



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:	Announced
Date of inspection:	25 August 2021
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0026220

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 and in close proximity to large towns and a number of villages. It provides care and support to nine adults

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. There are adequate parking facilities to the front of the properties with private back garden areas available to the residents. Private transport is also available to the residents for social outings and drives.

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 entire service is staff with a person in charge, a team leader, community facilitators and a number of support staff.

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 - 2015 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 25 August 2021	08:30hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with seven residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from five residents was also reviewed as part of this inspection process. The residents met with spoke positively about the quality of care provided in the service and over the course of this inspection, staff were observed to be person centred and caring in responding to their needs.

All seven residents met with, appeared happy and content in their home and were happy to meet and speak with the inspector at different times throughout the inspection process. The inspector observed that they were relaxed and comfortable in the presence of management and staff and, staff were at all times observed to be professional, warm and friendly in their interactions with the residents.

On arrival to the first house that comprised this service, residents were having breakfast and chatting with the staff on duty. Residents welcomed the inspector and were happy to talk about their home and indeed, the various day services they attended. One resident said they loved their home and got on very well with the staff team. They also said they enjoyed going to day services where they participated in a number of preferred activities of their choosing. Other residents informed the inspector that they only attended day services on a part time basis and on the day of this inspection, were on a day off. They said they would have a relaxing day at home and might go for an outing or walk in the afternoon. Staff were observed to be supportive of the residents choices with regard to how they like to spend their day.

These residents also said they were very happy in their home and with the staff team. The inspector observed they had a good sense of humour and, had a positive rapport with staff on duty. Indeed, breakfast time was a relaxed, enjoyable and social occasion and all residents appeared very much at ease and at home in their house.

Later on in the inspection process one resident invited the inspector to see their room. The room was observed to be warm, clean, spacious and the resident said that it was decorated to take into account their individual style and preferences. For example, they chose their own colours and furnishings for the room and arranged their personal items to their liking.

This resident was also involved in the day-to-day running of the house and was aware of important issues such as fire safety awareness. For example, they explained to the inspector what they would do in the event of the fire alarm sounding and went through the evacuation procedures for the building. They told the inspector that they would leave the house through the nearest exit and go to the safe designated area outside the building.

Another resident showed the inspector the back garden area. It was observed to be beautifully maintained and had a patio area with garden furniture. The resident said that they liked their garden and, it was easy for them to access as there was a ramp from the back door out onto the patio.

The second and third house that comprised this centre was a half hour drive away. These houses were bungalows on the same street. The inspector met with three residents that lived in these houses. The houses were observed to be clean, homely, warm and welcoming. All residents appeared very happy and content in their homes and were happy to speak with the inspector. They said they were very happy living there and that staff were very nice. One of the residents showed the inspector their back garden. They were growing some fruit and vegetables in it and said to the inspector they enjoyed this activity. The garden area was also observed to be very well maintained with the provision garden furniture such as a garden table and chairs for residents to relax in during periods of good weather.

Another resident invited the inspector to view their home and their bedroom. The resident said they were very happy in the house and that they loved their room. It was also decorated to take into account their individual style and preference.

Two residents that lived in the bungalows spoke with the inspector about how they liked to spend their day. For example, they had been in day services earlier and said to the inspector that they took part in social activities such as bingo, participated in exercise programmes, chatted with friends and went on outings. They said that they enjoyed these activities and their time in the day service.

Management and staff were also observed to be respectful and supportive of the resident's autonomy and individual choices. For example, residents chose their daily routines (with support where required), they agreed weekly menus between them and chose what social activities to engage in. In one of the bungalows the inspector observed staff and one resident preparing the evening meal. The meal was of the residents choosing and, they seemed to enjoy cooking it with the support of staff.

There were also systems in place to ensure the residents voice was heard and respected in the service. For example, the organisation had an advocacy group in situ which met on a number of occasions over the year and, a resident from this service was a representative on that group. Up until the end of 2019, residents were referred to by staff and in all paperwork as 'service users'. However, at one of the advocacy group meetings, residents agreed on a proposal that they no longer wished to be referred to as 'service users', preferring the term 'resident' instead. This decision was presented to the senior management team of the organisation and, it was accepted and respected at organisational level. Since then, the term resident was no longer used in the service and, all documents/policies had been updated (or were in the process of being updated) to replace the term 'service user' with 'resident'.

The family member spoken with over the phone was also extremely positive about the service provided to their loved one. They said they were very happy with the quality and safety of care provided in the house and that their relative was doing

very well there. They also said that the staff team were very good and they were kept up-to-date about their loved one progress. They informed the inspector that their relative got on very well with the staff team and that staff were always very helpful. They were happy with the way in which their relatives healthcare and educational needs were being provided for and said they there were also happy their relative was safe in the care of the service.

Written feedback on the service from five residents was equally as positive. For example, residents reported that they loved their home and were very happy with their bedrooms. They also reported that they were satisfied with the level of choice and control they had over their own lives with regard to menu planning and social activities provided. Residents reported that they found staff very helpful, some said they wouldn't change a thing while others said they were satisfied with the way in which their rights were respected.

While some issues were found with risk management and with the statement of purpose, these were not impacting on the quality of service provided and, feedback on the service from both residents and family representatives was found to be positive and complimentary.

The following two sections of this report, outline how the providers capacity and capability to operate a responsive service, has impacted positively on the quality and safety of care provided to the residents living in the service.

Capacity and capability

Residents informed the inspector that they loved their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a team leader who worked in the house on a regular basis. The person in charge and team leader were experienced, qualified professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, first aid, positive behavioural support, manual handling and infection control. From speaking with one staff member over the course of this inspection, the inspector was assured they knew the residents well and had good knowledge of their assessed needs.

The person in charge and team leader were both found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and while it explicitly stated the aims and objectives of the centre to include the facilities and services to be provided to residents, it required some review. This was because one of the rooms was at times, not being used as described in the statement of purpose and the information as set out in Schedule 1 of the Regulations.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. Such auditing was ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the annual review for 2020, identified that the service required the input and support of a behavioural specialist and, that there was a need for more regular management meetings, especially during the COVID-19 pandemic. Both these issues had been actioned and addressed at the time of this inspection. A behavioural specialist had recently commenced supporting the service and, management meetings were happening on a weekly basis over the last year.

Registration Regulation 5: Application for registration or renewal of registration

The service submitted a complete application for the renewal of its registration in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, first aid, positive behavioural support, manual handling and infection control. From speaking with one staff member over the course of this inspection, the inspector was assured they had a good knowledge of the assessed needs of the residents

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The service submitted an up-to-date copy of their insurance details as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a team leader who worked in the house on a regular basis. The person in charge and team leader were experienced, qualified professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review as one of the rooms in the service was at times, not being used as described in centre's statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge and team leader were aware of the legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Residents were being supported to achieve goals of their choosing and systems were in place to support them achieve their goals. For example, one resident's goal was to write and publish a book of poems. Staff were supporting the resident in achieving this goal and the time of this inspection, the project was well under way.

Some residents also attended a variety of day services where they met with friends, engaged in social activities of their choosing and some took part in exercise programmes.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to physiotherapy, occupational therapy, optician and chiropody services. Hospital appointments were facilitated as required and care plans were in place to guide practice.

Access to mental health services, a counsellor and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. It was observed however, that some behavioural support plans required review so as to ensure the guidance informing staff on how to support residents with behaviour was up-to-date and in line with practice.

However, when this was brought to the attention of the person in charge, they informed the inspector that the service had recently secured the input and support from a behavioural specialist who was in the process of reviewing all positive behavioural support plans. The inspector also spoke with two staff members over the course of this inspection and was assured they had a good understanding of how to support residents with all their assessed and behavioural needs and, a sample of files viewed also informed that staff had recently received training in positive behavioural support.

Systems were in place to safeguard the residents and if required, safeguarding plans were in place. However, there were no open safeguarding issues at the time of this inspection. Residents informed the inspector that if they had any issues in their home, they would speak with a staff member or the house manager. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the confidence and knowledge to report any concern to management if they had one. From a sample of files viewed, staff also had training in safeguarding of vulnerable persons.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, some of the control measures in place to manage and mitigate some risks required review and updating.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required with no issues being reported with evacuations. Each resident had a personal emergency evacuation plan in place and from a small sample of files viewed, staff had training in fire safety.

There were also systems in place to mitigate against the risk of an outbreak of

COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. Residents had also been supported to understand the importance of social distancing, cough etiquette and hand hygiene.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

Regulation 17: Premises

The premises were observed to be clean, well maintained and suitable to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Some of the control measures in place to manage and mitigate some risks required review and updating so as to ensure they were in line with practice.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required with no issues being reported with evacuations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services, a counsellor and behavioural support were also provided for, and where required, residents had a behavioural support plan in place.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available in the centre on how to access the safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were directly involved in the running of their home and staff were seen to be supportive of their individual autonomy.

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 - 2015 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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0026220

Date of inspection: 25/08/2021

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose edited to include a breakdown of PIC hours and their availability. Sleepover staff were introduced as a staffing contingency during Covid for less footfall. Waking night staff will be re-introduced on 18.10.21.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Assessments for specific residents have been updated (26.08.21). All other risk assessments in Clann Mór 2 will be reviewed to ensure that control measures are relevant and reflect the actions required by staff to mitigate risk.</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 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	18/10/2021
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	24/09/2021