Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 2
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 May 2023
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0035652

About the designated centre

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

This service comprises of three community houses located in Co. Meath. It provides care and support to nine adults with intellectual disabilities. Two of the houses are terraced bungalows located within a short walk of each other. These bungalows consist of a large sitting room, a kitchen cum dining room, three bedrooms (one being en-suite) and a large communal bathroom. Each resident has their own bedroom, which are decorated to their individual style and preference.
The other house is a large detached two-story bungalow located approximately 25 kilometres away. This house comprises of a large fully furnished sitting room, a kitchen cum dining room, five bedrooms (three downstairs and two upstairs) and a communal bathroom on each floor. There are private well maintained garden areas to the front and the rear of the property, with adequate private and on-street parking available. The house is staffed by the person in charge, community facilitators and community based support staff. The aim of the centre is to enable people with disabilities to live meaningful lives of their choosing in their local communities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 May 2023	10:00hrs to 16:30hrs	Karen Leen	Lead
Wednesday 10 May 2023	10:00hrs to 16:30hrs	Sarah Cronin	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 following an inspection carried out in November 2022. 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 in the oversight and governance by the provider since the last inspection. However, further improvement was required in relation to risk management, positive behaviour support and personal possessions.

The designated centre comprises of three houses, each of which were visited by the inspectors of social services during the course of the inspection. The inspectors had the opportunity to meet with residents and observe interactions in their home during the course of the inspection. The inspection was facilitated by the person in charge and the person participating in management (PPIM). The centre has the capacity for a maximum of nine residents, at the time of the inspection there were no vacancies in the centre.

An inspector spoke to one resident in one of the houses who was being supported at home by staff following a medical procedure. The resident informed the inspector that they were looking forward to returning to day service in the coming days and that staff in the house had been "so good" and that they felt supported in their home.

One resident informed the inspector that they had been living in their home for the longest and that they were always in the local community. The resident informed the inspector about a number of local amenities that they used on regular basis and amenities that they knew of but had chosen not to avail of. The resident informed the inspector that they enjoyed spending time in the local library and would regularly visit there. The resident informed the inspector that they were very happy in their home and that they were aware of how to make a complaint and who it should be made to should they need to.

The inspector had the opportunity to meet with 2 residents in one of the houses on the day of the inspection. Both residents were in active retirement and told the inspector that they enjoyed their days off their day service together. Residents spoke about a birthday party which was held over the weekend and a resident showed the inspector the many birthday cards they had received. Residents in the house enjoyed knitting and one resident showed the inspector a blanket they were working on. Another resident showed the inspector some hats they were knitting on for a local maternity hospital.

It was evident that residents were supported to make choices in their daily lives and told the inspector that they were happy and content in their homes. Residents told

the inspector that they planned their meals with staff. One resident reported to enjoy doing the grocery shopping each week and residents were supported to assist in preparing meals where they wished to do so.

The inspector met with a family member who shared that they were extremely happy with the service their loved one received and that the service brought them peace of mind as a family. The family member was complementary of the staff team and told the inspector how they were kept up-to-date with information in relation to their family member and that the staff were always welcoming. The family complemented the work of the staff team during the pandemic and how they went to great lengths to ensure that families remained connected.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Overall, this inspection found improvements in compliance with the regulations since the previous inspection. The provider had completed a number of their actions as outlined in their compliance plan response.

The provider had ensured that there was effective leadership and oversight arrangements in place in the designated centre. There was a community facilitator/house lead assigned to each house in the centre, who reported to a full-time person in charge, who in turn reported to a service manager. The inspectors observed effective oversight systems in place in the centre. There were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and effectively monitored. This included meetings with staff teams and the local and senior management teams on a regular basis. Set agendas were now in place and there was evidence of shared learning across the organisation.

The registered provider had carried out an annual review and completed six monthly unannounced visit reports on the quality and safety of care and support provided to residents. The annual review carried out for the centre included consultation with the residents, their families and staff.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as fire safety, safeguarding and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. Additional training was held for staff in areas such as medication management when required. Staff had access to regular quality supervision.

The provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

Regulation 15: Staffing

The provider had resourced the centre with an appropriate number of staff who had the required skills to support residents with their assessed needs. Inspectors viewed the planned and actual rosters. These were well maintained and indicated that residents enjoyed continuity of care.

Staff whom inspectors met on the day of the inspection were found to be knowledgeable about the assessed needs of the residents they were supporting.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors viewed the staff training matrix and found that all staff had completed training in fire safety, safeguarding, manual handling and first aid. Staff had also completed specific training relating to residents' assessed needs such as feeding, drinking, eating and swallowing difficulties, diabetes and the management of oxygen since the last inspection. A small number of staff were due refresher training in behaviour support, the safe administration of medication and epilepsy management. However, these were booked for the weeks following the inspection. Additional training for staff took place on a quarterly basis. The most recent session was carried out on medication management. Additional training was in place for team leaders and persons in charge on coaching and managing difficult meetings. Supervision sessions were taking place in line with the provider's policy and clear actions were recorded.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strengthened governance and management arrangements since the last inspection. There was a clearly defined management structure in place. There were now community facilitators who acted as house lead in each house who supported the person in charge in their role in the day-to-day running of the centre.

The person in charge was based in each of the houses once a week at a minimum. Six monthly unannounced provider visits were clearly written and indicated that the provider was self-identifying areas which required improvement. These visits were carried out by persons in charge from other designated centres. As committed to in the compliance plan from the last inspection, there was a plan for the upcoming six monthly unannounced provider visits to encompass all houses within the centre for each visit. There was evidence that these were self-identifying areas requiring improvement. The annual review had been improved to include the voices of residents and their families.

There were management systems in place to ensure that the service provided was safe, appropriate to residents' needs and effectively monitored. This included meetings with staff teams and the local and senior management teams on a regular basis. Set agendas were now in place and there was evidence of shared learning across the organisation.

At centre level, the community facilitator/house lead were responsible for carrying out a number of audits in the centre on a monthly basis. These were then reviewed by the PIC. There was an action tracker in place for all items to ensure these were monitored and progressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written agreement outlining the terms and conditions of their residential placement and the arrangements for their care and support, inclusive of any costs or fees.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspectors found that the day-to-day practice within the centre ensured that residents were safe and were receiving a good quality and person-centre service. However, improvements were required in relation to the auditing of residents' finances, risk management and positive behaviour supports.

The premises were observed to be clean, warm and nicely decorated. Residents bedrooms were personalised to their individual tastes and shared dinning and living areas were homely and comfortable. One resident informed the inspector that they would like to have the living room redecorated with new furnishing and paintwork, this feedback had been identified in the provider's annual report. The provider had addressed previously identified premises issues since the last inspection with with renovations completed in the laundry room of one of the houses.

The inspectors reviewed a sample of the residents' individual assessments and personal plans. The inspector found that the assessments were comprehensive and had been reviewed when required. Personal plans informed by the assessments had been developed and were available to guide to staff in their practice. There was evidence that residents and their representatives were consulted with in the completion an review of personal plans.

Staff had completed training in positive behaviour support to assist them in appropriately responding to behaviours of concern. However, there were evidence that positive behaviour support plans were not regularly reviewed by a psychologist and did not contain the most up-to-date support information to guide staff practice.

The provider had appropriate procedures and policies in place to ensure the safe administration of medications. Staff had received training in the area of medication management and workshops had been held by a clinical nurse manager to ensuring staff learning and development from the identification of medication errors. There were appropriate systems in place for the prescribing, ordering, receipt and storage of medications.

The provider had systems in place in relation to the identification, assessment and management of risk. There was a system in place for reporting adverse events including a system for emergencies. There was a local risk register in place which was regularly updated. However, the inspectors found that not all risk were rated appropriately in line with the identified emerging and current risks in the centre, this is discussed in greater detail in regulation 26.

Regulation 12: Personal possessions

Residents were supported to have access to, and retain control of personal property and finances. There was evidence of improved oversight of residents' finances since the last inspection, however improvement was required in relation to auditing of

residents finances, for example the inspectors noted periods were auditing of residents finances were not in line with the provider's local policy.

Judgment: Substantially compliant

Regulation 17: Premises

The centre comprises three properties. All three of the houses were found to be clean, warm and nicely decorated. The provider had completed renovation on the laundry room in one of the houses since the last inspection. The houses were well maintained and well suited to residents' assessed needs. Resident's bedrooms were personalised and had ample space for residents to store their belongings. Houses had a homely atmosphere, with photographs of residents and personal affects on display.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Since the last inspection, the safety statement had been revised and risk registers were updated. Accidents and incidents were appropriately documented and reported and trended by management to ensure ongoing review. Learning from any adverse events was taking place in staff meetings.

Residents had individual risk assessments carried out for relevant areas of need. At centre level, the risk register had been updated. However, this required additional review to ensure that relevant risks in the centre were rated in a manner which was reflective of the risk involved. For example, there had been a number of medication errors in the centre. This was recorded on the risk register as being a low risk. There was a further risk assessment for absconding as a high risk. However, staff reported that this was not a known risk for any resident in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. Residents were provided with support to manage their own medication and capacity assessments were in place for each resident with review in line with identified support requirements. There were clear records of auditing in place, with staff training and shared learning from identification of medication errors.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need was available on residents' files. The inspectors reviewed a sample of the assessments and found that they were reviewed on an annual basis or more frequently if required. The person in charge had ensure that personal plans were developed for residents. The plans were informed by the assessments and reflected the supports required to meet residents needs. The plans viewed by the inspectors were up-to-date and had evidence of regular review with residents and staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensure that staff had the knowledge and skill to respond to and support residents with behaviours of concern., Staff had completed training in positive behaviour support and there was evidence of key worker review of support plans. However there were evidence that positive behaviour support plans were not regularly reviewed by a psychologist and did not contain the most up-to-date support information to guide staff practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had suitable arrangements in place to support residents in developing knowledge, self-awareness, and understanding needed for self-care and protection. A workshop had been held with residents in relation to safeguarding. Since the last inspection, the provider had strengthened safeguarding arrangements in relation to residents’ finances and access to their accounts. Safeguarding was now a standing

agenda item for staff meetings.
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0035652

Date of inspection: 10/05/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 12: Personal possessions</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The Security of Resident Finances and Personal Property Policy will be reviewed and updated to reflect ongoing practices/protocols regarding staff signatures on resident accounts.</td></tr>
<tr><td>Regulation 26: Risk management procedures</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Risk Registers, associated risk assessments and individual Risk Assessments will all be reviewed. Risk ratings will be revisited and adapted accordingly to reflect the level of risk within the environment.

The Absconsion risk assessment will only be in place for residents who require it.

Weekly Management agenda updated to review risks ratings as per occurrences.</td></tr>
<tr><td>Regulation 7: Positive behavioural support</td><td>Substantially Compliant</td></tr>
</table>

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Positive Behavioral Support Plans will be reviewed by the psychologist in conjunction with the PIC on a ongoing basis. PBSP’s are reviewed monthly by PIC to ensure that information is clear and up to date.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	26/05/2023
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	23/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	23/06/2023

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	22/06/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	22/06/2023