. The plan includes an overview of strategies aswell as specific strategies utilised to support this person during times of increased communication through behaviours that challenge. This was completed 25/06/2024.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The Person in Charge discussed both safeguarding plans with the Head of Social Work on 24/05/2024 to ensure that both safeguarding plans give clear account as to the incidents which were at the origin of the safeguarding issues. Both updated plans are available in the service.</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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	21/05/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/06/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to	Substantially Compliant	Yellow	25/06/2024

	behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	24/05/2024