

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:	11 October 2022
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0029056

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
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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 (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 11 October 2022	09:30hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, a member of the management team guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with staff members on duty in the centre. The person in charge was on leave at the time of inspection and a member of the management team facilitated the inspection in her absence. The inspector also met with all five residents living in the centre and observed them in their home including care and support interactions between staff and residents. Some residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. Staff were observed to know the residents well as they chatted and interacted with residents in a friendly, caring and respectful manner. The inspector also reviewed five completed questionnaires, four which had been completed by family members and one completed by a key worker on behalf of residents. The overall feedback was complimentary of service and of staff working in the centre.

All residents 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. While there was adequate staff on duty on the day of inspection, staffing shortages on some days impacted upon the quality and safety of the service for residents. This will be discussed further throughout the report.

Cloughatuisce Services is a 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 and other personal belongings of significance to them. There was adequate personal storage space provided in each bedroom. Each resident had access to a shared accessible shower room. There was 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. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on-going basis.

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. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and wheelchairs.

On the morning of inspection, one of the residents was relaxing in the dining room waiting to be collected to go their usual day service which they attended five days a week. All other residents were supported with a day service from the house. One resident was having their breakfast at the dining room table and another resident was relaxing in the sitting room having finished their breakfast. One resident was being supported with personal care while another was still in bed in line with her preferred routine.

During the morning time some residents were observed relaxing in the sitting room which was provided with sensory lighting, listening to their preferred music and using standing equipment as part of their physiotherapy programme. The residents appeared to enjoy the music and were observed smiling and tapping along to the rhythm. Another resident relaxed in their comfort chair while interacting with their soft toys which were important to them. The resident who relaxed in the dining area appeared to enjoy interacting with staff, having a cup of tea and watching them prepare meals. Residents had been assessed by the speech and language therapist (SALT) and the dietitian who had recommended specialised diets and provided individualised feeding, eating, and drinking guidelines. Staff spoken with were knowledgeable regarding the individual recommendations and were seen to implement the guidelines when supporting residents during meal times.

Residents continued to be supported to engage in meaningful activities that they enjoyed both in the centre and in the community, however, this was dependant on adequate staff being available to support residents. The centre was located in an area with good access to a range of facilities and amenities. There was easy access to a range of shops, restaurants, hotels, coffee shops, post office, pharmacy and other businesses. It was close to a local sea side resort where residents liked to visit for walks and get ice creams. Residents were supported to go for regular walks, drives to places of interest, go shopping, eat out, visit the hairdresser, visit the local church and attend music events. The centre had its own mini bus which residents could use to go for drives and visit places of interest. Residents were also supported to partake in activities that they enjoyed in the centre including music therapy sessions, jacuzzi baths, reflexology, art, nail painting and gardening. The weekly reflexology session was scheduled to take place on the evening of the inspection, two residents had planned to visit the hairdresser for hair cuts the following afternoon and another resident was planning to get her nails painted in a local salon the following day.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national

guidance. 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. One of the residents told the inspector how she had enjoyed a visit from her family members over the weekend. Another resident had met with family members for lunch in a local hotel at the weekend. Some residents were also supported to remain in contact with family members through regular telephone calls.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by regular consultation, by observation and from information supplied by families, and this information was used for personalised activity planning. The inspector observed that the rights of residents were respected and promoted by staff. Residents were supported to visit religious sites, one resident enjoyed visiting the local church. Residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the human rights charter, the complaints process, COVID-19 and staffing information were made available to residents. There was evidence of on-going consultation with residents through regular house meetings at which issues such as the human rights charter and the right to feel safe were discussed. Each resident had their own bedroom and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were dignified, staff were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for support.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted.

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 was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place generally strived to ensure a quality service, however, improvements were required to ensure that the service is adequately resourced to ensure that residents were supported with a quality and

safe service at all times.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability as set out in the statement of purpose. Staff members were aware of their responsibilities and who they were accountable to. The person in charge worked full time and had recently been appointed as person in charge for another centre located nearby. The person in charge was on leave on the day of inspection, however, the assistant director of client services deputised and facilitated the inspection in her absence. She advised that the person in charge will allocate 50% of her working week to the operational management and oversight of each centre. The assistant director of client services undertook to submit an updated statement of purpose to reflect these changes to the management arrangements. The on-call management arrangements in place still required review. While there were arrangements in place for out of hours at weekends, there were still no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays. The assistant director of client services advised that following the successful recent recruitment of two senior managers, formal on-call management arrangements were due to be put in place shortly for all days of the week.

While there were adequate staff on duty to meet the assessed needs of residents on the day of inspection, staffing arrangements in the centre required review. One resident required one to one support and all residents had been assessed as requiring two staff for all transfers, using hoists and personal care. Staffing rotas reviewed, staff spoken with, minutes of staff meetings reviewed, the findings of a recent provider led audit and the risk register all identified that staffing shortages were a challenge for the service. There were days over the past number of months and there continued to be days when the planned number of staff were not available for duty, negatively impacting upon the quality and safety of the service for residents. For example, residents could not be supported by staff to attend their planned activity of choice or get out for a walk or a drive in the community if there were not an adequate number of staff available to support residents who remained in the centre. Residents could not partake in some activities they enjoyed in the house such as being supported with a jacuzzi bath unless there were adequate staff available to support the other residents in the house. Staff spoken with confirmed that due to inadequate staff numbers on some days, residents were left unsupervised for extended periods of time while staff on duty attended to and supported other residents with personal care. The provider had acknowledged in a recent review of the service that staffing was a challenging issue for the centre and had also identified inadequate staffing as the greatest risk for the service. The assistant director of client services confirmed that the provider was actively trying to recruit additional suitably qualified and skilled staff and gave an undertaking that an additional resident would not be accommodated in the vacant bedroom until such time as the staffing issues were resolved.

Training was provided to staff on an on-going basis and further training was scheduled. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire

safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up to date.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review dated February 2022 had been completed. Quality improvement plans as a result of this review had been addressed. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent review dated 20 June 2022 had identified the challenges in filling the staff rota and ensuring that multi-disciplinary input was provided for residents on a regular basis. The person in charge continued to regularly review identified risks, health and safety, infection prevention and control, accidents and incidents, restrictive practices, medication management and fire safety. Records reviewed indicated a high level of compliance with audits.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received and there were no open complaints. There were systems in place for recording, investigating and review of complaints. Staff had received training on the management of complaints.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements required review to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of residents. Staffing rosters reviewed, staff spoken with, minutes of staff meetings reviewed and the providers most recent review of the service indicated that staffing shortages have been and continue to be a challenge, negatively impacting upon the quality and safety of the service for residents. Improvements were required to ensure that residents were supported to partake in all planned activities that they enjoyed, to ensure that they were supported to undertake activities of their choice both in the house and out in the community and to ensure that they were supervised in line with their assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off PPE (personal protective equipment), safe administration of medicines, epilepsy management, feeding eating and drinking guidance, complaints management, safe use of hoists, chemical safety and pressure ulcer prevention and management.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure that the service is adequately resourced to ensure effective delivery of care and support in line with the statement of purpose. There were days over the past number of months and there continued to be days when the planned number of staff were not on duty. Staffing shortages on some days continued to negatively impact upon the quality and safety of the service for residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew

registration required updating to reflect the recent changes to the management arrangements in the centre and to remove the reference to the registered provider representative (RPR).

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format. The annual review indicated that there had been no complaints received during 2021 and the assistant director of client services advised that no complaints had been received to date during 2022.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies.

Judgment: Compliant

Quality and safety

While the management team and staff strived to ensure that residents received an individualised, safe and good quality service, as discussed under the capacity and capability section of this report, staffing shortages on some days impacted negatively upon the quality and safety of the service provided. Improvements were also required to ensure that personal plans reflected the assessed needs of residents.

The inspector reviewed a sample of residents' files and noted many inconsistencies in the personal planning documentation. Staff spoken with were familiar with and knowledgeable regarding residents up to date needs but this was not always reflected in the personal planning documentation. Documentation reviewed indicated that residents' needs were being regularly assessed using validated tools, for example, risk assessments were completed including risk of developing pressure

ulcers, falls risk, nutritional assessment, moving and handling and use of bed rails. However, personal plans reviewed did not always reflect the assessed needs of residents, support plans were not in place for all identified issues, for example, there was no care plan in place for a resident identified as being at high risk of developing pressure ulcers. Some support plans were not informative and some had not been updated to reflect the current support needs of the residents.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. A review of residents files indicated that residents had been regularly reviewed by the SALT, dietitian, physiotherapist, occupational therapist, psychologist, mental health team, chiropodist and eye clinic. However, the file of a resident reviewed indicated that the recommendation of the physiotherapist in December 2021 for a postural management assessment had not been undertaken. Staff on duty were unable to confirm if this recommendation had been followed up on. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had their annual medical review recently which also included a review of medicines. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

While residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, these opportunities were dependant on adequate staffing being available in the centre. During the course of this inspection, it was evident that there were some days when there were inadequate staff on duty to support residents partake in their planned activities or in activities of their choice on a given day. A questionnaire completed by a family member of behalf of a resident indicated that the resident would like to get out of the house every day by going for a walk, a spin on the bus, going to a restaurant or going shopping but that it was dependant on adequate staff being available in the centre. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The inspector noted that residents who required support with behaviours of concern had plans in place outlining triggers as well as detailing proactive and reactive strategies to support them. Positive behaviour support plans had been developed in consultation with the psychologist, however, a positive behaviour support plan reviewed had not been updated since 2017. Staff informed the inspector that this

plan had been recently sent to the head of psychology for review. Staff advised that there were no safeguarding concerns at the time of inspection. All staff had completed training in the management of behaviours that challenged. The person in charge had continued to review restrictive practices in place. At the time of inspection, staff were trialling a sensor floor mat for one resident with a view to ensuring that the least restrictive practice was in use.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. The house was single storey in design, spacious, bright, comfortable, well maintained and visibly clean. All residents had their own bedrooms and had access to shared bathrooms and a variety of communal day spaces. The house and garden areas were wheelchair accessible.

There were systems in place to control the spread of infection in the centre including guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. The building and equipment used by residents was found to be visibly clean. The laundry room was well equipped and maintained in a clean and organised condition. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes and cleaning equipment.

There were generally good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated. Equipment in use was maintained in good working order and regularly serviced.

The staff team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. The fire equipment had been serviced in June 2022. The fire alarm was serviced on a quarterly basis and last serviced in August 2022. Fire exits were observed to be free of obstructions. Training records reviewed indicated that all staff had completed fire safety training. While regular fire drills had been completed simulating both day and night time scenarios, all staff who worked at night time had not been involved or completed a fire drill simulating a night time scenario. The building was designed and constructed with two fire zones and all bedrooms were provided with double doors to the outside to facilitate bed evacuation.

There was evidence of good medicines management practices and policies to support and guide practice. Medicines were stored securely. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Medicines management practices were regularly reviewed and all staff who administered medicines had completed training on the safe administration of medicines. There were systems in place for checking medicines on receipt from the pharmacy and for the return of out-of-date or

discontinued medicines to the pharmacy.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Residents were also supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

While residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, these opportunities were dependant on adequate staffing being available in the centre to support residents. During the course of this inspection, it was evident that there continued to be a staffing shortage on some days when there were inadequate staff on duty to support residents get out and about in the community and partake in some of their planned activities.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of the house suited the needs of residents. The house was single storey in design, spacious, bright, comfortable, well maintained and visibly clean. It was well equipped with aids and appliances to support and meet the assessed needs of the residents living there. All residents had their own bedrooms and had access to shared bathrooms and a variety of communal day spaces. The house and garden areas were wheelchair accessible. Equipment in use was maintained in good working order and service contracts in place ensured they were regularly serviced.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. Cleaning records reviewed showed that cleaning was completed on a regular on-going basis. The house and equipment in use was found to visibly clean. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice.

Judgment: Compliant

Regulation 28: Fire precautions

While regular fire drills had been completed simulating both day and night time scenarios, all staff who worked at night time had not been involved or completed a fire drill simulating a night time scenario. Further assurances were required that all staff working at night time could safely evacuate residents in a timely manner in the event of fire at night time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive medication management policy in place to guide practice in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Staff had completed training on the safe administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Improvements were required to the personal planning documentation to ensure that they reflected the assessed and up-to-date needs of each resident and the care provided as described by staff.

- Risk assessments were not always being used to inform the care plan, for example, a resident assessed as being at high risk of developing pressure ulcers had no corresponding skin integrity plan in place.
- Support plans were not in place for all identified issues, for example, there was no support / care plan in place for a resident identified as nutritionally at risk.
- Some plans in place were not informative and did not guide the support and care required by the resident.
- A falls care plan had not been updated to reflect recent changes to the falls prevention strategy being trialled and described by staff.
- A positive behaviour support plan reviewed had not been updated since 2017.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals. All residents had recently been reviewed by their GP. Residents had availed of the COVID-19 vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern. Staff had continued to ensure that the least restrictive practices were in place and all restrictive practices were kept under regular review.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity of residents was well respected by staff. The inspector observed that the residents interactions with staff were seen to have an individualised and person-centred approach. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents continued to be consulted with and topics such as the human rights charter and staying safe guide were discussed. Residents religious rights were supported and some residents visited the local church.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0029056

Date of inspection: 11/10/2022

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: A recruitment process is in place for the service to seek additional staffing.</p> <p>A Team Lead has also been recruited for the service. Management of staffing levels within the service is identified as a priority of this post.</p> <p>Staff who hold less than full time contracts have agreed to work additional hours in order to support the residents. Staffing levels are reviewed by the Team lead and the Person Participating in Management on a weekly basis to manage the requirements of the service.</p> <p>Completion date:19/12/2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Team Lead has also been recruited for the service. Management of staffing levels within the service is identified as a priority of this post.</p> <p>Staff who hold less than full time contracts have agreed to work additional hours in order to support the residents. Staffing levels are reviewed on a weekly basis to manage the requirements of the service.</p>	

A Person in Charge has been appointed and accepted the post .The Person in Charge and the Person Participating in Management will have scheduled meetings to ensure all areas of service provision, with a focus on staffing are reviewed weekly.

Completion date: 19/12/2022

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been updated and submitted to HIQA on the 02/11/2022.

Completion Date: 02/11/2022.

Regulation 13: General welfare and development

Substantially Compliant

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

Staff who hold less than full time contracts have agreed to work additional hours in order to support the residents. Staffing levels are reviewed on a weekly basis to manage the requirements of the service. This will provide greater opportunity for residents to access their community.

A Team Lead has also been recruited for the service. Management of staffing levels within the service is identified as a priority of this post.

Completion Date: 19/12/2022.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night staff are in the process of completing simulated night time scenario fire drills. This will ensure that all staff have been involved in at least such fire drill before the end of November.</p> <p>Completion Date: 30/11/2022</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individualized Risk assessments have been utilized to inform the skin integrity care plan in place for a resident.</p> <p>A referral has been sought to a dietician by the resident's GP to seek support with the additional nutritionally care needs of a resident.</p> <p>Care plans are being reviewed to ensure clarity and guidance for staff which clearly identify the support needs of residents.</p> <p>Completion Date: 30/11/2022.</p>	

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	19/12/2022
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	19/12/2022
Regulation	The registered	Substantially	Yellow	19/12/2022

23(1)(a)	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.	Compliant		
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/11/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2022