

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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 3
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	30 April 2025
Centre ID:	OSV-0008312
Fieldwork ID:	MON-0038200

About the designated centre

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

Clann Mór 3 consists of three houses which are located in close proximity to each other near a large town in Co. Meath. The designated centre provides a full-time residential service to 10 adults with an intellectual disability. Two of the houses are located next door to each other and were newly registered in 2022. Houses are staffed by community facilitators and community based support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 30 April 2025	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and what residents told the inspector, it was evident that the 10 residents living in the centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. Each of the 10 residents met with, told the inspector that they 'loved' their respective homes, felt safe and that their rights were upheld. The high levels of compliance observed during this inspection reflected the delivery of a safe, person centred and high quality service.

The centre comprised of three separate houses. Two of the houses were located adjacent to each other in a quiet residential estate and were home to three residents each. The other house was located a short drive away and was home to four residents. Each of the houses were within walking distance of local amenities and transport links. The centre was registered to accommodate 10 adult residents and there were no vacancies at the time of inspection. The majority of residents required low levels of support with their activities of daily living and were independent in many aspects of their day. There were two cars for use across the three houses to support residents to access the community various activities and appointments. The service manager and person in charge confirmed that a third car was to be assigned the week following this inspection. This meant that each of the houses would have their own assigned car. In addition, the centre was located within walking distance of a range of local amenities.

The inspector met with each of the 10 residents living between the three houses on the day of the inspection. These residents spoke fondly of the other residents who they were living with and of the staff team who supported them. It was evident that each of the residents were very proud of their homes and particularly their gardens which they had all participated in replanting for the summer ahead and an upcoming garden competition held by the provider. The bathroom in one of the houses had recently been renovated and one of the residents in that house proudly showed the inspector their new facilities. The residents told the inspector about the many activities they were involved with within the local community.

Warm interactions between the residents and staff members caring for them was observed on the day of inspection. There were lots of conversations on various topics, including upcoming garden competition, planned activities and holidays. It was evident that the residents had a close bond with the person in charge and staff on duty and with the other residents living in the respective houses. The residents individually told the inspector that the other residents were their friends who they enjoyed spending time with in the centre and out in the community. Individual residents were observed to check in on their peers and to ask if they had a good day. One of the residents was observed to be upset about a personal matter on the morning of the inspection but responded well to support from staff followed by a

walk.

Each of the three houses were found to be comfortable, accessible and in a good state of repair. All areas were observed to be homely and welcoming and provided a pleasant space for the residents. It was noted that flooring in two of the houses were due to be replaced the following week. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the residents' individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Visual aids had been placed on the wardrobe doors and presses in some areas to support residents to locate specific items. A number of the residents had recently purchased items of furniture for their bedrooms which they expressed their delight with. Pictures of each resident and important people in their lives and other memorabilia were on display in each of the houses. There was a nice sized garden to the rear of each of the houses. These each included some raised planted areas, a pergola, a barbeque area and a dining table and chairs for outdoor dining. The two houses adjacent to each other had an adjoining accessible garden which could be used by the residents in both houses.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. The provider had completed a survey with the residents and their relatives as part of their annual review which indicated that residents and family representatives were satisfied with the care and support being provided. Each of the residents completed an office of the chief inspector questionnaire and the responses given indicated that the residents were happy living in their respective homes and felt their rights were upheld in the centre.

There was an atmosphere of friendliness in the centre. One of the residents met with sang a song for the inspector. The resident told the inspector that they had been supported by staff to learn the words for the song and to perform the song in front of family and friends at a party in the centre the previous year. It was evident that the resident was very proud of their performance. The resident told the inspector that it had improved their confidence and they were now happy to sing for any occasion. Overall the residents living in each of the house got along well together and enjoyed each others company. One of the residents told the inspector 'you couldn't live in a nicer place. There was evidence that the residents from each of the houses chose to engage in numerous activities together. However, the behaviours of a small number of residents in one of the houses could on occasions be difficult for staff to manage in a group living environment but overall, incidents were well managed. Information on residents rights was available for residents in each of the houses. Staff were observed to interact with the residents in a respectful and supportive manner. For example, knocking and seeking permission to enter a resident's bedroom and providing individual residents time and space to express their feelings and talk about the events of their day.

Residents were supported to engage in meaningful activities on an individual basis.

Each of the 10 residents were engaged with a formal day service programme. Two of the residents were also engaged in volunteer work and a further two residents had paid employment within the local community. Examples of activities that residents engaged in included, cooking, walks to local scenic areas, gym visits, yoga, family home visits, dining out, pub visits, playing pool, bowling, pampering sessions and listening to music. A small number of the residents independently used public transport. One of the residents was learning to play the guitar and was being supported to attend lessons on a weekly basis. A goal for one of the residents was to complete their driver theory test which they were actively striving to achieve. The provider had an advocacy group which met on a regular basis and residents attended meetings to provide their views on the service and advocate for their peers. One of the residents was engaged in a national project regarding compatibility assessments and transitions to designated centres for people with disabilities. This resident told the inspector that their own life experience of transitioning to live in this centre had greatly assisted them in contributing to the work of the group.

In summary, residents were leading busy lives and had a multitude of plans to look forward to and were being supported to complete these plans by a competent staff team. They were aware of who to go to if they had any concerns or complaints. They lived in warm, clean and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person in charge. They presented with a strong knowledge of the assessed needs and support requirements for each resident. The person in charge held a degree in applied social studies and a certificate in management. They had more than six years management experience and were in a full time position. The person in charge was not responsible for any other designated centre. They were supported by two community facilitators, one working across the two houses located adjacent to each other and the other in the house located a short distance away. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their

responsibilities and who they were accountable to. The person in charge reported to the service manager who in turn reported to the chief executive officer. The person in charge and service manager held formal meetings on a regular basis.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The Inspector reviewed the Schedule 2 information which the provider submitted for the person in charge. These documents demonstrated that the person in charge had the required qualifications and experience relevant for the role. They were in a full time position and were not responsible for any other centre. The person in charge presented with a good knowledge of the requirements of the regulations and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. The full complement of staff were in place at the time of inspection. The inspector reviewed the rosters for the preceding two month period to the inspection date. These demonstrated that there were adequate numbers of staff on duty to meet residents' needs. The actual and planned duty rosters were found to be maintained to a satisfactory level. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with, and the person in charge on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. The inspector reviewed the training matrix and found that staff had attended all training deemed as mandatory by the provider in areas such as fire safety, safeguarding, manual handling, infection control and rights. Suitable

staff supervision arrangements were in place. The inspector reviewed the supervision schedule and found that staff had received supervision in line with the provider's supervision policy. A staff member spoken with told the inspector that supervision with their manager was supportive for their role.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management structures and arrangements in place. The inspector reviewed the provider's annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care completed on a six monthly basis as required by the regulations. The inspector reviewed minutes of regular staff meetings and management meetings. It was evident that appropriate information was being shared across the team to ensure that staff had up to date information to carry out their respective roles. The inspector reviewed a sample of audits completed in the centre on a monthly basis. These included, health and safety checks, fire safety, medication, finance, healthcare plans, wellness plans and hygiene. There was evidence that actions were taken to address issues identified in these audits and checks.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in schedule one of the regulations and to clearly detail the services and facilities provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the preceding three month period. Overall, there were low levels of incidents occurring in the centre.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. It was noted new flooring was scheduled to be installed in two of the houses the week following this inspection.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Residents communication needs were being met and supported. Two of the residents were being supported to use Ipad as a communication aids, which had recently been purchased. A number of the residents used some sign language and usage was supported by the knowledgeable staff team. The inspector reviewed suitable communication support plans for each resident and communication aids such as picture boards to support communication. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations for each of the residents.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments and individual safety assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were low levels of incidents reported in this centre. Suitable precautions were in place against the risk of fire.

Regulation 17: Premises

The centre comprised of three separate houses with two located adjacent to each other and the third a short distance away. Each of the houses were found to be homely, accessible and in a good state of repair. The provider had a maintenance team in place and records showed that they responded promptly to all maintenance requests. It was noted that new flooring was scheduled to be fitted in two of the houses in the week following the inspection. Each of the houses were found to be a suitable size and layout for the residents living in the respective house. Each of the residents had their own bedroom which the inspector observed they had personalised according to their individual tastes and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments on file in each of the houses which had recently been reviewed. There were a schedule of checklists in relation to health and safety, fire and risk which were completed on a regular basis. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. The inspector reviewed a record of all incidents and accidents in the centre in the preceding three month period. Overall, there were a low number of incidents in the centre. These were reviewed by the person in charge and where required, learning was shared with the staff team and risk assessments were updated to mitigate against any re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Self-closing devices had been installed on doors. There were adequate means of escape and a fire assembly point was identified to an area to the front of each of the houses. A procedure for the safe evacuation of the residents was prominently displayed in each house. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving the residents in each house had been undertaken at regular intervals and it was noted that each of the houses were evacuated in a timely manner. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed personal support plans for a sample residents in each of the houses. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual personal plan review had been completed in the last 12 months in line with the

requirements of the regulations. Each of the residents had an assigned key worker. Meaningful goals had been identified for each of the residents and there was evidence that progress in achieving identified goals was being recorded and monitored.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own GP who they visited as required. Records of all attendances were maintained and reviewed by the inspector. Wellbeing and healthcare plans were in place for residents identified to require same. A healthy diet and lifestyle was being promoted for each resident. Information on healthy eating was available in each of the houses. A small number of the residents were engaged in a healthy eating club within the community. A number of the residents had gym memberships while others were keen walkers. The inspector reviewed medical passports with pertinent information for each resident, should they require emergency transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Staff were observed to support a resident to talk through matters which were of concern to them in a calm and supportive manner before going with the resident for a walk. The majority of residents living across the three houses presented with minimal behaviours that challenge. Suitable behaviour support plans were in place for a small number of residents who presented with some behaviours on an infrequent basis. It was noted that social stories were being used to support residents emotional well being. There was a restrictive practice policy in place and a restrictive practice register was maintained in each location.

Judgment: Compliant

Regulation 8: Protection

The inspector found that there were measures in place to protect the residents from being harmed or suffering from abuse. All allegations or suspicions of abuse were

appropriately responded. The provider had a safeguarding policy in place and the person in charge and a staff member spoken with, were aware of safeguarding procedures. It was noted that the behaviours of a small number of residents could be difficult for staff to manage in a group living environment. However, incidents were found to be well managed and that residents were suitably supported. Overall, there were low numbers of safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the residents guide. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had an advocacy group which met on a regular basis and residents attended meetings to provide their views on the service and advocate for their peers. There was a compliant policy in place. There had been no recorded complaints in 2024 and one in 2025 which had been resolved promptly. On the day of this inspection, the inspector observed staff to interact with the residents in a respectful, dignified and supportive manner. A sign language 'sign for the week' was identified in each of the houses to support all of the residents to effectively communicate with each other. Easy to read documents were available in each of the houses on areas such as safeguarding and complaints. Residents end of life wishes were recorded in their assessment of need documents, in consultation with family representatives. Staff had attended training regarding residents rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 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