



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

Issued by the Chief Inspector

Name of designated centre:	Carra Mor
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	13 January 2025
Centre ID:	OSV-0004887
Fieldwork ID:	MON-0036973

About the designated centre

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

In this centre a residential service is provided for a maximum of six adults with a diagnosed intellectual disability and additional physical and health needs. The care and support provided aims to meet residents' assessed needs while ensuring that they continue to enjoy a good quality of life. The centre is located in a pleasant cul-de-sac residential area of a large, busy town within walking distance of amenities such as shops, cafes and the providers main administration offices. Given the needs of residents, wheelchair accessible transport is provided. The premises is a purpose built bungalow-style house with its own well-maintained grounds. Six accessible bedrooms with en-suite facilities are provided; two residents share each en-suite facility. Residents also have access to a communal bathroom with a whirlpool type bath. Shared communal facilities include a kitchen/dining area, two sitting rooms and a room used currently as a sensory space for one resident. Residents have access to garden facilities to the front and side of the house. Given their assessed needs, residents are supported by a team of nursing, social care and support staff. At night-time, residents' care needs are supported by two staff members both of whom work a waking night duty.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Monday 13 January 2025	09:45hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to monitor the providers level of compliance with the regulations and standards. The provider had applied to the Chief Inspector of Social Services to renew the registration of this designated centre. The inspection was facilitated by the person in charge. The inspector also met with the community manager during the closing meeting to provide verbal feedback of the inspection findings.

Overall, the inspector found that residents received a good standard of care and support and enjoyed a good quality of life closely connected to family and the wider community. The centre was well-managed with a clear commitment to providing good standards of care and support for the residents. Improvement was noted on the last Health Information and Quality Authority (HIQA) inspection findings. However, this centre has a very defined statement of purpose and function and is operated to support residents with a higher level of assessed needs. These needs include physical health needs including declining health, interventions such as alternative means of meeting nutritional requirements and, risks such as for falls. Three of the six residents living in the centre have transferred relatively recently from other centres operated by the provider when their changing and increasing needs could no longer be suitably met in those centres.

In the context of those higher needs the observations on the day of this inspection indicated that more robust auditing practices both formal and informal were required. This was needed as the inspector found some lack of evidence in some areas to support practice and to demonstrate how decisions were made. For example, the decision made by the provider to not proceed with the provision of a sluice room as committed to in the last compliance plan response submitted to the Chief Inspector of Social Services.

This premises was purpose built and overall the location, design and layout of the centre was suitable. The premises was located at the end of a residential cul-de-sac on its own spacious site. Externally the premises and grounds presented as well maintained. Internally, the general environment and residents' bedrooms, communal areas, toilets and bathrooms appeared visibly clean. The centre provided a comfortable and homely environment for residents. However, further improvements and upgrades were required in respect of the premises and infection prevention and control, which are interdependent. For example, the inspector noted some surfaces and finishes including flooring and the kitchen worktop were worn and as such did not facilitate effective cleaning. The inspector saw and the person in charge confirmed that storage was becoming an issue due to the range of equipment the current residents needed.

While visibly clean, and a range of cleaning guidance, checklists and colour coded equipment were in place, based on practice observed and discussed, better information and guidance was needed to ensure that infection control measures

appropriate to the needs of the service were in place. This was particularly important given that while residents had their own bedroom, each resident shared a bathroom with another peer.

The provider was endeavouring to improve the existing facilities and the physical infrastructure and some works had been completed. There was an active maintenance list and the inspector was advised that there were preliminary discussions in relation to extending the premises.

Over the course of the day the inspector had the opportunity to meet with all of the six residents living in the centre. The different routines observed reflected the individuality of the residents and how this was respected in the daily routines. For example, when the inspector arrived at the centre two residents were being supported by staff members with their personal care and one resident was getting ready to have their breakfast. Staff ensured that bedroom and bathroom doors were closed while personal care was attended to. Two residents were at home with family and were due to return to the centre later that day and, one resident had left to attend their nearby school.

The resident getting ready to have breakfast greeted the inspector using some words and manual signing. The resident wanted to establish if the inspector was a new staff member and how long the inspector would be staying in the centre. The resident with support from a staff member discussed their upcoming birthday and the plans they had to celebrate both in the centre and at home with family.

The person in charge described and risk assessments were in place outlining the assessment that had been completed to establish the compatibility of residents to live well together in the context of their similarities and their differences. The residents presented as content and happy to be with each other and with the staff members on duty. For example, while residents had a choice of communal spaces they tended to sit together in the main sitting room. Residents appeared to have transitioned well following their transfer to the centre and had developed relationships with their new peers. The person in charge spoke of a trip away three residents had enjoyed together with support from staff. One of the more recently admitted residents told the inspector that he was feeling much better following a period of ill-health and hospitalisation and said that he liked living in the centre. This resident left mid morning with a staff member and a peer to go for a walk and to visit a local church where the resident liked to light a candle.

While there was an element of staff still getting to know some residents a staff member spoken with described for the inspector how each resident communicated what it was they wanted or did not want. For example, how different vocalisations used by a resident to convey different needs were interpreted by staff and correctly responded to. Staff provided the resident with some quiet time in the sensory room that had been created for them in consultation with the sensory occupational therapist.

The inspector saw how each resident communicated differently by gesture, signing, spoken word, vocalisations or facial expression. The inspector observed how

residents communicated effectively with staff who understood and responded to their words and gestures. One resident while resting in bed using their personal tablet made it clear by gesture to the inspector that they did not want to engage and this was respected.

A resident on returning from a visit to family welcomed and greeted the inspector by name but was very anxious to have and was looking forward to a late lunch. The inspector had observed how staff had freshly prepared lunch. Lunch had been enjoyed earlier by a resident who left his plate empty and who smiled broadly when asked by the inspector if the lunch was nice.

In the late afternoon residents gathered together in the sitting room relaxing in their reclining chairs or engaging in some table top activities such as reading and writing before attending a yoga class facilitated by an external person. One resident also attended a community based exercise class and physical therapy was also provided in the centre. Records seen confirmed that residents had access to the clinicians and services that they needed for their ongoing health and wellbeing.

Based on what the inspector observed staffing levels were suited to meeting the individual and collective needs of residents and the different choices and routines of the residents.

While the inspector did not meet any family members records on file confirmed that the person in charge was in the process of gathering feedback from families to inform the annual service review. 50% of families had already responded. Their feedback was very positive and they rated the centre as excellent. A mass had been said in the centre at Christmas and a staff member told the inspector that a family member for every resident had attended. Staff had also supported residents to complete a questionnaire for the Health Information and Quality Authority (HIQA). Staff recorded how residents nodded, smiled or gestured in response to the questions asked.

As the inspector was getting ready to leave the centre four residents supported by staff members were enjoying an animated game of snakes and ladders.

In summary, this was a good service where, in general, the provider had the arrangements needed to meet the higher needs of the residents who lived in the centre. However, in the context of the range of needs supported in this centre the provider needed to strengthen and improve aspects of its governance and quality assurance systems so as to assure they reflected the stated purpose and function of the centre. This was needed to ensure the evidence base of the support, care and facilities provided and to support continuous improvement.

The next two sections of this report will present the findings of this inspection in greater detail in relation to the governance and management arrangements in place and, how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place. The provider had, since the last HIQA inspection, taken measures to delegate tasks amongst staff to enhance individual roles and responsibilities. The centre presented as adequately resourced though further investment in the premises was required. The provider had systems of quality assurance for maintaining oversight of the appropriateness, quality and safety of the service. These were effective on many levels but improvement was needed so as to better ensure and assure the evidence base of the care, support and facilities provided.

Day-to-day management and oversight of the centre was the responsibility of the person in charge. The person in charge was supported by nominated leads from the nursing and social care staff. Delegated tasks included the preparation and maintenance of the staff duty rota, oversight of the management of medicines and, the oversight and maintenance of residents' personal plans.

The provider had reduced the scope of responsibility associated with the role of person in charge so as to enhance the management and oversight of this centre. The person in charge described how they maintained an active almost daily presence in the centre and, if not in the centre, they were in their office located nearby. A staff member spoken with confirmed they had access, support and guidance as needed from the person in charge. The person in charge confirmed they had excellent access and support from their line manager. There were on-call management arrangements in place for out-of-hours.

Records were in place of staff meetings convened largely on a monthly basis by the person in charge. There was good staff attendance at these meetings either in person or on-line. Good oversight was maintained of staff attendance at training with no training gaps or deficits evident from the training records seen. There was a schedule in place for the completion of formal staff supervisions.

The staff duty rota reflected the staffing levels, staffing arrangements and the staff skill-mix observed and described.

The inspector requested a sample of three staff files to review so as to assess the provider's compliance with Schedule 2. All of the required information and records were in each file.

The provider had formal systems of quality assurance that were, based on the records seen by the inspector, consistently implemented. For example, the annual quality and safety review for 2023 had been completed by the person in charge who had sought and incorporated feedback from residents and their representatives into the review. The quality and safety reviews required by the regulations to be completed at least on a six-monthly basis were also completed by other stakeholders from within the wider organisation. However, the observations on the day of this inspection indicated that more robust auditing practices firmly based on

the assessed needs of the residents, relevant guidance and best practice were required.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted to the Chief Inspector of Social Services a complete application seeking renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. That person had the experience, qualifications and skills required for the management of the designated centre. The person in charge could describe and demonstrate to the inspector how they planned, managed and maintained oversight of the service. The inspector saw from records in place such as the review of accidents and incidents and the records of the regular team meetings, that the person in charge was consistently engaged in the planning, management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the planned and actual staff duty rota for January 2025. Based on these records and what the inspector observed, the inspector was assured that the staffing levels, the staff skill-mix and staffing arrangements were suited to the number of residents who lived in the designated centre, their assessed needs and their support plans. The staff team was comprised of nursing staff, social care and support staff. Duties and responsibilities such as for the administration of medicines were however shared across the staff team as this was not a nurse-led service where there was a nurse on duty at all times.

The person in charge described the ongoing monitoring of staffing resources, the recruitment of staff including relief staff as needed and, the use of agency staff only as a last resort. Consistency of staffing and continuity of care was considered and provided for as some staff members had worked in the designated centre for sometime. This was evident from the staff duty rota and these inspection findings.

The inspector requested a purposeful sample of three staff files to review. Each file contained all of the information and records required by the regulations such as

evidence of employment history, references, a vetting disclosure and, where applicable, evidence of current registration with the relevant professional body.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had access to appropriate training including refresher training. The inspector reviewed the overall staff training matrix and saw that there were no training gaps in for example, safeguarding, fire safety and responding to behaviour that challenged training. Refresher training was due for some staff in 2025. This was highlighted so that it would be scheduled or it was booked. Additional training completed by staff included a broad range of infection prevention and control training, training in the prevention of falls and, the management of alternative means of nutrition. Efforts to integrate infection prevention and control guidelines into practice were underpinned by additional infection prevention and control education and training. Two members of the nursing staff team had completed link practitioner training in infection prevention and control.

The staff team had completed human rights training. The inspector saw how staff engaged with residents and records seen such as the questionnaires completed for HIQA conveyed how residents were consulted with, listened to and, communicated their choice.

The provider operated a system of formal supervision for all grades of staff. The inspector saw that guidance issued by HIQA such as in relation to the use of restrictive practices was available in the designated centre.

The agenda for each staff team meeting supported the sharing of relevant information and discussion on topics such as safeguarding, accidents and incidents that had occurred, and infection prevention and control.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted with its application seeking renewal of the registration of this centre evidence that it had insurance such as against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider endeavoured to have in place the arrangements residents needed for their support and care. For example, the staffing levels and skill-mix described above and access to MDT support. The inspector found that the provider generally met the requirements of the regulations reviewed by the inspector. However, further action was required for the provider to be fully compliant. For example, in relation to the premises, infection prevention and control and, the ongoing review of risk. The provider had formal and informal systems of quality assurance that it used to monitor and improve the quality and safety of the service. These were comprehensive and effective on many levels but would have benefited from a stronger focus on clinical governance so as to assure the evidence base of the facilities, care and support provided and, to inform how best to continuously improve the service. For example, it was not robustly and consistently demonstrated how clinical assessment tools informed decisions about the provision of equipment such as pressure relieving equipment. In addition, there were some disparities between the findings of local systems for monitoring infection prevention and control and the observations on the day of this inspection. This indicated that more robust auditing practices were required to ensure compliance with the National Standards for infection prevention and control in community services. For example, the decision to not proceed with the provision of sluice. In addition, the inspector found records such as risk assessments and cleaning guidance were not sufficient to effectively guide the care and practice needed to ensure appropriate control measures were in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose and function. The record contained all of the required information such as the number of residents and the range of needs that could be met in the centre, details of the management and staffing arrangements and, how to make a complaint.

Judgment: Compliant

Regulation 31: Notification of incidents

On speaking with the person in charge the inspector found that the person in charge was clear on the matters that required notification to the Chief Inspector of Social

Services such as an outbreak of any notifiable disease and the use of any restrictive procedure. The inspector reviewed the analysis completed by the person in charge of accidents and incidents that had occurred in the centre since June 2024 and was assured that incidents such as an unplanned restriction had been notified.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, read and discussed the provider generally had arrangements in place that were responsive to the needs of the residents. Residents were observed to have good freedom in their home, had ready and timely access to staff and, their quality of life was not unreasonably limited by their needs or those of their peers. Residents presented as well and content on the day of inspection. The support observed was empathetic and supportive. The provider sought to provide residents with a safe, welcoming and comfortable home. However, in the context of the number, the assessed needs and, the design and layout of the house, improvements were needed in respect of the premises and infection prevention and control, which are interdependent.

Overall, the location, design and layout of the premises was suitable. Residents were provided with a comfortable home. For example, resident's bedrooms were personalised to reflect their choices and preferences. Communal areas were homely and welcoming and some maintenance works had been completed such as painting and the provision of some new flooring. However, records seen such as the annual quality and safety service review for 2023 indicated that discussions in relation to premises and facilities upgrades were ongoing throughout 2024. The scope of these works ranged from improving external accessibility for residents to works to better comply with infection prevention and control standards. Only two of the four residents living in the centre mobilised without the assistance of aids. Two residents used specialised wheelchairs at all times. In summary, while purpose built there was a requirement on the provider to review and assure the ongoing suitability of the premises to the needs of the residents and, relevant guidance and best practice.

Much improvement was noted in the overall cleanliness of the premises and all areas visited by the inspector were visibly clean. However, the facilities continued to present challenges to infection prevention and control. For example, the sharing of the hand wash sinks in the ensuite bathrooms by residents and staff and, the absence of a designated sluicing area where staff could appropriately and safely manage waste and process equipment such as personal care bowls, commodes and urinals. There was some disparity between the findings of local infection prevention and control monitoring and oversight and the observations on the day of this inspection. Details of the issues identified are set out below under Regulation 27.

The provider had systems in place for the assessment, management and ongoing

review of risk. However, the inspector's review of specific risk assessments found that improvement was needed in how risks and controls were reviewed.

Residents' health and well-being was monitored and promoted and staff ensured that residents had timely access to their general practitioner (GP) and other allied health services as required. This was evident from the two health care plans reviewed by the inspector. Residents were seen to be provided with the equipment that they needed for the safety and wellbeing such as specialised seating, postural supports, showering and changing equipment and ceiling hoists. However, there was some inconsistency as to how clinical assessment tools informed the provision or not of pressure relieving equipment. This is addressed in Regulation 26: Risk management.

There were good systems in place for maintaining oversight of the centre's fire safety arrangements including the procedure for evacuating the centre if necessary by day and by night.

Regulation 10: Communication

The assessed needs of the residents included communication differences. The personal plan included the support that was needed to ensure effective communication. Staff spoken with were aware of and understood the role of behaviour as a form of communication. Staff could describe the different ways each resident communicated their wishes and needs including purposeful words, manual signing, gestures and facial expressions. The inspector saw how staff signed with a resident, communicated with and responded to all six residents throughout the day. Communication support and guidance was informed by staff knowledge of residents but also with support from the MDT such as positive behaviour support, speech and language therapy and, sensory occupational therapy. Residents had ready access to a range of media and personal devices as appropriate to their needs and abilities.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have ongoing regular contact with home and family as appropriate to their individual circumstances. The inspector saw that staff support and transport was available to take residents to the family home and back to the centre. There were no restrictions on visits and if privacy was required or requested this could within reason be provided.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with the support that they needed to participate in a range of activities in the centre and in the community. What residents wanted to do and enjoyed doing was established through the process of person planning and consulting with residents such as at the regular advocacy meetings. In the context of some residents needs staff had to be attuned to how residents responded to different activities and social events so that they were suited to the residents needs, abilities and preferences. For example, a staff member described how staff had been unsure how one resident might respond to the busy atmosphere of a recent social event. However, the resident had been given the opportunity to attend and was reported to have thoroughly enjoyed it. The centre was close to a range of amenities and facilities in the local area and transport suited to the needs of residents was provided. The inspector did have a discussion with the person in charge and the community manager about commencing a plan for the ongoing general welfare and development needs of a resident who was due to cease attending school in June 2025.

Judgment: Compliant

Regulation 17: Premises

Overall, the location, design and layout of the premises was suitable. Residents were provided with a comfortable home. The provider had a process for identifying and addressing ongoing maintenance issues. However, records seen such as the annual quality and safety service review for 2023 indicated that discussions in relation to premises and facilities upgrades were ongoing throughout 2024. Some of these works were partially completed such as painting and decorating and the phased provision of flooring better suited to spillages and cleaning. While purpose built there was a requirement on the provider to continuously review and assure the ongoing suitability of the premises to the needs of the residents and, relevant guidance and best practice. For example, in relation to infection prevention and control and accessibility. The person in charge shared with the inspector a list of works identified as needed but not yet agreed and completed. The need for these works was evident on inspection. For example, the scope of works included a review of the effectiveness of the heating system. The inspector noted portable heaters in some bedrooms. Also included were external works to improve accessibility and, works to better support infection prevention and control. For example, the replacement of some hand wash sinks and the exploration of a sluice room. This will be discussed again in relation to Regulation 27 as the premises and infection prevention and control are interdependent. In addition, the inspector noted that an office had been converted to a sensory space for a resident. The room was compact, was accessed through a main communal room and provided limited space,

for example, for moving and handling tasks.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had produced a guide for residents. The inspector read the guide and noted that it contained all of the required information. For example the guide contained a summary of the services and facilities provided to each resident, how to access any inspection reports of the centre and, the arrangements for receiving visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk. This was evident from the general and resident specific risk assessments seen by the inspector and other records seen. For example, the report of the quarterly analysis of accidents and incidents that had occurred. Controls to keep residents safe from harm and injury were in place and included safe eating and drinking plans and fall prevention plans. However, while risk and its control was the subject of regular and ongoing review the inspector found improvement was needed in how residual risk was calculated so that it was an accurate assessment of the risk that presented in the centre. For example, a pattern of medicine administration errors had occurred in late 2024 and had warranted the introduction of enhanced controls. Two staff were now overseeing the preparation and administration of medicines. However, the risk rating for the safe administration of medicines and the risk of an error occurring was calculated as a low green rated risk. Similarly, the risk ratings for infection prevention and control and the shared nature of bathrooms were all assessed as low. The observations of this inspection found that this was not an accurate assessment given the challenges that presented such as the dual purpose of hand wash sinks and risk such as from antimicrobial resistant organisms. In addition, the review of risk needed to be more robust so as to confirm controls were in place, were consistently implemented and, if not why not. For example, a risk assessment for skin integrity stated that pressure relieving equipment was in place. However, the inspector saw that it was not in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Improvement in the general cleanliness of the environment and in the equipment provided to residents was noted. However, there was some disparity between the findings of local infection prevention and control monitoring and the observations on the day of this inspection which indicated better assurance mechanisms were needed to ensure compliance with the National Standards for infection prevention and control in community services. This was needed so as to better protect residents and staff from the risk of preventable infection. For example, the inspector found, based on records seen and discussion with staff, that there was insufficient guidance in place in relation to the management of a healthcare-associated infection. This coupled with the observations of the inspector did not provide assurance that appropriate controls were in place to prevent cross-infection. For example, the shared nature of the hand wash sinks and the general management and cleaning of the bathrooms that were each shared by two residents. The inspector saw items including personal care basins used by different residents stored on top of each other, stored behind and stored on top of a toilet cistern. These arrangements created a risk for contamination and cross-infection. Local audits had concluded that the sluice room committed to by the provider at the time of last HIQA inspection was not required. Staff described to the inspector how they manually emptied and manually cleaned personal care items including a commode pan and then steeped the items in a bucket in a chlorine based solution to decontaminate them. These activities in the absence of a sluice room were completed in a shared bathroom and again created a risk for contamination and cross-infection. Additional findings included a cracked toilet cistern and exposed pipework in bathrooms and toilets. The kitchen worktop was damaged and required replacing. While staff confirmed there was no active requirement for a sharps box one was observed open and tilted on its side in a floor level press. The sharps box had been opened in May 2024.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw fire safety arrangements such as the provision of a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products. The provider had arrangements for reviewing and assuring its fire safety arrangements. For example, the person in charge monitored staff and resident participation in the simulated evacuation drills and records were in place confirming the inspection and testing of equipment such as the fire detection and alarm system. Records were also in place confirming that all staff had completed fire safety training including training delivered on site in November 2024. The person in charge ensured that fire drills were convened in response to changes in occupancy and resident profile. This was evident from the drill records which also confirmed that residents could be evacuated from the building in a timely and effective manner. All of the residents required some support and assistance from staff to evacuate including if necessary

full-evacuation on an evacuation device. The inspector saw that this device was in place and that each resident had a personal emergency evacuation plan (PEEP). The PEEP set out the assistance that each resident needed. The PEEP was also available in an accessible format that staff used with residents so as to enhance their understanding of when they would need to evacuate. Devices to alert a resident with sensory needs to the requirement to evacuate had been provided. The provider had maintained the arrangement of two staff members on waking duty at night put in place in response to previous HIQA inspection findings.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had medicine management policies and procedures. Staff administered medicines to residents on the basis of the findings of an assessment of capacity and risk. Staff were qualified to administer medicines or had completed the providers medicines management training. The inspector saw that medicines were supplied by a community based pharmacy and securely stored in the centre. The medicine kardex reviewed by the inspector was clearly legible and the administration record completed by staff reflected the instructions of the kardex.

There were procedures in place for reporting and responding to errors that occurred in the medicines management cycle. At the time of this inspection there were enhanced controls in place in response to an increased pattern of errors including administration errors that had occurred in the centre in the third quarter of 2024. Based on the other quarterly reviews the number of incidents that had occurred was unusually high. The record of incidents that had occurred in the last quarter of 2024 demonstrated improvement.

Judgment: Compliant

Regulation 6: Health care

Residents had healthcare needs. Records of referrals and reviews, admissions and discharges were maintained in the two healthcare plans reviewed by the inspector. This included consultations and reviews as needed by the general practitioner (GP), speech and language therapy, occupational therapy, dietitian, dental care, chiropody, physical therapy and hospital referrals. Records were in place confirming that residents were supported to avail of seasonal vaccinations such as for influenza and COVID-19. Processes were in place for receiving and sharing information with other healthcare providers. Practice was observed that reflected MDT recommendations such as the provision of meals of a modified consistency to reduce the risk of choking and the provision of sensory equipment. Staff regularly

monitored resident body weight as a benchmark of the effectiveness of nutritional care plans. Evidence based assessment tools were used to assess for example the risk for falls and the risk for developing damage to skin integrity. How these tools in conjunction with clinical judgement and the process of risk assessment did not consistently inform the provision of aids and equipment to residents has been addressed in Regulation 26: Risk Management Procedures.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge described how some behaviours had been exhibited as residents transitioned into the service. The person in charge had risk assessments in place for this and support and guidance had been provided by the designated officer. Based on what the inspector observed and read such as the record of incidents that had occurred this was now resolved. Staff had completed training and support had also been provided by the positive behaviour support team. There was an awareness of how, for example, communication vocalisations might impact on peers. Staff were aware of the different vocalisations and their purpose and described prompt responses such as attending to care needs or providing some quiet time.

The person in charge implemented the providers procedures for the use of and the ongoing review of any restrictive practices in use. These were largely in response to the assessed needs of the residents and associated risks such as the use of bedrails to prevent a fall from bed and devices to alert staff in the event of a fall. The inspector saw that the person in charge maintained a log of the restrictive practices in place and had also prepared simple, accessible documents to discuss their use with residents.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from harm and abuse. These measures included safeguarding training for all staff, policy to guide staff on recognising and reporting any suspected or alleged abuse and, intimate and personal care plans for residents. The person in charge described the process underway to standardise the use of and the effectiveness of records used (body maps) to record any unexplained injuries sustained by residents such as bruising.

Each resident had an accessible safeguarding document and a staff member described to the inspector how each resident had their own way of effectively

communicating whether they were happy or not. The staff member was aware of the providers safeguarding reporting procedure and the role and accessibility of the designated safeguarding officer. In their HIQA questionnaires residents said or communicated to staff that they felt happy and safe.

Judgment: Compliant

Regulation 9: Residents' rights

This centre presented as a centre where the individuality and rights of residents were respected and promoted. This was evident from the way in which staff spoke of residents and to residents and the support observed. While busy there was an easy atmosphere in the house and the routines observed were individualised to the needs and preferences of each resident. For example, what time residents had their meals and the support provided to visit home and family. Throughout the inspection staff described how residents expressed their needs and choices and the inspector noted that these were respected. For example, one resident liked to spend time by themselves in their bedroom and could do this as they wished. Staff offered a resident who was having a nap in an armchair the opportunity to go to bed and respected the residents choice to stay in the chair. Residents could express their religious preferences where this was important to them. The person in charge was very aware of the differences between residents for example in relation to their age, gender, needs and abilities. The observations of this inspection did not indicate any challenges or barriers in this regard.

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carra Mor OSV-0004887

Inspection ID: MON-0036973

Date of inspection: 13/01/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The service provider will ensure the following actions are taken to ensure compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC and relevant staff will commence the planning process for ongoing general welfare and development needs of a resident who is currently attending school who is due to finish in full time education in June 2025. [Planned Completion 30/06/2025] <p>Further actions identified under Regulation. 17, 26 and 27 below.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The service provider will ensure the following actions are taken to ensure compliance with Regulation 17: Premises</p> <ul style="list-style-type: none"> • A sluice room will be reconsidered in light of the current health care needs in the center. A facilities meeting will take place on 07/02/2025 where by the requirement for this work will be highlighted. [Completed] • An external consultant with a clinical background will carry out an on-site IPC specific review with regards the installation of Sluice room. [Planned Completion 30/04/2025] • The facilities manager will carry out an on-site visit to assess the suitability for the location for the sluice room taking into account the recommendations from the external consultant. [Planned Completion: 30/05/2025] • Tender process for the works will be carried out and all relevant works required completed. [Planned completion: 31/08/2025] • The Community Manager, PIC and RNID's will meet to discuss all relevant equipment 	

requirements and any involvement required by relevant multi-disciplinary to ensure all required assistive equipment is in place. [Planned Completion: 30/04/2025]

- The PIC will engage a Manual Handling professional as well as the relevant Occupational therapist to assess the converted sensory space to ensure effectiveness giving considerations to access through communal room, moving and handling tasks. [Planned Completion: 30/06/2025]

- Facilities outlined by the PIC during the inspection will be discussed and/or approved for progression throughout 2025 – this will be completed on a priority needs basis dependent on funding available. [Planned Completion: 31/12/2025]

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The service provider will ensure the following actions are taken to ensure compliance with Regulation 26: Risk management procedures

- A comprehensive review of Risk assessments will take place with a particular focus on IPC/Health related risks to ensure that all mitigating controls are accurate. Corresponding protocols will also be developed or existing ones reviewed and a dedicated team meeting held with all staff to ensure processes are clear and consistent. The PIC will ensure clinical input in the risk reviews utilizing nurses on the team. [Planned Completion: 28/02/2025]

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The service provider will ensure the following actions are taken to ensure compliance with Regulation 27: Protection against infection:

- The PIC will schedule a staff meeting, with all staff members present, to discuss the findings of the inspection and outline all staff's responsibilities in relation to IPC. [Planned Completion: 28/02/2025]
- The shared en-suite will be reviewed in conjunction with the associated Risk Assessment and a thorough protocol will be available to all staff with regular review. [Planned Completion: 28/02/2025]
- Site specific training on the management of Health care associated infection will be sourced with the assistance of the training and development department. This will aim to address reducing contamination risks and the storage of personal utensils. [Planned Completion: 31/08/2025]

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/06/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	28/02/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2025