



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:	11 October 2022
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0034724

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
--	---

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 11 October 2022	09:00hrs to 13:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed living in this centre and they were supported to enjoy a good quality of life. This inspection did highlight that several areas of care required some adjustments to ensure that they were maintained to a good standard at all times. These areas of care will be discussed in the subsequent sections of this report.

There were three residents using this service on the day of inspection and they resided in this centre on a full-time basis. The centre was registered to accommodate six residents, with three spaces dedicated to the provision of respite care. There were five identified respite users; however, there were no respite users availing of this service on the day of inspection.

The inspector met with all three residents on the morning of inspection as they were preparing to attend their respective day service. There was a very pleasant and homely atmosphere in this centre and the residents were happy to show the inspector around their home. Two residents spoke openly with the inspector and the third interacted for a short period of time. The two residents who chatted with the inspector discussed their satisfaction with their home and they were both very proud of their individual bedrooms. One resident spoke of their love of music and they proudly displayed numerous guitars, amplifiers and other musical instruments which they could play. The person in charge explained that the resident had a very musical family and this interest was extremely important to them. This resident also displayed photographs of them attending music concerts and also of them meeting their favourite music stars. The other resident who met with the inspector discussed the importance of their family and they had numerous family photos in their bedroom, including attending several family celebrations. This resident clearly stated that they liked the staff who supported them and they also indicated that they got on well with all residents who used this service.

The centre had a very warm and welcoming atmosphere. It was decorated for an upcoming seasonal event and there was various photographs of residents attending social events. Each fulltime resident and one identified respite user had their own bedroom. The four other respite users had the use of two specific respite rooms for the duration of their stays. Each resident and respite user either had an ensuite bedroom or the use of an identified bathroom. There was a large comfortable sitting room and also an open plan kitchen, dining and sitting area for residents' use. There was also a pleasant outdoor patio area which residents used during the summer months and a resident pointed out raised flower beds which were planted over the year. This centre had a real sense of home and it was clear that residents were comfortable in their surroundings and also in the presence of staff.

There were very pleasant interactions between residents and staff throughout the morning: two staff members were supporting residents. Both staff members chatted freely with residents and it was clear that they had a good rapport. Staff members

chatted easily with the inspector and it was clear that they had a good understanding of residents' care needs. Both staff members highlighted how residents loved to go out for dinner at the weekends and listening to music as they drove to various venues. They explained that residents helped out with the grocery shopping and also how they assisted with planning and preparing meals. This staff knowledge was validated through conversations the inspector had with two residents as both indicated that they liked nothing more than heading to a local public house at the weekend for a meal and to listen to music.

Improvements were required in regards to fire safety precautions, personal planning, infection prevention and control (IPC) and, governance. These issues will be discussed in the subsequent sections of this report. However, overall the inspector found that the welfare and wellbeing of residents was promoted and adjustments in the above mentioned regulations would further build upon the many positive examples of care which were found on this inspection.

Capacity and capability

This was an unannounced inspection to monitor the overall quality and safety of care which was provided to residents.

The inspection was facilitated by the person in charge who had recently taken over the management of this centre. The previous person in charge continued to work in the delivery of care in this centre and they facilitated the initial aspect of this inspection. The new person in charge was found to have a good understanding of the residents' care needs and also of the resources which were implemented to support these needs. They had a clear understanding of their role and responsibilities and they assumed the overall management of the day-to-day operation of the centre.

The provider had completed all required audits and reviews as set out in the regulations. The provider's most recent six monthly audit highlighted some minor issues which required further attention. The centre's annual review discussed the challenges which COVID-19 had presented to residents and the efforts that staff had implemented to keep residents both occupied and safe. The annual review also considered residents' views on the service and focused on how they were consulted with in regards to the operation of their home. The person in charge also completed monthly reviews of care practices such as medications, finances and adverse events which assisted in ensuring that care was maintained to a good standard.

Although there was good oversight of many areas of care, the governance and management of contingency planning required review. Contingency plans which were reviewed failed to highlight how staffing ratios would be maintained should an outbreak of COVID-19 occur and, they also failed to clarify how basic services such

as food would be maintained. The contingency plan clearly highlighted the location of personal protective equipment (PPE) stations. However, there was no guidance as to how staff were to set up for contaminated zones or how to move between these zones to clean areas. In addition, there were no individual isolation plans for residents to ensure that a planned and consistent approach to care would be offered should a resident contract COVID-19.

As mentioned earlier, the staff team had a good understanding of residents care needs and there was warm and friendly interactions observed on the morning of inspection. A review of the rota indicated that residents were supported by a familiar staff team and a review of records highlighted that staff had attended training in areas such as safeguarding, fire safety, behavioural support and, they were up-to-date with all of their required training. The person in charge also conducted regular team meetings which assisted staff members to raise concerns they may have in regards to care practices. A review of the minutes of these meetings indicated that relevant issues were discussed such as IPC, medication management, fire safety and supporting residents with their finances.

Overall, the inspector found that the centre was well governed and ensured that the day-to-day operation of the centre promoted the welfare of residents; however, as mentioned above, contingency planning did require further review.

Regulation 15: Staffing

The staff who met with the inspector had a good knowledge of residents' needs and they clearly outlined the resources and measures which were implemented to meet these needs. The person in charge also maintained an accurate rota which indicated that residents were supported by a staff team who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

A review of records indicated that staff had received additional training in response to COVID-19 and that they were up-to-date with their mandatory and refresher training. Staff members also attended regular team meetings which facilitated them to discuss care practices or to raise concerns in regards to the service which was provided.

Judgment: Compliant

Regulation 21: Records

The action from the previous inspection had been completed as described with detailed staff training records in place on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all reviews and audits as set out in the regulations and the person in charge had a schedule of internal audits in place which assisted in ensuring that the delivery of care was maintained to a good standard. However, the overall contingency plan required review and additional planning was required to guide staff should a resident be required to isolate following contacting COVID-19.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records in this centre indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents were actively consulted with in regards to their care and also in regards to the running and operation of their home. Although some areas of care required adjustment, overall the quality of care was generally held to a good standard.

The care which was delivered in this centre very much focused on enhancing residents' rights and also promoted their inclusion in their locality. Residents who met with the inspector stated that they liked their home and that they could go to any staff member if they needed help or if they had a concern. There appeared to be an open and transparent culture within the centre. Throughout the morning of inspection the inspector also observed staff members asking residents' their

preference in regards to care practices and chatting about their plans for the upcoming week

Residents participated in weekly meetings which were meaningful to them and discussed upcoming seasonal events such as Halloween and Christmas. At these meetings residents were given the opportunity to express their thoughts on matters such as staffing arrangements and, issues such as IPC and cleaning. A fire safety quiz had also been completed by residents at the previous meeting which promoted residents' awareness of fire safety measures within the centre. Information on rights, COVID-19 and how to make a complaint was also clearly displayed and the person in charge explained that residents' actively participated in exercising their voting rights. The inspector found that these combined measures clearly demonstrated that residents' rights were part of the culture of this centre and were promoted through the actions of both the provider and the staff team.

Residents had good access to their local communities and they generally enjoyed going out for meals, concerts and also going to local public houses to listen to music at the weekend. A review of records also indicated that they liked to visit local areas of interest and they assisted with doing the grocery shopping for their home. The person in charge also explained that some residents were supported in the area of further development and employment. Through their day service a resident was supported to volunteer at a local radio station where they selected the music which was played. Another resident had paid employment in their local supermarket. One resident also attended local classes to improve their literacy skills. The inspector also reviewed a sample of residents' plans and found that the provider had a system in place to support residents to identify and achieve personal goals. A resident told the inspector that one of the goals was to go on a hotel break with a friend and they had made their hotel booking. Personal plans showed that residents had chosen goals which were meaningful to them such as going on a cruise, pampering days and having afternoon tea. However, although the resident had participated in choosing their goals there was no plan in place to demonstrate the progression and achievement of these goals.

IPC was actively promoted in this centre and on visual inspection the centre appeared clean. The person in charge had oversight of the measures which enhanced IPC and there were cleaning schedules in place for the cleaning and disinfection of the centre which were complete and up to date. However, some improvements were required in regards to maintenance and the colour coded cleaning system which was in place. There was damage to some kitchen units and water staining on a wall from a previous leak. There was also mould present in some areas of bathrooms. The centre had a colour coded cleaning system in place but there was no assigned colour for areas of infection which impacted on the provider's ability to prevent cross contamination.

The provider had fire safety equipment in place such as fire doors, fire alarm system and emergency lighting. Fire fighting equipment was also in place throughout the centre and all equipment had a service schedule which was up to date. Staff were completing regular checks of fire safety measures and fire procedures were clearly displayed in the centre. However, some improvements were required as the provider

was unable to demonstrate that residents could be evacuated across all shift patterns and some fire doors were not fully closing when activated which compromised the containment of fire in this centre.

In summary, the inspector found that a warm and homely environment was provided to residents who lived in this centre and those who used it for respite. Their rights were also respected and promoted and their interests in music, education and employment were actively supported. Although some areas of care required further review, overall the inspector found that the quality and safety of care was generally held to a good standard.

Regulation 11: Visits

There were no restrictions on residents receiving visitors and there was an ample number of reception rooms for residents to receive visitors in private if they so wished. Residents were also supported to see and contact their families on a regular basis. Residents had access to phones and some residents regularly went home for extended stays or sometimes to have dinner with the families.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms in which they held many of their possessions. Residents were assessed as requiring some supports with managing their finances and there were detailed records maintained for money which was withdrawn from financial institutions and money which was spent on their behalf. The person in charge and the staff team were completing daily checks of residents' finances to ensure that their money was safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

Residents attended day services during the week and one resident considered themselves as retired. Residents were well supported to enjoy their leisure time and they were out and about on a daily basis. Residents were also assisted to gain employment and pursue further education which assisted with their personal development.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained a risk register and risk assessments in response to risks such as COVID-19, fire and medication management were in place and updated as required. The inspector also reviewed incidents which had occurred and found that the person in charge had reviewed these incidents in a prompt manner. A review of incidents also indicated that there were no trends of concern which would impact on safety within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

IPC underpins the quality and safety of care which is provided and assists in promoting residents' overall health and wellbeing. The provider had introduced many robust measures in response to COVID-19 such as enhanced cleaning and hygiene regimes. This inspection identified that some adjustments were required as some bathrooms required additional cleaning, there were maintenance issues and, there was no assigned colour for areas of infection which impacted on the provider's ability to prevent cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place and it was clear that fire safety was actively promoted. It was on the agenda for residents' meetings and staff had completed fire evacuation drills which indicated that residents could be evacuated across some shift patterns. However, improvements were required as the provider failed to demonstrate that residents could be evacuated across all shift patterns. Furthermore, some fire doors did not close when activated which compromised the containment of fire in this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate medication storage facilities in place and residents had been assessed to manage their own medications. A review of medication prescription sheets contained relevant information to assist in the safe administration of medications and the associated administration records indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which clearly outlined their care needs and how they preferred to have their care needs met. Overall, plans were regularly reviewed and it was clear that residents actively participated in personal planning. However, improvements were required as the provider failed to demonstrate how some residents were supported to achieve goals which they had chosen at their personal planning meetings.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was clear that the centre was a pleasant place in which to live and residents who met with the inspector appeared happy and content as they interacted with staff members. The provider clearly demonstrated how residents participated in the running of their home and they were made well aware of their individual rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0034724

Date of inspection: 11/10/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Each keyworker is in the process of developing an individual isolation plan, it includes the following.</p> <ol style="list-style-type: none"> 1. Identification of areas of isolation specific to each individual service user. 2. Identification of clean areas in order to reduce the risk of cross infection. 3. Individual plan to include the query of returning home for that service user. 4. Each plan to identify where and how groceries will be sourced in the event of an outbreak of infection. <p>Time for completion: 14th of November 2022</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning protocols reviewed and updated. Yellow indicates infection control. The protocol includes the following.</p> <ol style="list-style-type: none"> 1. Yellow bucket and cleaning cloths including mops indicate use for infection control. Completed (2nd of November 2022) 2. The cleaning and disinfection of bucket between areas of infection and checklist to ensure same. Completed (2nd of November 2022) 3. Mould removed from bathrooms (completed) 4. Rust on radiators sanded and painted over in bathrooms (process to begin 3rd of November 2022) 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire drills to be carried out across shift patterns, taking in different scenarios, such as staff working alone during the night. December 2022 2. Fire drills to state that one staff observes and records and is not involved in the evacuation of service users. 3. Checklist completed of those who have participated in a fire drill and those who are due to participate in a fire drill. <p>Fire doors not closing have been logged onto the Flex system. Visit from Director of Ancillary Services (28.10.2022) Action plan to address same following his visit.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Review and updating of circle of support meetings are being carried out by keyworkers. This review focuses on the following.</p> <ol style="list-style-type: none"> 1. Person centered plans to reflect the planning and process of how goals are achieved. 2. More information to be included around the planning process with service users. 3. New format to be developed to support a more in-depth and inclusive planning process for personal goals. <p>Date for completion of reviews: 30th of November 2022</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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	10/11/2022

	published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	12/12/2022
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	12/12/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/11/2022