



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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 1
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0004928
Fieldwork ID:	MON-0040052

About the designated centre

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

Clann Mór Residential 1 comprises of three community-based residential homes outside a large town in Co. Meath. Two of the houses are adjoining, while the third is within walking distance. The centre supports nine residents both male and female with intellectual disabilities, some of whom live semi independently and others who require staff support on a 24 hour basis. All properties are currently based on single-bedroom occupancy, with access to the normal domestic dwelling facilities typically available in the local community. All houses have access to garden areas for recreation and leisure. The staff team is primarily made up of healthcare assistants. Community employment workers are also in place who work under the supervision of staff in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 8 June 2023	11:30hrs to 17:00hrs	Karen Leen	Lead
Thursday 8 June 2023	11:30hrs to 17:00hrs	Michael Keating	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was conducted to assess compliance with the regulations and to assess the implementation of the compliance plan submitted to the office of The Chief Inspector of Social Services following an inspection carried out in March 2023. The provider committed to addressing areas of non-compliance and submitted a time-bound plan in this regards. Overall the inspection found high levels of compliance with the regulations and improvements were found in areas of previous non compliance. However, further improvement was required in relation to regulation 26 risk management.

The designated centre consists of three houses, which is located outside a large town in Co. Meath. Two of the houses are adjoining and share a back garden, while the third is located within walking distance of these houses. The first house is home to three residents. Downstairs, there is a sitting room, small toilet, kitchen, a resident's bedroom and a wet room. Upstairs is a staff sleepover room, two more resident bedrooms and a shared bathroom. Residents have access to a beautiful back garden and a large shed which is used by residents as an art studio. At the time of the inspection residents were set to host a garden party to celebrate a significant milestone birthday for one resident in the centre. The second house is home to three residents and could be accessed via the back door from the back garden. Downstairs was a kitchen, toilet and a large sitting room. Upstairs there were three residents' bedrooms and a shared bathroom. The third house was also home to three residents and was within walking distance of the other two houses. Downstairs comprises a sitting room, toilet and kitchen. Upstairs are three resident bedrooms and a shared bathroom. The third house had a large back garden which where residents had a small green house for growing seasonal vegetables and there were well maintained flower pots positioned throughout the garden. Inspectors visited all three houses over the course of the inspection. Two of the houses had staff support every day, while the third house had staff support for a small number of hours each day, in line with residents' assessed needs and expressed choice. All of the houses were found to be warm, clean and well maintained.

There were nine residents living in the centre at the time of the inspection, with no vacancies. The inspector had the opportunity to meet with seven of the residents who lived in the centre and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgments on the residents' quality of life. Upon arrival to the first house inspectors were met by the person in charge and person participating in management. Some residents were attending their day service, out for walks at the nearby green way and other residents were enjoying a planned day off.

One resident told the inspectors that they loved living in their home and recently made the decision to reduce their hours in day service following some recent health

developments. The resident told the inspectors how they had been supported by staff in the centre to make this choice and that they would review plans around their day service in the coming weeks. The resident told inspectors that they were using the time off to do more activities in the community and in their home.

One house in the centre is home to three residents who are supported by staff six days a week for a number of hours each day. Residents told the inspector that they felt supported in their home by the provider and staff. The residents informed inspectors that it was very important to each of them that they maintained the level of independence they had in their home. Residents were heavily involved in the day to day running of their home, The provider had implemented a protocol for residents that included five different levels of direct support that residents could avail of when staff were not physically present in the centre. The provider had also completed home alone risk assessments for all residents in the centre which included emergency procedures. Residents told the inspectors that they did not need or want anymore staff in the centre at this time, however they discussed how they value the support of the provider and their fellow residents and should this change they would discuss the need with the person in charge or staff.

Residents spoke to the inspector about activities that they take part in within their local community and some of their many achievements. One resident told the inspectors that they had just complete their ninth mini-marathon in aid of Epilepsy Ireland. Another resident spoke about a self defence class they were taking part in this coming weekend. One resident spoke about the research work they were completing with the TILDA project in Trinity College Dublin and planned a visit to Trinity to participate further with the research. One resident told the inspector about a number of presentations that they had completed in local schools, including a presentation on advocacy.

One resident spoke to the inspector about the plans for their birthday at the weekend. The resident informed the inspector that a lot of planning and organising had gone into the party as it was going to include family and friends with visitors coming from all over Ireland and over seas. The resident told the inspector that they were very appreciative of the input they had received to organise the party by fellow residents and staff.

The inspectors had the opportunity to meet with a number of staff during the course of the inspection, staff informed the inspectors that they felt supported in their roles. The inspectors found that staff had a strong knowledge of residents and that there was a strong focus on residents living as independent a life as possible with a person centre approach to care.

Capacity and capability

The inspection was an unannounced inspection, the purpose of which was to monitor progress the provider was making in coming into compliance following non-compliances identified at the previous inspection on 13 of March 2023. Overall, this inspection found improvement in compliance with the regulations since the previous inspection. The inspectors found that the provider was striving to meet national standards in areas such as individualised services and decision-making in accordance with residents' abilities and preferences. The provider had completed their actions as outlined in their compliance plan response.

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. There was evidence that the person in charge and provider had completed risk assessments based on residents' assessed needs. The inspectors found that the provider and person in charge were proactively assessing residents' assessed needs to ensure control measures in place were individual to each residents' current and future needs and were least restrictive to residents' independence in their home and quality of life. There was evidence that the provider was completing six-monthly unannounced reviews of the quality and safety of care and support provided to residents and there was a plan in place to address any concerns regarding the standard of care and support provided.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The person in charge had oversight solely of this designated centre. A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill-mix were appropriate to meet the assessed needs of the residents. Staff had access to regular supervision and team meetings were held on a monthly basis.

There was a complaints policy and clear complaints procedures in place. There was a person nominated to deal with complaints. A review of records found that complaints were managed in accordance with the provider's policy. Complaints were recorded and escalated appropriately, with a record of communication with the complainant maintained. There was evidence of meetings held between residents, the person in charge and the provider to address areas of dissatisfaction and that actions were issued by the provider as a result of residents' views in order to address areas of concern.

Overall, the provider demonstrated the capacity and capability to manage and oversee the management of the designated centre, to ensure residents were receiving a person-centred service that was meeting their needs.

Regulation 15: Staffing

There were appropriate staffing numbers with a suitable skill-mix in place to meet the assessed needs of the residents. The provider was found to responsive to residents emerging needs. For example, the provider had reviewed the centres staffing complement at weekends in line with residents needs' and expressed wishes and had responded with an increase in staffing hours to accommodate residents support needs. Staff were suitably qualified and experienced and were found to be knowledgeable in their roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified areas that required improvement and actions plans were developed in response.

The centre was managed by a suitably qualified person in charge who knew the residents well. The person in charge was responsive to the changing needs of residents and escalated concerns so that risks could be responded to in a timely manner. There were clearly defined local reporting arrangements. Staff were aware of their roles and responsibilities and of the reporting structure in the designated centre. Staff and residents were aware of local policy and procedures to be followed in order to access support of staff and senior management. Staff spoke positively about the governance and management arrangements and were aware of how to raise concerns if necessary.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The complaints log was reviewed on the day of inspection. There were no recent or open complaints in the designated centre at the time of inspection. There was evidence of regular engagement and formal meetings between residents, staff and the provider when required.

Judgment: Compliant

Quality and safety

Overall, this inspection found that that the day-to-day practice within the centre ensured that residents were safe and were receiving a good quality of service which promoted independence and residents rights' to make decisions around the care and support provided. The provider had put measures in place to address areas of non-compliance, however improvements were required in relation to regulation 26 risk management.

The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals, however some improvement was required to ensure that the risk register appropriately reflected identified risk in the centre. For example, the risk register did not reflect risk posed to residents when staff were not present, the provider had identified the supports and control measures required through risk assessments however this was not reflective on the centres risk register. The inspectors found that additional review was required in relation to one residents epilepsy risk assessment. the provider had ensured that safety measures were in place within the centre to ensure residents' safety, however further development was required in relation to maintaining residents' safety and independence while accessing the community and during periods when staff were not present in the centre.

Inspectors found that residents were receiving appropriate care and support in line with the nature and extent of their assessed needs. The inspectors found that residents took a lead role in the development of their healthcare support plans in consultation with staff and allied health professionals and were actively involved in the decision-making process when it came to hospital appointments, treatments or medical care. The inspectors found that the provider had ensured that residents had all the information available to them in relation to their healthcare needs to ensure that residents were making informed decisions based on evidence based practice and medical guidance.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. Risks associated with infection prevention and control (IPC) had been identified and assessed. It was found that governance and management arrangements were ensuring infection prevention and control measures were consistently and effectively monitored in the centre. There were auditing systems in place to ensure that care and support practices were consistent with the National Standards. Staff spoken to during the course of the inspection demonstrated a clear knowledge of IPC and had received relevant training to enhance their practices.

It was evident that residents' rights were promoted and upheld in the centre. Residents exercise their choice in their daily lives and were regularly consulted with about decisions relating to their care and their home. Residents took part in regular house meetings and the provider held an advocacy steering group which was facilitated by residents and took place on a monthly basis.

In relation to fire precautions the provider had completed the urgent compliance

plan issued on the previous inspection to bring the centre into compliance with the regulation. There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. Staff had received training in fire safety and both staff and residents spoken to on the day of inspection were knowledgeable of how to evacuate in the event of a fire.

Regulation 26: Risk management procedures

The provider had systems in place for the ongoing management and monitoring of risk. There was a risk management policy available in addition to a local risk register and supporting risk assessments. It was evident that the risk register and the risk assessments were reviewed at regular intervals, however some improvement was required to ensure that the risk register was an accurate reflection of the known risks in the designated centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable procedures in place to protect residents from healthcare associated infections, including risks associated with COVID-19. Infection control risks had been assessed and there were control measures in place that were updated in line with public health advice.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had completed the urgent compliance plan issued on the previous inspection of the designated centre in March 2023. There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Fire drills were carried out at regular intervals that ensured staff and residents are aware of procedures to be followed in the event of a fire. Staff and residents spoken to were confident with regards to the actions to take should there be a fire.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs had been comprehensively assessed. There were clear personal plans in place for any identified health care need and these incorporated recommendations of specialists where applicable. For example, support plans in relation to identified health concerns had been devised in consultation with clinical nurse specialists from identified fields. Residents had access to a local GP and a range of health and social care professionals. Residents were facilitated to attend health care appointments and records were kept of these appointments. Residents had access to health information and had consent was sought for healthcare interventions

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Staff completed positive behaviour support training to support their effective delivery of care. Behaviour support plans were available for those residents who required them and were up-to-date, written in a manner that guides staff practice and were person centred.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found evidence indicating how residents' choices and wishes were respected. Staff were observed supporting residents in a manner which protected their privacy and dignity, and allowed residents to have their voice heard in how they went about the running of their home, participation in healthcare choices, how they planned their daily routine and preferred community activities.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clann Mór 1 OSV-0004928

Inspection ID: MON-0040052

Date of inspection: 08/06/2023

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All risk registers were reviewed to ensure an accurate reflection of the known risks in the designated centre.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	23/06/2023