



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:	Unannounced
Date of inspection:	07 December 2021
Centre ID:	OSV-0007181
Fieldwork ID:	MON-0034417

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

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 7 December 2021	12:20hrs to 16:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were well supported with their healthcare needs, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk, most of the inspection was carried out in rooms which were not being used by residents at the time.

The inspector met with all three residents who lived in the centre, although only one resident had the verbal capacity to talk to the inspector about living there. This resident spoke briefly with the inspector, saying that they were very happy living in the centre and enjoyed life there.

The centre was very centrally located, with town facilities, a hotel and a large shopping centre nearby. Transport was available so that residents could go out for drives, shopping, family visits and to attend local amenities. The centre was modern, clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, well-equipped kitchens and sufficient bathrooms. All residents had their own bedrooms. Residents were happy for the inspector to see their bedrooms, which were comfortably decorated, suitably furnished and equipped and personalised. The centre had an enclosed garden for residents' use. Furniture and decor was supplied in the garden to create a safe and enjoyable place for residents to spend time outdoors as they chose.

The inspector observed that residents appeared at ease and comfortable in the company of staff and with each other. Staff were observed spending time with residents, discussing daily activities and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Residents were involved in activities such as listening to music, going outdoors for walks, art, family visiting and television. During the inspection, a resident was having her nails painted and was enjoying this treatment. Another resident chose to spend time in a sitting room which was furnished for relaxation. The room was equipped with soft lighting and sensory lamps, peaceful music was being played and furniture was comfortable. The resident was clearly comfortable and enjoying this activity.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' lives.

Capacity and capability

The provider's management arrangements ensured that a person-centred and safe service was provided for people who lived in this centre, and that residents' received a good quality of care. Although processes were in place to ensure that suitable care was delivered to residents and that residents were kept safe, improvement was required to the review of operational policies. However, there was no evidence that this was impacting on the quality of service being provided to residents.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge who knew the residents and their support needs. It was clear that residents knew the person in charge. The person in charge also worked closely with the wider management team. There were clear arrangements in place to support staff when the person in charge was not on duty.

There was ongoing review and monitoring of the service to ensure that a high standard of care, support and safety was being provided and maintained. Unannounced audits were being carried out twice each year on behalf of the provider. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management, restrictive practice and finances. Records showed a high level of compliance in all audits and that any identified issues had been addressed. The provider had also taken the findings of the last inspection of the centre by HIQA seriously, and any areas for improvement identified in the inspection report had been addressed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents.

Records viewed during the inspection, such as food and nutrition records, COVID-19 and infection control systems, and fire safety records, were comprehensive, informative and up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. There was a statement of purpose which described the service being provided and met the requirements of the regulations.

Although there had been no complaints in the centre, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents.

Policies required by schedule 5 of the regulations were available to guide staff.

While the majority of policies were up to date, there were a small number of policies which had not been reviewed within the time frames required by the regulations. However, these policies were currently being reviewed and were expected to be made available to staff in the near future.

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up-to-date copies of the statement were made available to residents and or their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff. While the majority of policies were up to date, there were a small number of policies which had not been reviewed within the time frames required by the regulations.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service.

The provider had measures in place to ensure that the wellbeing of residents who lived in this centre was promoted, that these residents were kept safe, and that residents received suitable care appropriate to their needs.

There was one house in the designated centre and it was centrally located in a rural town. The centre had been established for a specific group of residents and was laid out and equipped to meet their specific needs. The centre was clean, comfortable, spacious and suitably furnished. Suitable facilities, furniture and equipment were provided to meet the needs of residents. Some features of the building enhanced the levels of safety and comfort for residents. For example, there were several fully-accessible bathrooms with grip rails available to residents, specialised beds were provided and overhead hoists were fitted in bedrooms and bathrooms as required. There was a well-maintained and accessible garden for residents to use.

The provider, person in charge and staff had systems in place to ensure the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. There were a variety of amenities and facilities in the surrounding areas, and transport and staff support was available to ensure that these could be accessed by residents.

There were measures to ensure that residents were supported and assisted to communicate in accordance with their needs and wishes. These included the development of communication passports, and the use of suitable techniques such as pictorial choices and objects of reference. During the inspection, staff were seen to communicate appropriately and effectively with residents.

Residents' nutritional needs were well met. Suitable foods were provided to suit residents' needs and preferences. Nutritional assessments had been carried out as required, residents' weights were being monitored, and support from dieticians and speech and language therapists was available as required. Residents received a varied diet and food choices were offered by suitable communication techniques.

There were systems in place to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including strong measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures, and implementation of a cleaning plan in the centre. Smooth, durable, readily-cleanable surfaces were provided in all bathrooms, and the centre

was visibly clean throughout. A contingency plan for the management of COVID-19 had also been developed.

There were no restrictive practices in use in the centre for behaviour management. There were, however, a small number of restrictive interventions, such as bedrails and lap belts in place for the safety of residents. These had been suitably assessed as being the least restrictive option and were well managed. There was a policy to guide practice.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. Fire fighting equipment and alarms were being checked and serviced, and there were fire doors throughout the building. Fire drills were taking place in both day time and night time situations and records showed that evacuations were being achieved in a timely manner.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, and in the community. Suitable support and resources were provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had measures in place to limit the spread of infection in the centre. To ensure the safety of residents, staff and visitors, additional infection control procedures had been introduced in response to COVID-19.

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.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable arrangements for the support and management of behaviour that challenges.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Clarefield Service OSV-0007181

Inspection ID: MON-0034417

Date of inspection: 07/12/2021

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider has given an undertaking to have policies and procedures reviewed and updated in line with regulation 4. This will be completed by 15/04/2022.	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/04/2022