Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clochatuisce Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	23 January 2025
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0046172

About the designated centre

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

Clochatuisce Services is a designated centre run by Ability West. The centre comprises of one large bungalow which provides full time residential care for up to seven male and female residents, over the age of 18 years with an intellectual disability. Clochatuisce can provide accommodation for those with a range of medical and physical needs. The centre is located on the outskirts of Galway city and is located near local public transport services and amenities. Each resident has their own bedroom with access to a shared shower room. Each resident bedroom has overhead hoist and includes double doors for emergency exit. There are shared communal areas and a garden space which is wheelchair accessible. The centre has it's own mode of transport to support residents to access community based activities. Clochatuisce Services has a team of staff who are on duty both day and night to support residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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
Thursday 23 January 2025	10:30hrs to 14:30hrs	Anne Marie Byrne	Lead
Thursday 23 January 2025	10:30hrs to 14:30hrs	Mary Costelloe	Support

What residents told us and what inspectors observed

This was an unannounced inspection, carried out following the receipt of unsolicited information received by the Chief Inspector of Social services, which alleged concerns relating to this centre's staffing arrangement. The findings of this inspection did identify that this centre's staffing arrangement did require further review, to ensure a suitable number of staff were at all times on duty to meet the assessed needs of these residents. Furthermore, this inspection also found that a review of the provider's day service arrangement for these residents also required review, so as to ensure better continuity and oversight of care being delivered relating to this aspect of their service provision. These findings will be discussed in more detail later on in this report.

Seven residents lived in this centre and had high support needs. Five of them required two-to-one staff support, and two required support of one staff for most of their care and support needs. Multiple residents had assessed manual handling needs, requiring two staff for all transfers, using hoists and with their personal and intimate care. All residents had been assessed as being at risk of falls, and some also had assessed health care needs, whereby, they experienced seizure activity. Most of them were full-time wheelchair users, with some requiring support at meal times, and all required a high level of supervision both day and night from staff to ensure their safety.

Clochatuisce Services is a large single storey dwelling located in a residential area close to the city. Residents had their own bedrooms which were spacious, comfortably decorated and personalised with residents own family photographs, artwork and other personal belongings of significance to them. Overhead ceiling hoists were provided to all bedrooms and some bathrooms to safely assist residents with assessed manual handling needs. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were also provided. All residents had their own individual equipment including hoist slings and shower chairs, with each resident having access to a shared accessible shower room. There was also a separate well-equipped and spacious bathroom with specialised jacuzzi bath. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and wheelchairs. All bedrooms were also provided with double doors opening to the outside of the building to facilitate bed evacuation in the event of an emergency. There was two sitting rooms available to residents, as well as, a kitchen and dining area, and laundry room. Residents had access to large and well-maintained garden with a variety of plants, shrubs and trees, and was accessible to residents using wheelchairs. The centre was found to be spacious, bright, comfortable, furnished and decorated in a homely style, well-maintained and in a visibly clean condition throughout. However, storage for equipment required review, as there was no separate storage area for equipment, with many items including specialised chairs, wheelchairs and standing frame were being stored in one of the sitting rooms.

The inspection was facilitated by the person in charge and person participating in management. The inspectors also met with staff who were on duty. One of the residents had already gone out for the day by the time the inspectors arrived, and six remained at the centre, where their day service was being facilitated. Inspectors got to meet with these six residents; however, due to their assessed communication needs, many of them were unable to speak with the inspectors about their views of the care and support they received. However, they appeared content and comfortable in their surroundings and in the company of staff supporting them. Three residents were relaxing in the kitchen/ dining room area, one resident was having their nails painted, while another was engaging in a table top puzzle activity. Two residents were relaxing in the day room and another was using a motorised movement therapy device. One inspector did get to speak with one of them, who stated that they were getting on well in the centre. They mentioned how they liked their bedroom and had pictures of their favourite farm animals displayed on the walls. They mentioned how they enjoyed going for drives in the bus and going bowling. They also advised that they enjoyed the meals prepared by staff in the centre.

As earlier mentioned, by the time the inspectors arrived to this centre, day service for six of these residents had already commenced in-house. This service operated five days a week for these residents, between the hours of approximately 9.30 – 15.00pm. During this time, they were supported by a staff team that comprised of both day service and residential staff members. Upon inspectors' arrival to the centre, these six residents were being supported by three staff members, two of whom were day services staff, and one was a residential staff member. The person in charge advised that there were normally four staff on duty during the hours of this day service, but explained that one staff from day services had called in sick that morning, and that they had only being made aware of this a short time before meeting with inspectors. Additional staff members arrived later in the morning to provide staff cover. Over the course of the inspection, inspectors were informed that while this day service was being delivered to these residents in-house, day service staff were managed by their own line manager, and did not report to the person in charge. This arrangement has resulted in delays to the person in charge being made aware of in a timely manner of unplanned staff absences, and has also had an impact on the clarity in the lines of authority and accountability to ensure continuity of care for residents, when this service provision is being provided in their home. This is discussed further under the capacity and capability section of the report.

The outcome of this inspection also found where a review of this centre's staffing arrangement was required. The provider had reviewed this upon the findings of the last inspection; however, since then, staffing levels for this centre had not been formally reviewed. This was found to impact residents' opportunities for social outings during the week, and inspectors also had concerns around this centre's night-time staffing arrangement. On foot of this, the provider made a decision during the inspection, to put two waking staff in place at night with immediate effect, as an interim measure until night-time staffing levels were reviewed. Although these residents had high support needs, inspectors were told of how they enjoyed going for walks, visiting the shops, local restaurants, coffee shops, hairdresser, church and attending mass. The centre had its own mini bus which

residents could use to go for drives and visit places of interest. However, activities and outings in the community were dependant on adequate staff being available to support residents, while at the same time ensuring that staff were available to support and supervise residents who remained in the centre. Records reviewed showed that a resident who had recently planned to go out for an ice-cream was unable to do so due to staffing shortages. It was also noted by inspectors within minutes of staff meetings, that the impact of staffing levels on mid-week social activities was regularly discussed. While much of the outings in this centre occurred at weekends when there was a fifth member of staff member on duty, the same opportunity was not provided mid-week for residents to get out and about.

Overall, while there was good compliance with some specific regulations reviewed on inspection, improvements were required to ensuring that the number of staff was appropriate to the number and assessed needs of residents, and to ensuring that governance arrangements in place ensured effective oversight for all areas of the service provision.

The next two sections of the report will outline the specific findings of this inspection.

Capacity and capability

Following on from the last inspection of this centre in October 2023, whereby, improvements were required to the centre's staffing arrangement, the provider did review their staffing levels, and increased day-time staffing to four, with a fifth staff member rostered at weekends. However, the provider failed to since formally review these staffing levels to ensure they still were sufficient to meet the assessed needs of these residents. Furthermore, this inspection also found that a review of this centre's day service arrangement for six residents also required review, to ensure that the provider had identified clear lines of authority and accountability for this particular aspect of their service provision.

The person in charge was newly appointed to the role a few months prior to this inspection, and was found to be very knowledgeable of the residents' assessed needs, and of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager, and as this was the only designated centre operated by this provider in which they were responsible for, this meant that they were based full-time at the centre. They did have 20 hours administration allocated to them every week to carry out their managerial tasks, and for their remaining hours, they were rostered to provide direct care to residents.

As earlier mentioned, the provider did review the staffing levels for this centre since the last inspection; however, these again required review. In recent months, the provider applied to the Chief Inspector to increase the bed capacity for this centre from six to seven beds. In addition to this, two new resident admissions had occurred since the last inspection. However, despite this, no formal review of the

centre's staffing arrangement was completed. In particular, inspectors raised concerns regarding night-time staffing levels, as the centre reduced to two staff from 9pm each night, which the provider immediately responded to of their own accord by close of the inspection. However, given the recent increase in bed capacity, and on-going high support needs of residents, this had not prompted the provider to carry out a follow-up review of their staffing levels for this centre.

As part of their regulatory obligations, the provider is responsible for ensuring that there were clear lines of accountability and responsibility for all areas of their service provision in this designated centre for all residents. As previously mentioned, six of these residents were provided with a day service in the comfort of their own home five days a week. However, this arrangement required review to ensure continuity of care was at all times maintained, as well as robust governance and oversight arrangements, during the hours when this service was being provided. A mix of day service and residential staff supported these residents during those hours; however, this caused some lack of clarity in reporting structures, and also to the accountability for ensuring continuity of care was being provided to those residents, while this service was being provided in the designated centre.

Regulation 15: Staffing

The provider had failed to ensure the staffing arrangement for this centre was maintained under regular review, with due consideration to the high support needs of the residents.

Since the last inspection, the provider did increase mid-week day-time staffing levels to four, and further increased this to five staff being on duty during day-time hours at weekends. This had provided residents with more staff support for social activities at weekends, but the same level of support was not provided mid-week, to ensure they had the same opportunity for social engagement mid-week. At 9pm, staffing levels reduced to two staff on duty until 11pm, and they were responsible for supporting residents to prepare for bed etc. This staffing arrangement then went to one waking night and a sleepover from 11pm until morning time. During these hours, some residents continued to require pressure area care, others needed assistance with their incontinence care needs, some required close supervision by staff due to risk of seizure activity, and all residents were checked at a minimum 15 minute intervals by the waking staff member on duty.

In recent months, the provider applied to increase the bed capacity of this centre from six to seven beds, with the centre operating at maximum capacity at the time of this inspection. The current staffing arrangement required further review by the provider to ensure:

- Night-time staffing levels are suitable to meet the assessed needs of all seven residents

- Suitable staffing levels are on duty between 9-11pm each night to support

residents during these hours, in accordance with their assessed needs

- Midweek day-time staffing levels were appropriate to meet the social care needs of residents, to ensure they have the staff support they required to engage in social activities and outings

- To ensure that this review gives clear consideration for the review of this centre's staffing skill-mix to ensure residents' needs are being supported, in line with their assessed health care needs.

Judgment: Not compliant

Regulation 23: Governance and management

While the provider had suitable persons appointed to manage and oversee the running of this centre, significant improvement was found to be required to the review of staffing resources, and also in the re-assessment of this centre's day service arrangement for these residents.

Following on from the findings of the last inspection in October 2023, the provider did review their staffing arrangement for this centre, which resulted in additional staff rostered during day-time hours. However, since then, no formal review of the centre's staffing levels had occurred, despite an increase in the number of residents now living in this centre.

Furthermore, although monitoring systems were found to be more thorough in their review of certain aspects of this centre, the provider had not considered incorporating the monitoring of this centre's staffing arrangements as part of these improved arrangements. For example, the most recent provider-led visit, thoroughly looked at other areas of care, relating to, healthcare, assessment and personal planning, restrictive practices and governance and management arrangements. Inspectors found this visit to be very informative, and resulted in a clear timebound plan outlining how the provider intended to address the improvements required. However, given the previous findings of the last inspection, the recent increase in bed capacity in this centre, and continued high support needs of the residents, the provider had not included a review of the centre staffing arrangement as part of their own internal monitoring systems.

A review of the day service arrangement was also required for this centre, to ensure the provider was maintaining clear lines of accountability and authority while this service was being provided in their designated centre. Two different staff teams provided this day service to these residents each week, and better clarity was required in relation to the reporting and oversight arrangements of the care being delivered during these hours, so as to ensure continuity of care for all six residents.

Judgment: Not compliant

Quality and safety

While the residents in this centre were assessed as having high support needs, their needs were well-known by staff and well-documented. There were good examples of care observed in relation to specific health care needs, with multiple multi-disciplinary reviews occurring to ensure residents were receiving the care and support that they required.

An inspector review a number of incidents that had occurred in the months prior to this inspection, and found that there had been a timely response to any trends identified. For example, for one resident who experienced a number of behavioural related incidents, this resulted in a review of their medication, which has since seen a considerable drop in the number of these incidents that this resident is now experiencing. Furthermore, a few days prior to this inspection, a significant incident occurred which resulted in an injury to a staff member. This was immediately addressed by the provider, and control measures had been put in place to ensure an incident of a similar nature would not re-occur. Identified risks were well communicated among all staff, and formed a large part of discussion at staff team meetings. The person in charge maintained good oversight of risks linked with residents' assessed needs, and engaged regularly with the relevant allied health care professionals in relation to these.

Good practices were also found in relation to the re-assessment, management and review of residents' health care needs. As previously mentioned, many had assessed health care needs, with some requiring specific care and support with their elimination, manual handling, nutritional care, and skin integrity needs. The centre was supported by a staff nurse in the review of these, who regularly came to the centre to review residents' care, and to guide and support staff where changes were required. There was evidence of strong multi-disciplinary input, and the person in charge had maintained good oversight of residents' various health screenings and scheduled these accordingly. Residents were supported to attend medical appointments, and had all received review from their General Practitioner in recent months.

Due to concerns raised in the unsolicited information received by the Chief Inspector, safeguarding arrangements were also reviewed as part of this inspection. There were no active safeguarding concerns at the centre at the time of this inspection, and all staff had received up-to-date training in safeguarding.

Regulation 26: Risk management procedures

Where incidents occurred, these were reported, reviewed and quickly responded to. This was particularly observed in relation to the management of behavioural and staff safety related incidents, which were quickly responded to by the provider, who ensured effective measures were put in place to reduce the likelihood of re-occurrence.

Identified risks associated with residents' care and support needs were well-known by staff and well-documented. Staff who spoke with the inspectors were aware of the risks relating to manual handling, skin integrity and specific health care needs. There was regular management and MDT oversight of the measures put in place to mitigate these risks, and the person in charge kept very regular contact with staff about any changes to these safety arrangements. Furthermore, monthly staff team meetings spoke at length about identified risks in this centre, and provided staff with further opportunity to raise any further risks or safety concerns.

Although it was evident that the person in charge maintained the risk register under regular review, the risk assessment supporting this centre's staffing arrangement required updating. This was brought to the attention of the person in charge who was rectifying this by close of the inspection.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that suitable arrangements were in place to support residents with assessed health care needs. These needs were well-documented and were subject to on-going multi-disciplinary reviews. The centre also had nursing support available to them, whereby, a nurse attended the centre on a regular basis to review residents' health care needs and the care interventions that they required. There was also regular input from various allied health care professionals, including physio and occupational therapy. Where residents required equipment to support them with their assessed needs, these were provided to them. Residents assessments relating to their health care were maintained under regular review, and any changes to care and support arrangements, were clearly outlined for staff to refer to in associated personal plans.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that procedures were in place to guide staff on identifying, reporting, responding to and monitoring for any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in

safeguarding and at the time of this inspection, there were no active safeguarding concerns in this centre.
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	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0046172

Date of inspection: 23/01/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staff roster in the designated center has been reviewed in line with the assessment of needs of each resident. The staff roster has increased by two whole time equivalents effective since the 23/01/2025. The staff increase ensures the following, • Four staff on shift between 08.00-09.00 • Day service staff commence between 09.00 & 09.30 until 15.00 • Five staff on shift between 15.00-21.00 (Mid-week) and five staff on shift Weekends 09.00-21.00) • Three staff on duty between 21.00 – 23.00 • The 5th staff is on a sleepover shift so they retire at 23.00 • Two waking night staff on duty between 21.00 and 09.00 • That all residents have access to social outings/activities of their choice. • Adequate supervision and support is available within the centre for those residents who wish to remain in the centre. • Staffing skill-mix to ensure residents' needs are being supported, in line with their assessed health care needs. The Provider continues to advertise vacant posts for the designated center. The Provider re-introduced the Person in Charge / Team Leader Forum on 07/02/2025 and roster management was one of the key agenda topics. The Provider has developed a roster audit, which will be completed in this center by 12/03/2025. The roster will be reviewed at a minimum annually to ensure it reflects the assessed needs of the residents.	
Regulation 23: Governance and	Not Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The recent review of the staffing roster in the designated centre incorporated day service hours delivered by day service staff. Further review and consideration for a 24/7 service is in consideration and will be completed by the 30/09/2025

In the interim, the Person in Charge and the Day Service Manager are meeting on a weekly basis to have a more coordinated approach to the management of the day service provision in the designated centre. The records of these meetings will be maintained by the Person in Charge and will ensure,

• Clarity on reporting and oversight arrangements for the support and care delivered in the designated center.
• Continuity of support and care to each resident in the designated center.
• Clear lines of accountability and authority in the designated centre

The next Provider Led Audit for this designated centre will incorporate a full review of staffing arrangements, as part of this monitoring system for this designated centre. This will be completed by 30/06/2025.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	23/01/2025
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	23/01/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	21/02/2025

	structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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	30/09/2025