



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:	Unannounced
Date of inspection:	04 October 2023
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0040769

About the designated centre

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

Clochatuisce Services is a designated centre run by Ability West. The centre comprises of one large bungalow which provides full time residential care for up to six male and female residents, over the age of 18 years with an intellectual disability. Clochatuisce can provide accommodation for those with a range of medical and physical needs. The centre is located on the outskirts of Galway city and is located near local public transport services and amenities. Each resident has their own bedroom with access to a shared shower room. Each resident bedroom has overhead hoist and includes double doors for emergency exit. There are shared communal areas and a garden space which is wheelchair accessible. The centre has it's own mode of transport to support residents to access community based activities. 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:

5

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
Wednesday 4 October 2023	10:00hrs to 15:00hrs	Mary Costelloe	Lead
Wednesday 4 October 2023	10:00hrs to 15:00hrs	Anne Marie Byrne	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow-up on non-compliance's, identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations, and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The inspectors met and spoke with staff members on duty, the team leader and the person in charge. The inspectors also met with four residents and two family members during the day. Residents were unable to tell the inspectors their views of the service but appeared in good form, content and comfortable in the company of staff. Family members spoken with advised that they regularly visited their relative and were complimentary of service and of staff working in the centre.

Residents living in this centre had high support needs and had been assessed as requiring two staff for all transfers, using hoists and personal care. Some residents were fully dependant on staff for support in all activities of daily living. Residents required a high level of supervision to ensure their safety, all had been assessed as being at high risk of falls and some were affected with seizure disorders. One resident had recently been discharged from the service. Another resident, who had recently moved into the centre, continued to attend their day service during the weekdays, and the four other residents were provided with a day service from the house. At the time of inspection, there was one vacancy. The person in charge advised that there were no plans to fill this vacancy due to the current staffing levels.

There were normally three staff on duty throughout the day with two staff on duty at night time. Staff on duty had worked in the centre over a sustained period and knew the residents and their families well. They were observed to chat and interact with residents in a friendly, caring and respectful manner. Inspectors were informed that two staff members had recently left the service and that recruitment for additional staff was taking place. While inspectors observed that there was good continuity of care provided to residents, a further review of staffing was required to ensure that there were adequate staff on duty to meet the assessed needs of all residents, to ensure that residents had choice of partaking in activities in the community while at the same time ensuring the safety and supervision of residents who remained in the centre.

Clochatuisce Services is a large single storey dwelling located in a residential area close to the city. The centre is registered to accommodate up to six residents. Residents had their own bedrooms which were spacious, comfortably decorated and personalised with residents own family photographs, artwork and other personal belongings of significance to them. There was adequate personal storage space provided in each bedroom. All bedrooms were provided with double doors opening to the outside of the building to facilitate bed evacuation in the event of an emergency. Each resident had access to a shared accessible shower room. There

was also a separate well-equipped and spacious bathroom with specialised jacuzzi bath. There was a variety of communal spaces available for residents, a well-equipped kitchen, dining room, and laundry room. Residents had access to large and well-maintained garden with a variety of plants, shrubs and trees. There were raised beds which had been planted with a variety of colourful plants, a large paved area with suitable outdoor furniture was also provided. The garden was accessible to residents using wheelchairs. The centre was found to be spacious, bright, comfortable, furnished and decorated in a homely style, well-maintained and in a visibly clean condition throughout.

The house was designed and well-equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms and some bathrooms to safely assist residents with mobility issues. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. All residents had their own individual equipment including hoist slings and shower chairs. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and wheelchairs. However, storage for equipment required review. There was no separate storage area for equipment with many items including specialised chairs, wheelchairs and hoist being stored in the bathroom and communal day area.

On the morning of inspection, one resident had left to attend their regular day service, others relaxed in the sitting room and in the dining room. The sitting room was darkened with sensory lighting and residents were observed listening and tapping along to music. One resident was using standing equipment as part of their physiotherapy programme, another spent time drawing in a notebook while another appeared to enjoy interacting with their soft toys. The resident who relaxed in the dining area appeared to enjoy interacting with staff, having a cup of tea.

The inspectors observed the lunch time experience. Residents were supported to have their lunch in the dining area of the kitchen. All residents were supported with modified diets in line with the recommendations of the the speech and language therapist (SALT). Staff spoken with were knowledgeable regarding the individual recommendations and were seen to implement the guidelines when supporting residents during lunch time. During the afternoon, one resident spent some time with family members who were visiting, three residents returned to bed for an afternoon rest while one resident spent time sitting in the dining room interacting with staff.

Staff reported that residents continued to be supported to engage in meaningful activities that they enjoyed both in the centre and in the community, however, some activities and outings in the community were dependant on adequate staff being available to support residents, while at the same time ensuring that staff were available to support and supervise residents who remained in the centre. Staff advised that residents continued to enjoy weekly in-house reflexology, art and music sessions as well as bi-weekly massage. Some residents enjoyed having jacuzzi baths and having their nails painted. Residents also enjoyed going for walks, visiting the shops, local restaurants, coffee shops, hairdresser, church and attending mass. The centre had its own mini bus which residents could use to go for drives and visit

places of interest.

Residents were supported and encouraged to maintain connections with their friends and families. There were no visiting restrictions in place. There was adequate space for residents to meet with visitors in private if they wished. Some residents received regular visitors to the centre, while others were supported to visit family members at home. Residents were also supported to attend important family events, for example, one resident had been supported to attend a family wedding in recent months. Staff advised that all families were invited to attend an annual mass held in the centre each December. Family members spoken with told the inspector that they always felt welcome when visiting and were offered refreshments.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on infection prevention and control protocols, the human rights charter, staffing information, the complaints process, contact details for the designated officer and confidential recipient were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

While some issues identified at the previous inspection had largely been addressed, the provider still needed to carry out a comprehensive review of staffing to ensure that the number of staff was appropriate to the number and assessed needs of residents.

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

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed on this inspection and this report will outline the findings found on inspection.

The findings from this inspection showed that while the provider had implemented improvements to on-call arrangements, fire safety management, individual assessment and personal plans, they had failed to carry out a comprehensive review of staffing resources required to ensure that the number of staff was appropriate to the number and assessed needs of residents. There were two recent staff vacancies which were currently been filled by relief and agency staff, and the provider had begun recruiting for these positions. At the time of this inspection, three staff were rostered during the day, with two staff on duty each night. This was the planned staffing compliment in this centre, which had not been reviewed or informed by the outcome of residents' current assessments of need. In addition, a review of the roster identified that there were times where there were inconsistencies in providing three staff each morning, whereby, sometimes only two staff were on duty for a period of one hour, in the morning time. Overall, inspectors were not assured that there were adequate staff on duty to meet the high support and assessed needs of all residents, to ensure that residents had choice of partaking in activities in the community, while at the same time, ensuring the safety and supervision of residents who remained in the centre. Furthermore, improvements were also required to the maintenance of the staff roster. The roster didn't always clearly identify the start and finish times worked by staff and did not identify the staff member in charge of each shift.

Staff training records reviewed indicated that that all staff had completed mandatory training. Additional training in various aspects of infection prevention and control, medication and epilepsy management, assisted decision making, feeding, eating, drinking and swallowing guidelines had been completed by staff. All staff had completed recent refresher training in people moving and handling and use of hoists as a learning outcome from recent incidents. The team leader and person in charge had completed training on risk management. Further training was scheduled for staff on risk management.

There was a clear management structure in place. The person in charge worked full-time, and they were also in charge of two other designated centres. They normally worked 12 hours a week in the centre and were supported by a team leader who had been appointed since the previous inspection. The team leader worked full-time in the centre and had been allocated 12 hours a week to their operational management role. The person in charge and team leader were supported in their roles by a senior manager. There were now formal on-call arrangements in place for out-of-hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

The provider had systems in place to monitor and review the quality and safety of care in the centre including an annual review and six monthly unannounced audits. The quality enhancement plan had identified staffing as a priority, staffing levels were being reviewed on a weekly basis and recruitment was in progress. However, there was no evidence of a comprehensive review of the staffing resources that this centre required, being completed by the provider. The annual review dated January 2023 had been completed and included evidence of consultation with residents and their families. While the overall feedback was complimentary of the service, one

resident had indicated that they would like more social outings and more Jacuzzi baths.

The person in charge and team leader continued to regularly review identified risks, accidents and incidents, restrictive practices, medicines management, infection, prevention and control, fire safety and residents finances. Monthly team meetings were taking place at which identified areas for improvement were discussed and learning shared. Minutes of a recent meeting reviewed indicated that a resident could not be supported with their preferred activity at weekends due to a staffing shortage. There was also evidence of consultation with residents and regular house meetings where the views of residents were sought and information shared.

The local management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The person in charge advised that the provider was in the process of developing a policy and guidance for staff in relation to the management of residents' finances to ensure that they were adequately safeguarded. In the interim, the person in charge had put in place local protocols to protect and safeguard monies as a result of learning from an incident in another designated centre. The inspectors reviewed a sample of residents' accounts ledgers. Records were clearly maintained, balances were checked and signed by two staff on a daily basis. There were no discrepancies noted. The person in charge maintained regular oversight of the systems in place and completed monthly audits of residents finances.

Regulation 14: Persons in charge

There was a person in charge who had responsibility for the day to day management of the centre. The person in charge worked full-time and had the required qualifications and experience to manage the centre as required by the regulations. They were knowledgeable regarding the regulations and their statutory responsibilities. They were well known to staff and residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre required a comprehensive review to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents and the size and layout of the centre.

- Inspectors were not assured that there were adequate staff on duty to meet the high support and assessed needs of all residents, to ensure that residents

had choice of partaking in activities in the community while at the same time ensuring the safety and supervision of residents who remained in the centre.

- Staff spoken with indicated that additional staff were required in order to facilitate and support resident choice of outings and activities, attend to the personal care needs of residents as well as maintain the safety and supervision required for residents who wished to stay in the centre.
- Minutes of a recent staff meeting reviewed indicated that a resident could not be supported with their preferred activity at weekends due to staffing shortage.
- Feedback from residents had indicated that they would like more social outings and more Jacuzzi baths.
- The roster was not always clear and the staff member in charge of each shift was not always identified.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had failed to carry out a comprehensive review of staffing resources required to ensure that the number of staff was appropriate to the number and assessed needs of residents.

The provider had failed to fully implement its own compliance plan submitted following the previous inspection.

The providers own systems for reviewing the quality and safety of care in the centre required review. A provider led audit carried out since the last inspection had failed to recognise that staffing resources required review.

Judgment: Not compliant

Quality and safety

Overall, good practices were found in relation to the assessment of residents' needs, health care, medication management, positive behavioural support and safeguarding. However, the failure of the provider to ensure adequate staffing resources were available in this centre, had a negative impact on the quality of social care that these residents received.

Much oversight was maintained by the person in charge to ensure residents' assessments of needs were kept up-to-date, that clear personal plans were in place for each resident and that a high standard of medication management was maintained. An effective key-worker system was in place, which gave responsibility

to named staff members to ensure that where any changes to residents' status occurred, that a re-assessment of their needs was completed. Records reviewed by the inspectors gave a clear account of the specific needs that residents had, particularly in relation to, manual handling, level of staff support required, falls management, specific health care conditions, personal care and follow-up health care referrals and up-coming appointments. Good practices were also observed in relation to medication management, which was also frequently overseen by the person in charge, and regular audits were also being completed to identify any improvements required. Where residents required positive behavioural support, the provider had ensured that adequate supports were in place for these residents, with regular input from behaviour support specialists, as and when required. Due to many of these residents using specialised chairs and others requiring wheelchairs for transport, there were some environmental restrictions in place to ensure residents' safety while using these aids. These were also subject to regular review and staff were supported by a rights committee in the review of all such restrictions.

One resident accessed a local day service, while the remaining four residents were provided with their day service in the comfort of their own home. In the evening time and at weekends, some liked to get out and about to go for drives, head out for something to eat and to generally have the option to avail of many of the amenities that were locally available to them. Due to the assessed communication needs of some residents, they responded well to sensory based activities, with all residents requiring a specific level of staff support to get out and about. However, the current staffing arrangements had impacted on staff being able to carry out planned activities with residents, and in some instances, being unable to provide one-to-one support to residents to engage in meaningful activities with them. A review of one resident's daily notes indicated that the residents' mood had changed, as staff were not able to give that resident the attention they required, due to staff shortages. Other records reviewed indicated that some planned activities were cancelled due to staff shortages. Feedback received by family on the quality of service provided, had requested that more activities be scheduled for their relative. Furthermore, when staff did support a resident with an outing, this left only two staff remaining in the centre to supervise and care for the needs of other residents. Given the high support needs of these residents, with most requiring two staff to support them with their manual handling, intimate and personal care, should staff need to assist a resident with these needs while the third staff member was out with a resident, this posed a potential risk to the supervision of the remaining residents, many of whom were assessed as being at high risk of falls and with other health care associated risks.

Although much effort was being made by the person in charge and staff to provide residents with meaningful and consistent social care, their efforts were sometimes hindered by the lack of resources available to them. Although through the provider's own risk management system, the lack of staffing resources was escalated by the person in charge to senior management, this had not resulted in better resources yet being made available at this centre.

Regulation 13: General welfare and development

Staff reported that residents continued to be supported to engage in meaningful activities that they enjoyed both in the centre and in the community, however, some activities and outings in the community were dependant on adequate staff being available to support residents. The centre was close to a range of amenities and facilities in the local area. The centre had its own mini bus which residents could use to go for drives and visit places of interest. Staff reported that residents continued to enjoy weekly in-house reflexology, art and music sessions as well as bi-weekly massage. Some residents enjoyed having jacuzzi baths and having their nails painted. Residents also enjoyed going for walks, visiting the shops, local restaurants, coffee shops, hairdresser, church and attending mass.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge had systems in place for the identification and on-going review of risk in the centre, however, the provider had not adequately responded to identified risk. Where risk was identified in this centre, risk assessments had been completed and the effectiveness of control measures were subject to on-going monitoring. Staff were aware of the specific risks relating to residents, such as falls management and specific health care associated risks, and of the measures in place to ensure residents were maintained safe from harm.

The oversight of organisational risks were maintained under very regular review by the person in charge, who maintained a risk register to reflect the various risks specific to this centre. There was an escalation pathway available to raise any risks that required to be brought to the attention of senior management. However, this didn't always ensure a timely response from the provider in addressing these. For example, although the person in charge had made the provider aware of the lack of staffing resources in place in this centre to meet the assessed needs of these residents, this had not led to the provider addressing this issue, to ensure that residents had the level of staff support that they required, particularly in relation to, residents' social care needs and needs of this service to provide adequate supervision of residents at all times.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that systems were in place for the safe prescribing,

administration and storage of medicines in this centre. Clear prescription records were maintained. There was a monitored dosage system in place, and records reviewed showed that medications were administered as prescribed. Where as-required medicines were prescribed, clear indications for their use were documented, to guide staff on what might warrant them to be administered. Checks and counts of all medicines were done on a regular basis and medication audits were frequently carried out to identify any improvements that may be required. Although medication errors were minimal in this centre, the person in charge maintained on-going oversight of medication management to ensure a high standard of compliance was maintained. At the time of this inspection, there were no residents taking responsibility for their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for on a regular basis and where changes to their status was identified, this prompted further re-assessment of their needs, as and when required. Of the assessments completed, the inspectors observed these to be informative and maintained up-to-date, to reflect residents' current health, personal and social needs. Due to the high support needs of these residents, assessments of need were also found to now give consideration to the level of staff support that each resident required. Information gathered as part of this assessment process then informed clear personal plans, to guide staff on how to support residents with various aspects of their care.

Personal goal setting was carried out with each resident and a sample of these records reviewed by inspectors, clearly outlined the chosen goals that residents wished to work towards achieving. In the weeks prior to this inspection, one resident had successfully transitioned to this service and were settling in very well into their new home.

Judgment: Compliant

Regulation 6: Health care

For residents who had assessed health care needs, the provider had ensured that they were receiving the care and support that they required. From time to time, where nursing support was required, the provider had arrangements in place for this. Residents had access to a variety of allied health care professionals and at the time of this inspection, some residents were awaiting health care reviews for various aspects of their health care. Staff who met with inspectors were very familiar with the health care needs of residents and spoke confidently of how they supported

them.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. Staff continued to promote a restraint free environment. Restrictions in place were regularly reviewed and some restrictions previously in use had been removed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents continued to be promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0040769

Date of inspection: 04/10/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The staff roster was reviewed and updated so that it now accurately reflect the hours worked by all staff, including night duty shift. The lead staff on each shift is clearly identified on the roster (highlighted in yellow). All service users have had their needs reassessed and a comprehensive review of the service has taken place. Staffing levels in the service have increased from three staff on waking hours to four staff . Current staff vacancies are being resourced from contracted staff who have less than full time contracts, relief staff team , and agency staff when available. Recruitment is ongoing for all vacant posts within the service. The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate. The person in charge is responsible for ensuring that there is adequate staff on the roster to meet the needs of the residents in the Clochatuisce Services. The Area Services Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Clochatuisce services.</p> <p>Completion Date; December 22, 2023.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

The staff roster was reviewed and updated so that it now accurately reflect the hours worked by all staff, including night duty shift.

The lead staff on each shift is clearly identified on the roster (highlighted in yellow).

All service users have had their needs reassessed and a comprehensive review of the service has taken place.

Staffing levels in the service have increased from three staff on waking hours to four staff . Current staff vacancies are being resourced from contracted staff who hold less than full time contracts, relief staff team, and agency staff. Recruitment is ongoing for all vacant posts within the service.

The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.

The person in charge is responsible for ensuring that there is adequate staff on the roster to meet the needs of the residents in the Clochatuisce Services.

The Area Services Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Clochatuisce services

Completion Date ; December 22, 2023.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

All service users have had their needs reassessed and a comprehensive review of the service has taken place.

Staffing levels in the service have increased from three staff on waking hours to four staff . Current staff vacancies are being resourced from contracted staff with less than full time contracts, relief staff team and agency staff . Recruitment is ongoing for all vacant posts within the service.

This staffing increase will ensure that all residents have access to the community and activities of their choice while maintaining the safety and supervision of residents should they wish to remain the centre.

Completion Date ;December 22, 2023.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk management training was delivered by an external organization to the Person in charge on the 26th of April 2023.

Risk awareness training was carried out with all staff in Clochatuisce in July 2023.

Further training on risk escalation will be carried out with the Person in Charge and team leader by 10th November 2023.

Staff have been reissued with the risk escalation pathway which provides clarity on the correct process and procedure for risk escalation.

The Person in charge along with the resident key worker will update and review all resident individual risk assessments on a monthly basis.

The Person in Charge will review and update the centre risk register monthly or more frequently where evidence of increased risk or other changes arises.

The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.

The Area Services Manager will review the risk register on a monthly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate the risk to the Area Services Manager in line with policy and procedure.

Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.

Completion Date ; 10 November 2023.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	22/12/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	22/12/2023
Regulation 15(4)	The person in	Substantially	Yellow	04/10/2023

	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.	Compliant		
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	22/12/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	22/12/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	10/11/2023

