



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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór Respite
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	30 September 2021
Centre ID:	OSV-0002099
Fieldwork ID:	MON-0026426

About the designated centre

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

Clann Mór Respite is a four bedroom dormer bungalow situated in a large town in Co. Meath. It is within walking distance to some community amenities and transport is also provided should residents wish to avail of this. The centre provides respite care to male and female adults who are assessed as requiring low support. The centre is registered to provide residential care for a maximum of five residents at any one time. One of the bedrooms could accommodate two residents in separate beds as some residents chose to share a bedroom whilst attending for respite. There was also an administration office located upstairs in the centre and in a separate building in the back garden. The staff compliment consists of community based support staff, a community facilitator and a team leader. The person in charge is employed as a director of service and has additional responsibilities within the organisation. They are assisted in their role by the team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Thursday 30 September 2021	10:00hrs to 15:00hrs	Sarah Cronin	Lead
Thursday 30 September 2021	10:00hrs to 15:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. The centre is an adult respite centre and due to the COVID-19 pandemic, it has operated in a reduced capacity. Two residents had accessed the service the week of the inspection.

On the day of the inspection, the inspectors met with one resident and their family member. The resident told the inspector that they enjoyed attending respite. They told inspectors that they enjoyed doing activities like drawing, shopping, going to the cinema, relaxing and watching DVDs. Their family member spoke highly of the service and reported that it was a good support. They reported that the organisation had a parents forum once every quarter whereby external speakers were brought in on a range of topics such as making a will, housing and managing behaviours. They told inspectors that they found this forum very useful.

The inspector received eleven residents questionnaires which had been circulated by the person in charge in advance of the inspection. The questionnaire asked for participant feedback on a number of areas including accommodation in the centre, mealtime experience, rights, activities, staff support and complaints. These questionnaires indicated that residents were highly satisfied with the service. Residents referred to activities such as attending a club, going to the cinema, going to the gym, going out for lunch and colouring. One of the residents stated that "I have loads of choice and everyone is really kind to me". Some residents indicated that they were looking forward to getting more time in the centre again. One resident indicated that a complaint they had made was addressed appropriately.

In summary, residents who offered feedback via questionnaires and the resident with whom inspectors met all reported to be happy with the service. The high levels of compliance on this inspection demonstrated that the centre was a well managed and that it was providing a high quality service to the residents accessing respite. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had strong management systems and processes in place to ensure residents received good quality care. The management structure was clear with the

person in charge answerable to the Board of Directors The person in charge was also the director of service. They were supported in their role by the service manager and a team leader. In spite of the large remit of the person in charge, inspectors had no concern about their ability to maintain oversight of the centre. There was emergency governance arrangements in place. The provider had identified a COVID-19 lead within the centre to ensure effective oversight and management throughout the pandemic in line with public health guidelines.

Provider level oversight was achieved through the annual and six monthly reviews. Since the last inspection, the provider had put clear systems in place to ensure that these reviews were carried out by staff who did not work directly in the centre (for example, members of the Board of Directors, team leaders from other centres) which met the requirements of the regulations. There was evidence of consultation with residents and their families. Six monthly reviews had clear actions identified and these were time bound and responsibilities were assigned to relevant members of staff. The Board of Directors met with the management team once a month and reviewed the quality of care of residents on a quarterly basis.

At centre level, the person in charge had good systems of oversight in place. A number of audits were carried out in areas such as health care, risk assessments, positive behaviour support plans, medication, finances and fire safety. There was a management meeting each week with the team lead and which included a review of any audits carried out and the status of actions required.

The provider was in the process of increasing both the number of residents accessing respite in addition to the time they would receive, with a clear plan laid out to achieve this. On the day of inspection, there was the appropriate number of staff in place to meet the assessed needs of residents. There was a plan to increase the staffing level incrementally and in line with increasing numbers of residents accessing the service. This provider had a proactive culture of training and development for staff. All staff were up to date with mandatory training. There were quarterly training sessions for on a range of topics which including sharing findings of inspections and audits and to identify learning for all centres. Staff did six monthly refresher training sessions on COVID-19. There were appropriate arrangements for the supervision of staff.

In summary, the high levels of compliance found on this inspection demonstrate both the provider and the person in charge's capacity and capability to ensure that residents using respite were receiving a safe and quality service.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required documentation in the required time frame in line with the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider appointed a suitably qualified and experienced person in charge. The person in charge was also the director of service. The person in charge was on site every day and was supported in their role by the service manager and the team leader. They demonstrated good regulatory knowledge and had good systems of oversight in place.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was an appropriate skill mix of staff available to residents in line with their assessed needs. The planned and actual rosters were well maintained. As previously stated, the centre was in the process of reopening on an incremental basis. The inspectors spoke with the person in charge and viewed projected rosters which indicated that there would be the appropriate number of staff with suitable skills to support an increase in resident numbers. The inspectors reviewed the staff files and these contained all required information as per Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the staff training matrix and this indicated that all staff had completed mandatory training. The provider had a proactive approach to training and sharing of information with staff. There was a number of additional training sessions completed in line with the assessed needs of residents such as diabetes and insulin training. There were quarterly training sessions for all staff which included findings of inspections, information in relation to COVID-19 and sharing of six monthly reviews. In addition to training, the provider had appropriate supervision and performance management arrangements in place for staff.

Judgment: Compliant

Regulation 22: Insurance

The provider furnished a copy of their insurance which met the requirements of regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strong management systems and processes in place to ensure residents received good quality care. The management structure was clearly laid out. Provider level oversight was achieved through the annual and six monthly reviews. Since the last inspection, the provider had put clear systems in place to ensure that these reviews were carried out by staff who did not work directly in the centre (for example, members of the Board of Directors, team leaders from other centres) which met the requirements of the regulations.

At centre level, the person in charge had good systems of oversight in place. A number of audits were carried out in areas such as health care, risk assessments, positive behaviour support plans, medication, finances and fire safety. There was a management meeting each week with the team lead and which included a review of any audits and the status of actions required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of residents' files were viewed. These indicated that there were clear contracts in place which outlined the conditions of service and the amount payable by residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents had been notified to the Office of the Chief Inspector within required time frames.

Judgment: Compliant

Quality and safety

It was evident to the inspectors that the management team and staff in this centre were striving to provide residents with a safe and enjoyable stay in respite. Residents had an assessment of need carried out every six months and had corresponding care plans developed as required. Residents had person centred plans developed which were appropriate to respite and these were used to plan activities in line with residents' expressed preferences.

The premises was clean, warm and well maintained throughout. The provider had placed a large amount of signage and mats in relation to social distancing in all areas of the centre. Inspectors acknowledged the provider's efforts to reinforce the message to staff and residents. There were an appropriate number of private and communal spaces available for residents to use. Bedrooms were clean and provided residents with ample space to store their belongings.

The provider had a safety statement and risk management policy in place which were up to date. The provider had strong systems in place to ensure that risk was appropriately identified, assessed and managed at individual and centre levels. This included the risks associated with COVID-19 and individual risks such as choking.

Inspectors found that the provider had good fire safety management systems in place. There were appropriate detection and containment measures throughout the centre. Records of maintenance, testing and servicing were furnished to inspectors and indicated that equipment was in good working order. Since the previous inspection, the provider had put systems in place to ensure that each resident who attends for respite will have the opportunity to do a fire drill at least annually. All of the residents' personal emergency evacuation plans were individualised and up to date.

The provider had a number of measures in place in relation to COVID-19. There was adequate hand washing facilities throughout the centre and staff were observed wearing PPE. The provider carried out a questionnaire by phone with each resident prior to their stay in relation to COVID-19. Temperature checks were carried out

twice daily on staff and residents. The provider had a clear contingency plan in place in the event a staff member or resident developed symptoms of COVID-19. There was a COVID lead identified within the centre. There were appropriate systems in place for waste and laundry management. The person in charge informed inspectors that there were systems in place to ensure water was run on a daily basis.

Medication was appropriately managed in this centre. The medication management policy had been updated to include specific guidance in relation to a respite house. There were good systems in place for taking stock of residents' medication on their arrival, ensuring that they were correctly transcribed onto their medication administration record by nursing staff and these records were well kept. Where an error occurred, there were clear protocols in place to ensure the risk of recurrence was minimised.

Inspectors viewed the centre's safeguarding policy and log and a sample of intimate care plans. They found that the centre had good systems in place to ensure that residents were safeguarded against all forms of abuse. Each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Where required, residents had individualised intimate care plans which promoted independence and respected privacy and dignity of residents.

In summary, the centre was found to be providing a high quality respite service to residents. They had completed all required actions identified on the last inspection and were proactive in continually improving the quality of the service.

Regulation 17: Premises

The premises was in a good state of repair, very clean and well maintained. The centre promoted the privacy, dignity and safety of residents. It was designed and laid out to meet its stated aims and objectives. There was adequate private and communal spaces. Bedrooms were found to be a good size with ample storage available to residents. There was the option of two residents sharing a room if they wished to do so. There was a screen available in that room for privacy if required.

To the rear of the property was a well maintained garden. There were two custom built log cabins which served as offices. The garden had a marquee in it that had been used for events including St Patrick's Day and the person in charge told inspectors that they were planning an event for Halloween. There was a beautiful sensory garden to the side of one of the cabins with fairy doors, a water feature and plants. There was seating and the option of having piped music when the garden was in use. The laundry room was located outside of the house and cleaning materials were stored in this area.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors viewed the centre's safety statement, risk management policy and risk register. These indicated that the provider had good systems in place to ensure that any adverse events and risks were managed and reviewed in a timely manner. The risk management policy contained all information required by the regulations. There was clear identification and assessment of risks. Individual risk assessments were in place for residents where required and reviewed regularly in line with their assessed needs. Documentation was provided to inspectors which indicated that the vehicle was in roadworthy condition and appropriately serviced and maintained.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had completed the COVID-19 self assessment tool and had clear risk plans in place for re-opening the service to full capacity. Risk plans were in place for residents and staff in relation to COVID-19. There were on call arrangements in place with clear contingency plans in place should a staff member or resident become symptomatic. The provider had a COVID-19 lead identified and had access to the local HSE Crisis Management Team. There

On arrival to the centre, there were appropriate systems in place for visitors such as a temperature check, a visitors book and questionnaires. Prior to each shift, staff were required to complete a risk assessment transmission form and this was completed over the phone with residents prior to their stay. Temperature logs were kept twice daily for residents and staff. Within the centre, there were adequate facilities for hand washing and hand sanitiser was available throughout. There were appropriate systems in place for laundry and waste management. Cleaning schedules were in place with clear instructions for staff to follow on a daily basis, with an emphasis on COVID-19. Water was run each day in areas which had not been in use.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems in place. There were adequate detection and containment measures in place. Records of maintenance, testing and servicing were furnished to inspectors and indicated that equipment was in good working order. Since the previous inspection, the provider had put systems

in place to ensure that each resident who attends for respite will have the opportunity to do a fire drill at least annually. All of the residents' personal emergency evacuation plans were individualised and up to date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place in relation to the receipt, storage and administration of medication. The medication policy had been updated with specific guidance for the respite service. There was clear guidance provided to staff on use of PRN medications, service user refusal. There were self assessments carried out for those who wished to do so. There was information about each person's medication available on residents files for staff reference. Any medication errors were addressed by management and records kept of these discussions. Staff were required to demonstrate their knowledge on medication following any errors to ensure competencies were kept up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had a review of their needs carried out every six months with input from the residents and their families where appropriate. Person centred plans were in place and contained information in relation to each person's key life events, their circle of support, their likes and dislikes and their hobbies. This was used to inform the activities / events that they would enjoy during their stay.

Judgment: Compliant

Regulation 6: Health care

Residents who presented with health care needs were supported to enjoy best possible health while in respite. Health care plans were in place for those who required them. These included documentation from relevant health and social care professionals such as speech and language therapy, dietitians and consultants.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to ensure that residents attending respite were well protected. Each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Where required, residents had individualised intimate care plans which promoted independence and respected privacy and dignity of residents. These plans were reviewed every six months. There were no active safeguarding plans on the day of inspection. Any safeguarding incidents had been appropriately reported, documented and investigated in line with national policy. Residents' finances were safeguarded through record keeping of monies in and out of the service and where required, money was stored in a locked safe in the office. Residents had money management assessments in place which were up to date and regularly reviewed.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant