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:	Clarefield Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	09 January 2020
Centre ID:	OSV-0007181
Fieldwork ID:	MON-0027848

About the designated centre

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

Clarefield Services is a centre operated by the Health Service Executive. The centre provides residential support for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is located in a town in Co. Mayo and comprises of one premises. Here, residents have access to their own bedroom, shared bathrooms, kitchen and dining area, sitting room, utility room and external grounds. The centre is spacious and nicely decorated, providing residents with a comfortable environment to live in. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 January 2020	09:05hrs to 13:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three residents, two of whom were unable to communicate with the inspector and one who engaged with her very briefly. On the day of inspection, residents were preparing to go to mass in a local village and were being supported by the staff on duty to do so. The staff along with the person in charge, informed the inspector of residents' preferences, of the improvement in their quality of life since they transitioned to the centre and of the various manual handling requirements that each resident had.

Staff were found to be very respectful of residents' capacities and personal space, informing the inspector that residents were facilitated to get up each morning at a time they wanted. The schedule of the day was then determined based on either how each resident was feeling or what they wished to do. Throughout the inspection, the inspector was made aware of the various communication styles effectively used by staff to determine the wishes of residents who were unable to verbally communicate.

Overall, the inspector observed staff to interact well with residents and had great desire to continue to promote residents' quality of life.

Capacity and capability

Overall, the inspector found this was a well-run and well-managed centre that ensured residents received a good quality and safe service.

The person in charge held the overall responsibility for the service and she was supported by her line manager and staff team in the running and management of the centre. She also managed one other service operated by the provider and told the inspector that the current governance and management arrangements supported her to fulfill her duties as person in charge at this centre also. She visited frequently each week to meet with staff and residents, held strong knowledge of each resident's needs and had clear oversight of the service delivered to them.

Since the last inspection, the provider increased the night-time staffing arrangements, which meant that two waking staff were now on duty at night. This promoted residents' safety in terms of their mobility needs and in the event that an evacuation of residents from the centre was required at night. Staff who met with the inspector were very knowledge of each resident's specific needs, particularly in areas such as health care, communication and social care. Some staff had previously worked with these residents prior to their transition to the centre in 2019, which supported continuity of care within the overall service. A well-maintained roster was

also available, which was subject to regular review and detailed staff names and their start and finish times worked at the centre. Effective training and supervision arrangements also ensured that staff received the training and support that they required to adequately support the three residents living at this centre.

Staff meetings regular occurred, which ensured all staff were regularly informed of changes happening within the centre and afforded them with an opportunity to raise concerns regarding the safety and welfare of residents directly with the person in charge. The person in charge also received regular support from her line manager where any issues arose within the service and required action to be taken. The first six monthly provider-led visit and annual review had not yet occurred, but plans were in place to ensure there were conducted in accordance with the regulations. In the interim, the person in charge had commenced a series of regular audits, including residents' finances, medication management and health and safety. This process allowed for continued monitoring of the service and the timely identification of any improvements required.

An incident reporting system allowed for all incidents occurring to be recorded, responded to and the effectiveness of measures to be regularly reviewed. On a monthly basis, the person in charge also trended the types of incidents that were occurring, which allowed for timely response to risk at the centre, as and when required. She also had ensured that all incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Regulation 14: Persons in charge

The person in charge had good knowledge of the residents' needs and of the service delivered to them. She had the experience and qualifications required by the regulations and was regularly present at the centre to oversee the quality of service delivered.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, the provider increased the night staffing arrangement, which had a positive impact on the safety of residents. Adequate staff were rostered each day to ensure residents' nursing and social care needs were met. Planned and actual rosters clearly identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff received mandatory training and refresher training, as and when required. Staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place; however, it required review to ensure the name of the body, authority or organisation responsible for the admission to the centre was recorded. The person in charge was in the process of rectifying this by the close of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage this centre and that adequate resources were in place to meet the needs of all residents. Plans were in place to conduct the centre's annual review and six monthly provider-led visits in line with the requirements of the regulations. In the interim, the person in charge had commenced an auditing system which monitored various aspects of the service delivered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

There was an incident reporting system which allowed for all incidents to be recorded, responded to and regularly reviewed. The person in charge had ensured that all incidents were reported to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

In the main, the inspector found that the provider operated the centre in a manner that was considerate of residents' capabilities and respected their individual preferences, providing them with multiple opportunities for meaningful community engagement and personal development.

As many staff working at this centre had previously supported these residents, they were very familiar with communicating with these residents, some of whom were non-verbal and some with limited verbal skills. Pictorial references were frequently displayed at the centre to inform residents about what was going on, including, pictured activity schedules, photo rosters and picture menus. In preparation for this inspection, the person in charge had also prepared a pictorial memo for residents to ensure they were aware of when the inspection was taking place.

Since transitioning to the service, staff spoke with the inspector regarding the positive impact it had made to residents' quality of life. Residents were now accessing local amenities, going shopping, going to mass and some residents, for the first time, were attending a local hairdresser, which they had not previously done prior to transitioning. Three staff were on duty each day and staff who met with the inspector said that with this current arrangement, they were comfortably able to bring residents out into the community, independently or with their peers. In addition, the centre had access to a multiple wheelchair vehicle and alternative transport arrangements were also available for residents, as and when required. This meant that all residents could go on outings together, if they wished to do so. Residents' personal goals were very much orientated around residents' wishes, with some focusing on increasing community engagement. The person in charge spoke of the various strategies that were put in place to achieve this, including a house warming that was held at the time the centre opened where residents invited neighbours and family members to attend.

Residents' needs were regularly assessed and where required, personal plans were developed to guide staff on the specific support that each resident required. Similarly, residents with assessed health care needs received regular review from relevant allied health care professionals. There were some restrictions in place at the time of this inspection and supporting documentation such as risk assessments and protocols were in place to guide staff on their appropriate use in practice. However, the centre's current restrictive practice policy did not support decision-making on the use of environmental and physical restraints, such as lap belts. Although this did not have a direct impact on residents' safety or quality of care, the lack of adequate guidance within this policy meant that staff did not have access to the most up-to-date information to ensure that the least restrictive practice was at all times being used, in line with best practice.

The provider had an effective system in place for the detection and timely response to risk at the centre. For example, shortly after opening the staff experienced

incidents of unauthorised access by members of the pubic who had mistaken the centre for a public building. Following this, measures were put in place by the provider which ceased such incidents from re-occurring. However, the inspector identified that a review of some risk assessments was required to ensure risk-ratings relating to specific risks were accurately rated. For example, although the provider had put effective measures in place in response to falls management, the risk-rating on the corresponding risk assessment did not give consideration to how these measures had successfully reduced the likelihood of falls at the centre. In addition, additional control measures required to mitigate against specific risks were not always detailed on risk assessments. For example, a recent fire drill identified that some doors impacted the evacuation time of residents who were wheelchair users. Although the person in charge told the inspector about what action was being taken to rectify this, these additional controls were not identified on the risk assessment to inform accuracy in the calculation of the overall risk-rating and to allow for the effectiveness of these additional measures to be regularly reviewed.

All staff had received up-to-date training in fire safety and personal evacuation plans were in place to guide on the specific support each resident required to safely evacuate. Staff also carried out regular fire safety checks and two waking staff members were at all times on duty at night, which had a positive impact on ensuring a timely response to fire at the centre. Since the last inspection, the provider had updated the fire procedure, which was found to provide clarity on the steps to be followed by staff in the event of fire. Although fire drills were regularly occurring, the evacuation time frame from a recent fire drill using minimum staffing levels, identified some issues which may arise in the event of a real evacuation. However, the outcome of this fire drill had not been adequately reviewed by management to ensure all residents could at all times be evacuated in the most efficient manner.

Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had ensured that these residents received the care and support they required.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured adequate staffing and transport arrangements were in place to allow residents to regularly access the community and to take part in activities appropriate to their capabilities and of interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, comfortable and nicely decorated. Each resident had their own bedroom, decorated to their wishes and the layout of the premises supported the mobility needs of all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification and response to risk at the centre. However, some improvement was required to ensure risk assessments provided an accurate rating of specific risks at the centre. Furthermore, where additional controls were required in response to risk, risk assessments were not always updated to demonstrate what they provider planned to do in response to such risk, for example, fire safety.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, clear fire exits, night-time fire safety checks, emergency lighting and all staff had received up-to-date training in fire safety. A clear fire procedure was available at the centre, which guided staff on how they were to respond to fire at the centre. In addition, each resident had a personal evacuation plan which clearly detailed the level of support each resident required to evacuate from the centre. Although fire drills were regularly occurring, the outcome from a recent fire drill using minimum staffing levels had not been reviewed to ensure that all residents could at all times be evacuated in the most efficient manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured residents' needs were regularly assessed and reviewed.

As required, personal plans were developed to guide staff on the specific supports that residents required. Personal goals were also developed with residents and records of the progress made towards achievement were maintained.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no residents at this centre requiring behavioural support; however, the provider had ensured that all staff had received up-to-date training in the area of behavioural management. There were some restrictions in place and although risk assessment and protocols were available on their appropriate application. However, the centre's policy on restrictive practices required review to ensure all decision-making, assessment and review of all restrictions was conducted in accordance with best practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured all staff had received up-to-date training in safeguarding. There were no safeguarding concerns at this centre at the time of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clarefield Service OSV-0007181

Inspection ID: MON-0027848

Date of inspection: 09/01/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All Individual and Centre risks will be reviewed and updated and reflect the controls in place to mitigate the risk by 14.02.2020	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire evacuation drill with minimum staffing levels was completed on the 09.01.2020. All residents were evacuated in a safe and timely manner. Minimum staffing drills will continue at regular intervals to demonstrate efficiency and appropriate evacuation times	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Centre's policy on restrictive practice is currently being reviewed. In the interim we are guided by the HIQA document "Guidance on promoting a care	

environment that is free from restrictive practice Disability Services" March 2019.
All restrictive practice currently being used in the centre were reviewed at the MDT meeting 09.01.2020 and all decisions are based on a collaborative approach and best practice guidelines.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/02/2020
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	09/01/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or	Substantially Compliant	Yellow	28/02/2020

	environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			