



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

Name of designated centre:	Clochán Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	09 April 2018
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0021062

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.

Current registration end date:	28/10/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
09 April 2018	09:15hrs to 18:05hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with all six residents who lived in this centre. These residents talked about the care and support that they received there.

Residents spoke highly of the service and care provided. Residents told the inspector that they enjoyed living in the centre, that the staff looked after them well, that they felt well cared for and that staff always supported them to do things that they wanted to do. They talked about the variety of opportunities available to them, including day services, going to entertainment events, participation in community groups, taking holidays and keeping in touch with families and friends.

Residents explained who was in charge and who they would tell in the event of any concern or worry. The inspector observed that residents were comfortable together and in the presence of staff, and residents confirmed this to be the case.

Capacity and capability

There were effective governance and management arrangements in place which ensured that the service received by residents living in the centre was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance but any issues identified had been addressed to improve the service. The person in charge and staff carried out regular audits of residents' finances and medication management.

There was a clear and effective management structure in place in the organisation. The person in charge was supported by her line manager and support structures in the organisation such health and safety, and quality and compliance personnel. In addition, there were out-of-hours on-call management arrangements in place to ensure that staff were supported at all times.

The provider had measures in place to ensure that staff were competent to carry

out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. Since the last inspection the person in charge had arranged for more staff training to be held in the local area which increased the opportunities for staff to attend this training. The person in charge was based in the centre and worked closely with staff and residents. Throughout this registration cycle the inspector had found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

The provider had measures in place to review and evaluate risks and for the recording and review of adverse incidents and complaints. There had been a low level of accidents, incidents and complaints and there had been no serious accidents involving residents.

Since the last inspection, the provider and management team had introduced measures to strengthen the governance of the service and to continue to improve the quality of service to residents. Any issues arising from the previous inspection of the centre had been taken seriously and had been suitably addressed.

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, manual handling, behaviour support and safeguarding - in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits and management meetings, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the fees to be charged, what was included in the fees and most of the required information about the service to be provided. However, some details of the service to be provided to some residents was not accurate, and did not reflect the service being provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose that described the service being provided to residents, was being reviewed annually, and met most of the requirements of the regulations. However, it did not clearly state some of the information required by schedule 1 of the regulations. The organisation had recently introduced a new format of the statement of purpose. At the time of inspection the person in charge was working on producing an updated statement of purpose and a revised version was due to be implemented in the coming weeks

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints process that was generally effective, some aspects of the complaints procedure did not comply with the requirements of the regulations. Information about how to make a complaint was displayed in user friendly format, and had also been discussed at residents' meetings. However, there was conflicting guidance about roles and responsibilities in the complaints policy and procedure, and the roles of the nominated person and complaints officer were not clear. Therefore, the person who was nominated to manage complaints was not routinely involved in the recording and investigation of complaints.

Judgment: Substantially compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found that residents' received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis during the inspection.

The personal planning process ensured that residents' social, health and developmental needs were identified. Personal planning arrangements ensured that each resident's needs were subject to regular review both annually and more frequently if their needs changed. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own personal plans. In addition, residents and staff planned residents' personal goals for the coming year annually and identified the required support to achieve these. The inspector could see that residents were out and about in the community. Residents confirmed that this was the case and that they enjoyed it.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. Each resident had

access to a general practitioner and attended annual healthcare checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged as required. Plans of care for good health were developed for residents' which identified their specific care needs. This ensured that residents' health needs were being identified, and that plans were in place to ensure that this care was appropriately delivered.

The provider had arrangements in place to keep residents safe. There were measures to safeguard residents from abuse. The provider had also ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed and staff had received formal fire safety training. Fire evacuation drills involving residents and staff were being carried out. Residents, and staff who spoke with the inspector, knew the fire evacuation procedures. All bedrooms had fire doors for the containment of fire and smoke. There was, however, some minor improvement required to the recording of fire evacuation drills.

There was a good level of compliance with regulations relating to the quality and safety of resident care, and residents' social integration and development was being prioritised.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, and was well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make a complaint, feeling safe and meal plans. There was an informative guide available to residents that met the requirements of the regulations, and was also presented in a format that was easy for residents to read.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for residents. However, while fire drills were generally being completed in a timely manner, the recording of some drills did not reflect the compartmentalisation arrangements that were in place in the centre. This presented a risk that some of the learning from evacuations may not be accurately recorded for the purpose of learning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Residents' medication was securely stored and staff who administered medication had received training in safe administration of medication. The person in charge had carried out assessments to establish residents' suitability for self-administration of their own medication. Residents also had access to the services of pharmacists of their choice in the local area.

During the last inspection of this centre there was improvement required to information to guide staff on the administration of residents' medication, and this had been suitably addressed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals, both social, health and developmental, were agreed at these meetings and were further reviewed at six-monthly intervals. These plans were made available to residents in an easy-to-read format. Clear records of residents' personal goal planning were kept - these included specific time frames, named supports and progress updates in achieving the goals.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, there was an up-to-date safeguarding policy and there was evidence that safeguarding was discussed at staff meetings. Information on safeguarding was made available to residents and there was a designated safeguarding officer in the organisation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0021062

Date of inspection: 09/04/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All Contracts of Care have been reviewed. An Addendum to Contracts of Care have been sent to service users and families and now reflect the service provided accurately.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement Of Purpose for Clochan Services has been reviewed to comply with the requirements of Schedule 1. This has been submitted to HIQA.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Clarify what procedure is at local level to be in line with what the policy states.</p>	

The User Friendly Complaints Procedure has been updated to clarify the role of the nominated person for dealing with complaints and the role of the Complaints Officer. The Organisation's policy and procedure is currently being reviewed to ensure compliance with statutory bodies, relevant legislation and regulations.

|

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Centre Emergency Evacuation Plan has been amended to include instructions for different compartments within the Designated Centre, for example, the downstairs extension.

A Fire drill reflecting compartmentalisation of the Designated centre has been completed. Future Fire drills will ensure that compartmentalisation arrangements in the Designated centre are reflected. A schedule will be put in place by Person in charge.

Person in charge will ensure that all staff and residents have the opportunity to take part in fire drills. A schedule will be put in place.

All Fire drills will continue to be reviewed at team and house meetings, and learnings taken from them.

|

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	25/05/18
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	14/05/18

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/05/18
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/06/18