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## Clochatuisce Services, OSV-0004072, 28 January 2020

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

## Issued by the Chief Inspector

Name of designated centre:	Clochatusce Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	28 January 2020
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0025146

## About the designated centre

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

Clochatuisce Services is a centre run by Ability West. The centre comprises of one premises which provides residential care for up to six male and female residents, over the age of 18 years with an intellectual disability. The centre is located on the outskirts of Galway city, located near local transport services and amenities. The premises provides residents with their own bedroom, shared communal areas and garden space. Clochatuisce Services has a team of staff who are on duty both day and night to support residents who live in this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

6

## 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
Tuesday 28 January 2020	11:00hrs to 18:50hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector met briefly with five of the residents who live at this centre; however, due to their communication needs, none were able to speak directly with her about the care and support they receive. When the inspector arrived to the centre, some residents had already left for their day service and the remaining residents were being supported by staff to do the same.

In the evening, residents returned and were attending an in-house music session that was facilitated for them on a regular basis. Staff were observed to support residents with their manual handling needs and the inspector observed interactions between staff and residents through the use of gesture, facial expressions and sign language.

Satisfaction questionnaires were completed by staff and family on behalf of residents, outlining their satisfaction with the premises, social activities and care received.

## Capacity and capability

This inspection was carried out following an application made by the provider to register this centre due to an increase in the centre's overall size. In the main, the inspector found that adequate arrangements were in place, ensuring this was a well-run and well-managed centre.

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 had allocated administrative time each week which supported her to fulfill her duties as person in charge. She was based full-time at the centre, which gave her optimum opportunity to regularly oversee the quality of care delivered and to have regular engagement with staff and residents. She knew the residents very well, was aware of her regulatory responsibilities and was very knowledgeable of the operational needs of the service.

The provider had ensured consistency in this centre's staffing arrangements, with the inspector meeting with some of the same staff who were on duty during the last two inspections of this centre in 2017 and 2018. These staff said that since the new extension of the centre opened, the addition of larger bedrooms, bathrooms and communal areas meant that residents now had an improved quality of life through this change in environment. Staff were very knowledgeable of each resident's specific needs, particularly in areas such as health care, communication and social care. A robust staff induction programme was overseen by the person in charge,

which meant that new staff recruited to work at this centre were supported to get to know these residents and become familiar with their assessed needs. Effective training and supervision arrangements also ensured that staff received the training and support that they required to adequately support the residents living at this centre. Although this centre's staffing arrangement was under constant review by the person in charge, minor review of the roster was required to ensure it at all times identified the start and finish times worked by staff.

Staff meetings regularly occurred, which ensured all staff were maintained informed of changes happening within the centre. Regular meetings also afforded staff 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 were discussed and action taken as required. Six monthly provider-led visit and the annual review were occurring and where improvements were required, action plans were put in place. The person in charge also spoke of various other action plans that were currently in place to monitor the completion of outstanding works to the decoration of some communal rooms and external grounds. These processes 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 regular 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.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider applied to register this designated centre and provided documentation to support this application. However, further review of the Statement of Purpose and Residents' Guide was required to ensure both documents contained all information as required by the regulations.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The person in charge was found to be suitably qualified and had the management experience required to carry out the role. She was present full-time at the centre to regularly meet with residents and staff. She held very strong knowledge of residents' needs and of the operational needs of the service. The provider had

ensured she had access to various supports and arrangements which gave her the capacity to fulfill her duties.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number and skill-mix of staff working at the centre was adequate to meet the assessed needs of residents. Staff who met with the inspector knew the residents very well and were very familiar with their role in supporting residents. However, some improvement was required to ensure that the roster, at all times, clearly identified the start and finish times worked by staff at the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Effective training and supervision arrangements were in place which ensured that all staff were appropriately supported to carry out their role

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that suitable persons were appointed to manage this service. Effective monitoring systems were in place to ensure the delivery of care was subject to regular review. Regular management and local team meetings were also occurring which ensured all staff were maintained informed of any changes occurring.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had an incident reporting system in place which ensured that all incidents were reported, recorded, responded and that the Chief Inspector was

notified of all incidents in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall, 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 opportunities for meaningful community engagement and personal development.

As many of the staff working at this centre had supported these residents for a number of years, they were very familiar with communicating with these residents, some of whom were non-verbal and had a hearing and visual impairments. Vocalisations, gestures, facial expressions and sign language were regularly used by staff when communicating with these residents. These methods were reported by staff to be the most effective ways of supporting these residents to express their wishes. In addition, pictorial references were used as and when required to further support these residents to understand what was occurring, for example, fire evacuation etc.

Staff spoke with the inspector regarding the positive impact the new extension had made to residents' quality of life and safety, in particular, to their safety when mobilising around the centre and when transferring from their wheelchairs to their bed or chair. The increased space also allowed for ample storage of all manual handling equipment and provided a safer environment for staff to work in while supporting residents with their manual handling needs. Bedrooms were nicely decorated and included a large fire exit and tracking hoist system. Multiple wheelchair accessible bathrooms were available to residents, providing them with enough space to comfortably and safely manoeuvre for personal care. Hallways were widened, again catering for the mobility needs of these residents. Residents also had access to additional recreational rooms including two living rooms and multi-sensory room. Consideration was also given to the layout of the garden and the person in charge told the inspector of the action plans in place to complete outstanding works so as to provide residents with a high-raised sensory garden.

The current staffing and transport arrangements meant that residents were regularly supported by staff to go out for coffee and ice-cream, go on day trips and efforts were also made to also support residents to attend concerts. Staff were very considerate of residents' developmental needs and capacity when scheduling such outings. Residents were also supported daily to attend a local day service and upon the inspector's arrival to the centre, staff were supporting residents to prepare to leave the centre for their day service.

Residents with assessed health care needs received regular review from relevant allied health care professionals. Staff were very familiar with residents' assessed

needs and of their role in supporting them. Although there were personal plans in place to guide on the level of support each of these residents required, some of these plans required review to ensure they included the specific measures that were practiced by staff each day, particularly in areas such as falls prevention. For example, some residents who were at risk of falls required specific daily supervision from staff and staff were required to also observe for behavioural and communication indicators that would alert them to closely monitor and reassure these residents. However, from the documentation available, clarity was required to ensure these specific measures, which had attributed to effective falls prevention, were clearly identified.

Where residents required behavioural support, these residents were subject to regular review and had clear behavioural support plans in place. Similarly, where restrictions were in place, these were also regularly reviewed and supporting documentation such as risk assessments and protocols were in place to guide staff on their appropriate use in practice.

The provider had an effective system in place for the detection and timely response to risk at the centre. Incidents were regularly reviewed and trended by the person in charge, which had a positive impact on ensuring appropriate action was taken to prevent similar incidents from re-occurring. Each resident had a risk management plan which contained the assessment of various risks associated to them. However, the inspector observed duplication in the types of risks that were being recorded for some residents, which impacted on ensuring that all control measures that were in practice daily at the centre were adequately measured to ensure their overall effectiveness. For example, for one resident, their risk management plan had given due consideration to the previous management of their assessed falls risk and several risk assessments relating to their falls management were in place. However, this system did not allow for clarity in identifying the current falls risk that required mitigating against for this resident. Furthermore, some residents' specific risks which had been responded to by the provider, were not included in this risk management plan, for example, risks posed to changes in residents' overall health status. The risk register, which was subject to regular review by the person in charge, also required review to ensure specific risks being managed within the organisation had a supporting risk assessment in place. For example, although staffing arrangements were continually monitored, there was no risk assessment in place to demonstrate this, which would allow for accuracy in the measurement of risk posed to staffing levels going forward.

The provider had fire safety precautions in place, including, up-to-date fire safety training for all staff, daily fire safety checks were occurring, a waking staff was present at the centre each night and effective fire detection and containment measures were also in place. With the new extension now in operation, the centre had considerably increased the number of fire exits available, providing residents with a fire exit in their bedroom, suitable for bed evacuation, if required. Although fire drills were regularly occurring, the centre's fire procedure required review to ensure it clearly guided on how staff were to respond to fire during day and night. Furthermore, some residents' evacuation plans required review to ensure these clearly guided on how staff were to respond should behaviours that challenge

occurred during an evacuation.

### Regulation 10: Communication

Where residents presented with assessed communication needs, the provider had adequate arrangements in place to ensure that these residents were appropriately supported.

Judgment: Compliant

### Regulation 13: General welfare and development

Adequate staffing and transport arrangements were in place which ensured that residents had regular opportunities for community engagement and to take part in activities in accordance with their capacity.

Judgment: Compliant

### Regulation 17: Premises

The provider had increased the foot print of this centre which provided residents with larger bedrooms, en-suite facilities and additional recreational spaces. The layout of the centre was suitable to meet the health care and mobility needs of residents and plans were in place to develop a sensory garden for residents to enjoy. The centre was tastefully decorated, clean and provided ample storage facilities for all equipment required by residents.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider was in the process of supporting a resident to discharge from this centre to a more appropriate setting, ensuring this resident received the care and support they required for a successful transition. Prior to this inspection, the provider had issued the Chief Inspector with written assurances as to the various steps that were implemented throughout this process.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had clear procedures in place for the identification and response to risk at the centre. However, some improvement was required to residents risk management plans to ensure clarity in the current risks relating to them that were being mitigated against. Furthermore, some risks which were being actively managed at the centre did not have a supporting risk assessment in place, for example, staffing arrangements and changes to residents' health status.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place including regular fire safety checks, fire detection and containment arrangements and up-to-date staff training in fire safety. Due to the change in the centre's foot print, an increased number of fire exits was available throughout the centre. Although fire drills were regularly occurring, clarity on the centre's fire procedures was required to ensure clear guidance was available to staff on how to effectively evacuate the centre and the procedure to be followed should they require assistance. Residents' personal evacuation plans also required review to ensure these provided clear guidance on how to respond effectively to behaviours that challenge, should these occur during an evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had a system in place which ensured each residents' needs were regularly assessed for and reviewed regularly through a key-worker system. Where residents were unable to actively take part in this process, their family or representative were consulted on their behalf. Key-workers also ensured that personal goals were identified for each resident and plans were put in place outlining how these were to be achieved.

Judgment: Compliant

## Regulation 6: Health care

Where residents were assessed with specific health care needs, the provider had ensured these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals. However, some improvement was required to some personal plans to ensure these adequately described the measures in place that effectively supported residents with health care needs, for example, residents with specific falls management and mobility needs.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Where residents required support with their behavioural needs, the provider had ensured these residents received regular review from a behavioural support specialist. Staff were very familiar with these behaviours and of the therapeutic response required to support these residents. Restrictive practices were in use at the centre and these were subject to regular review and had appropriate assessments and protocols in place to guide staff on their appropriate application.

Judgment: Compliant

## Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. The provider had ensured all staff received regular training in the safeguarding of vulnerable adults.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0025146

Date of inspection: 28/01/2020

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>A review of the Statement of purpose was undertaken to ensure that the contents were in line with Schedule 1 of S.I. 367 regulations. The Statement of Purpose has been amended to reflect these requirements (Version 11) and was submitted to HIQA on 17/02/2020.</p> <p>A review of the Resident's Guide was undertaken to ensure that the contents were in line with Schedule 1 of S.I. 367 regulations. The Statement of Purpose has been amended to reflect these requirements (Version 11) and was submitted to HIQA on 17/02/2020.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A review of the staff roster was undertaken to ensure that the roster clearly identified the start and finish times worked by staff at the Centre.</p> <p>Staff team were informed about these changes at a staff meeting on 12/02/2020.</p> <p>The Person in Charge (PIC) and Person Participating in Management (PPIM) will continue to review the staff roster in order to best meet the needs of the Residents</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has reviewed the Residents risk management plans and made any required changes to ensure clarity for staff in terms of risks being mitigated against and actions required.</li> <li>• Centre risk register will be amended to include areas such as staffing arrangements and resident's health needs.</li> <li>• The Person in Charge (PIC) and Person Participating in Management (PPIM) will continue to review the risk management plans and risk register on a quarterly basis or more frequently if required.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Review of current fire safety procedure has been undertaken by Person in Charge.</li> <li>• Person in charge reviewed, discussed and agreed the procedure with staff team at a meeting on 12/02/2020.</li> <li>• Action plan in place in order to ensure that the fire safety procedure is effective. (Fire drills scheduled, team discussions and MDT involvement scheduled). Action plan will be completed by 15/03/2020.</li> </ul> <p>The Person in Charge (PIC) and Person Participating in Management (PPIM) will continue to review the fire safety procedures on a quarterly basis or more frequently if required</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• A review of the care plans was undertaken by Person in Charge to ensure that the contents reflect adequately the measures in place to meet the residents health care needs.</li> <li>• Discussion regarding measures in place to meet healthcare needs took place at the staff meeting on 12/02/2020.</li> <li>• Person in charge will continue to ensure that necessary internal and external multidisciplinary health care expertise is sought and utilised to meet residents changing healthcare needs.</li> <li>• The Person in Charge (PIC) and Person Participating in Management (PPIM) will</li> </ul>	

continue to review the residents health care plans on a quarterly basis or more frequently if required.

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	21/02/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	05/02/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	05/03/2020

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	15/03/2020
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	15/03/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	12/02/2020