



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

Issued by the Chief Inspector

Name of designated centre:	Clochan Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 & 08 January 2020
Centre ID:	OSV-0004068
Fieldwork ID:	MON-0025685

About the designated centre

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

Clochan Services supports six male and female adults with intellectual disabilities, who may present with other needs, such as physical needs. This service is a combination of full-time residential and respite care. Clochan Services is a two-storey house with a garden in a residential area on the outskirts of a rural town. The house is centrally located and is close to the town amenities. All residents in the centre have their own bedrooms. The physical design of the building renders parts of it unsuitable for use by individuals with complex mobility needs or wheelchair users, although residents with physical disabilities can be accommodated on the ground floor. Residents are supported by a staff team that includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and staff sleep there at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 7 January 2020	16:45hrs to 19:00hrs	Jackie Warren	Lead
Wednesday 8 January 2020	09:45hrs to 15:55hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with three people who resided in the centre, and also with one who was having a respite break there. Three people told the inspector what it was like living in the centre. These residents said that they felt well cared for and safe, that they trusted the staff, and that they had good access to activities of their choice. They knew who was in charge, and stated that they could confide in the person in charge or other staff if they had any concerns or worries, and they felt sure that their concerns would be addressed. Residents talked about having active lives, and being involved in meaningful activities that they enjoyed, such as going for outings, meeting up with family and friends, housekeeping, cooking, shopping, socialising, community activities, employment, and dining out. They also confirmed that that they were very comfortable and happy in the centre, and in the company of staff. All residents were observed to be happy and comfortable being in the centre, and were enjoying the activities that were involved in.

Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre. The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre.

There was a clearly defined management structure. Systems were in place, such as audits and management meetings to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had made arrangements for the ongoing monitoring, review and development of the service, which ensured that a high standard of care and support was being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review of the care and support provided at the centre was being carried out. There was a suitably qualified and experienced person in charge who was well known to residents and who knew their care needs.

Sufficient staff were allocated to the centre to support residents' assessed needs, including activity choices. There was a planned and actual roster which indicated that these were the usual staffing levels. All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and

safeguarding, in addition to other training relevant to their roles. Staff who spoke with the inspector demonstrated a strong knowledge of residents' care and support needs, and were observed to interact with residents in a caring and person centred manner.

The provider had ensured that an up-to-date statement of purpose had been prepared, and this was available in the centre. There were no volunteers involved with residents. However, there were suitable systems in place for the management of volunteer services, should these be required. There were also suitable arrangements in place for the management of complaints. The provider and management team had also ensured that the terms on which residents resided in the centre had been agreed with residents and or their representatives. Where possible residents had signed these agreements themselves.

Overall, the required records and documents had been developed, were being suitably stored, and were readily accessible as required. However, a piece of information that was required to be kept in the centre was not available to view as it was stored elsewhere.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received training relevant to their roles, including mandatory training in fire safety, behaviour support and safeguarding.

Judgment: Compliant

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 24: Admissions and contract for the provision of services

There were written agreements with all residents for the provision of service. These agreements included the required information about the service to be provided, and the sample viewed during the inspection had been signed by residents and their representatives.

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 an up-to-date copy of the statement was readily available in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The provider had suitable arrangements in place for the management and supervision of volunteers. Although there were no volunteers to the centre at the time of inspection, there was an up-to-date policy available to guide practice as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements for the management of complaints. There was an up-to-date complaints policy and the required information was clearly displayed in the centre.

Judgment: Compliant

Regulation 21: Records

Overall, the records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were suitably stored. However, the documentation relating to an aspect of personal planning was not being retained in the designated centre as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, and a good level of healthcare.

Residents' personal, health and social care needs and goals were agreed at annual meetings. Plans to achieve these assessed needs and goals had been developed, and there were clear plans as to how these goals would be achieved.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Healthcare services accessed by residents included psychiatry, psychology, and speech and language therapy. Reports and information from healthcare professionals were available to inform staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing weight monitoring, and encouragement to lead healthy lifestyles.

Staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of activities such as employment, developing independent living skills, visiting and socialising with family and friends, entertainment events and community involvement. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

The person in charge and staff had also ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives. Residents openly expressed their views and preferences about what they wanted to do, and weekly meetings were also held in the centre during which residents expressed their views and staff shared information of importance with residents. Residents were on the register of electors and those who chose to were supported to vote. Residents were also supported to attend religious services of their choice.

The centre suited the needs of residents, and was comfortable, well decorated and

suitably furnished. All residents had their own bedrooms and these were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout. The centre was also very centrally located, which gave residents very good access to all the amenities of the town such as shops, restaurants, a fitness centre, medical centre, the post office and the bank. While the centre suited the needs of residents at the time of inspection, the provider was mindful that this two-storey building may not meet future needs, and was exploring other options for future accommodation.

The provider had arrangements in place to identify and manage risk, including risks associated with fire. These included risk identification and management, development of individualised risk profiles and personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of staff and residents in fire evacuation drills, all of which had taken place in a timely manner.

Residents in this centre had mixed communication skills, and the person in charge had ensured that there were measures in place to support all residents to communicate, such as communication passports and pictorial aids. Information was also displayed in suitable format to suit residents' needs. It was evident during the inspection that staff had the skills to communicate with residents who required support.

A good level of compliance with regulations relating to the quality and safety of resident care was found during the inspection.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in the centre in accordance with their own wishes, and residents were also supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was 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 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and measures had been introduced to address all identified risks.

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 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed

for residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The provider had suitable arrangements in place to ensure that the healthcare needs of residents were met.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' civil, political and religious rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochan Services OSV-0004068

Inspection ID: MON-0025685

Date of inspection: 07 & 08/01/2020

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Service will ensure that all relevant records pertaining to Person Centred Plans will be retained within the designated Centre.	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	22/01/2020