



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

Issued by the Chief Inspector

Name of designated centre:	Clanntara
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	17 August 2021
Centre ID:	OSV-0003373
Fieldwork ID:	MON-0033452

About the designated centre

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

This designated centre is run by the Health Service Executive. The centre provides residential care for up to six male and female adults, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one bungalow dwelling located on the outskirts of a town in Co. Meath, where residents have their own bedroom, some en-suite facilities, shared bathrooms, reception area, sitting and living room, utility, kitchen, staff office and garden space. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Tuesday 17 August 2021	9:25 am to 2:10 pm	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to monitor compliance with the regulations. Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The centre comprised of one bungalow dwelling, which was located on the outskirts of a town in Co. Meath. The premises was found to be well-maintained, was tastefully furnished and provided a spacious and comfortable living environment for residents. Upon the inspector's arrival, the centre had a very relaxed and calm atmosphere, where residents were being supported to go about their morning routines. The inspector had the opportunity to meet with five out of the six residents who lived at this centre. One resident had already left for their day services, while the remaining five residents had various schedules and activities in place for the day. Along with a staff member, one of these residents greeted the inspector upon her arrival and told of how they had recently had their hair cut and had also celebrated their birthday. Another resident was doing their laundry and carrying out light household chores and a staff member told the inspector that they liked to routinely do this every morning. Another resident was being supported with their personal care and staff told the inspector that this resident had a large interest in their appearance and liked to plan what they were going to wear each evening for the following day. This resident told of how they were expecting a visit from a family member later that day and of their plans to go out for lunch. Two other residents were relaxing and watching television in the sitting room ahead of preparing for their day. These residents had lived together for many years and staff told the inspector that they got on very well together.

Prior to the introduction of public health safety guidelines, staff told the inspector that these residents led very active lifestyles. Over the last year, their daily routines had greatly changed and much effort was made by staff to ensure residents continued to take part in activities of interest to them. During this time, additional transport resources were made available to the centre and staff told how residents were very happy with this as it meant they had increased opportunity to access their local community. Where required, activity schedules were put in place for residents, particularly in response to supporting residents who required positive behaviour support. These residents had many interests, including, jigsaw puzzles, knitting, shopping and going on breaks away. Some residents had recently returned from a short hotel break with staff and had enjoyed their time away. Some residents had also begun recommencing home visits to their families and were also accepting visits to their home again. Staff told the inspector that residents were very happy to be recommencing this and that such arrangements were subject to regular review to ensure the continued safety and welfare of all residents while doing so.

Over the course of the inspection, one resident invited the inspector to see their bedroom, which was tastefully decorated and ample space was provided for them to display items of interest to them. This resident proudly showed the inspector a

number of photographs that were hanging in their bedroom and also told the inspector of how they used a pressure relieving cushion which was recently purchased by the provider in response to their skin integrity needs. Throughout the course of this inspection, residents were observed to freely access all areas of their home and appeared very comfortable in the company of the staff who were on duty. During the inspection, residents frequently visited the staff office to greet the person in charge and to tell her about their plans for the day. The staff members who met with the inspector were found to be very knowledgeable of residents' needs, wishes and preferences. Where residents had assessed care needs, these staff members spoke confidently of their role in supporting these residents and were very informed of any recent changes to residents' care interventions.

Residents were very involved in the running of their home and voiced their wishes and preferences through regular house meetings and through their daily engagement with staff. Continuity of care was paramount to the centre's staffing arrangement and various systems were in place to ensure that any staff member working in this centre was familiar with each resident and their assessed needs prior to caring for them. This had a positive impact for residents as it ensured consistency of care and meant residents were cared for by staff who knew them very well. During the inspector's visit, she observed staff to engage very respectfully with residents and noted that the days planned activities were very much based on how each resident wanted to spend their day.

Overall, this service was found to promote person-centred care where residents' individual interests, capacities and preferences were considered by staff on a daily basis to ensure residents led the lifestyles that they wished to lead. The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

Capacity and capability

This was a well-run and well-managed centre that ensured residents received a good quality and safe service. Since the last inspection of this centre in April 2019, the provider had made improvements to arrangements relating to the staff roster, policies, staff training and medication management. Although the provider was found to be in compliance with many of the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of risk management, medication management, health care and fire safety.

The person in charge held the overall responsibility for this service and she was regularly present at the centre to meet with staff and residents. She was very knowledgeable of the residents' needs and of the operational needs of the service delivered to them. She was supported by her staff team and line manager in the running and management of this centre. She was responsible for another designated centre operated by this provider and current support arrangements gave her the

capacity to ensure this centre was effectively managed.

The centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times on duty to meet the needs of residents. Additional staff resources were required from time to time and the person in charge told the inspector that regular agency staff who were familiar with the residents, were available to support the needs of residents, as and when required. Along with this supporting the centre's staffing levels, this arrangement ensured residents received continuity of care as it meant they were always cared for by staff who knew them and their needs well. In response to some residents assessed needs, nursing care was available to residents and an out-of-hours support system was also available to staff, as and when required. Since the last inspection of this centre, the provider had made improvements to the staff roster, ensuring it now clearly identified the names of staff and their start and finish times worked at the centre. Further improvements were also made to the centre' staff training arrangements, ensuring all staff had received up-to-date training in areas associated with their role. Supervision arrangements were also now more robust, ensuring all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of transport, staffing and equipment. The person in charge held regular meetings with her staff team, which meant resident-related care issues were regularly discussed. She also was in regular contact with her line manager to review operational related matters. The oversight of the quality and safety of care in this service was largely attributed to the regular presence of the person in charge at the centre as it gave her the opportunity to regularly observe care practices and to engage with staff regarding any concerns arising. Effective monitoring systems were also in place and where improvements were identified, action plans were put in place to address these. Along with a range of internal audits, six monthly provider-led audits were also occurring in line with the requirements of the regulations. At the time of this inspection, the provider was in the process of reviewing these monitoring systems to review their effectiveness in continuing to identify where specific improvements were required within this service.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present to meet with staff and residents. She had good knowledge of residents' needs and of the operational needs of the service delivered to them. She was responsible for another designated centre operated by this provider and current support arrangements gave her the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, the provider had made improvements to the roster to ensure it clearly identified the names of staff and their start and finish times worked at the centre. This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support the residents who lived there. Arrangements were also in place, should additional staffing resourced be required.

Judgment: Compliant

Regulation 16: Training and staff development

Since the last inspection of this centre, the provider had made improvements to the training arrangements available to staff, ensuring all staff received the training they required suited to their role. Improvements were also made to supervision arrangements which ensured all staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was well-resourced in terms of equipment, transport and staffing. The person in charge held regular communication with her staff team and with her line manager, which allowed for resident related care and operational related issues to be frequently reviewed. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was very respectful of residents' assessed needs, interests and capacities. Residents' involvement in the running of their home was paramount to the many systems that the provider had put in place to ensure they received the type of service they required.

The centre is comprised of one bungalow dwelling located on the outskirts of a town in Co. Meath. Here, residents had their own bedroom, some en-suite facilities, shared bathrooms, dining and kitchen area, reception area, utility, sitting room and living area, staff office and garden area. This premises was homely, well-maintained, was tastefully furnished and provided residents with a comfortable living environment.

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. Since the last inspection, the provider had made improvements to the centre's risk management policy to ensure it included all information as required by the regulations. The identification of risk in this centre was largely attributed to by the provider's incident reporting system and by the regular presence of the person in charge at the centre, which meant that risks were quickly identified and responded to in a timely manner. However, some improvement was required to supporting risk assessments to ensure these gave better clarity on the specific controls that the provider had put in place in response to identified risk. Furthermore, some risk ratings required further review to ensure these accurately reflected the positive impact that these specific control measures had on mitigating against risks, particularly in areas such as fire safety and falls management.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, regular fire safety checks and all staff had received up-to-date training in fire safety. Multiple fire exits were also available at the centre and a waking night time staffing arrangement was also in place, ensuring that should a fire occur at night, staff were available to quickly respond. Regular fire drills were also occurring and the outcome of these gave assurances that staff could support residents to evacuate the centre in a timely manner. One resident who spoke with the inspector, told of their involvement in these drills and was very aware of what to do in such circumstances. The outcome of recent fire drills identified a potential risk relating to the initial response of one resident to the sounding of the fire alarm, and at the time of this inspection the person in charge was in the process of implementing additional safety measures in response to this. Personal evacuation plans were in place for each resident and at the time of inspection, these were in the process of further review by the person in charge to ensure additional clarity was provided to staff, particularly with regards to the evacuation arrangements for residents with specific health care needs. Although

there was a fire procedure available at the centre, it required further review to ensure it gave additional clarity to staff on the specific response required, should a fire occur in this centre.

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment and clear personal plans were put in place to guide staff on the support residents required with these needs. Both staff and the person in charge spoke with the inspector about the assessed needs of some residents and of the regular reviews and supports in place to care for these residents, particularly in areas relating to skin integrity, falls management and neurological care. Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required and residents also had access to a wide variety of allied health care professionals, as and when required. Although staff were very knowledgeable and responsive to residents' health care needs, some minor improvement was required to the personal plans and protocols relating to these needs to ensure these reflected the specific care and support delivered by staff on daily basis, particularly in the area of falls management and neurological care.

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. Since the last inspection of this centre, the provider had made improvements to the storage arrangements for medicine keys and protocols for as-required medicines. However, during the review of some prescribing records, the inspector observed that some improvement was required to these to ensure that the prescribing of as-required medicines included the maximum dose to be administered, the route of administration and the indications for use, particularly with regards to pain relief and emergency medicines.

Where residents required positive behavioural support, the provider ensured that adequate arrangements were in place to ensure these residents received the care and support they required. For example, for one resident, the proactive use of calendars and activity planning largely attributed to the quality of behavioural support and care experienced by this resident. Some environmental restrictions were in use at the time of this inspection and these were subject to regular multi-disciplinary review.

Regulation 11: Visits

The provider had suitable arrangements in place to ensure residents received visitors in accordance with residents' wishes and in line with public health safety guidelines.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises of the designated centre was designed and laid out in a manner that met the needs of the residents who lived there. The premises was well-maintained, nicely decorated and had a welcoming feel to it.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response, assessment and monitoring of risk at this centre. However, some improvement was required to the assessment of risk to ensure risk assessments clearly identified the specific control measures that the provider had put in place in response to identified risks. Furthermore, some risk-ratings required review to ensure these reflected the positive impact that these specific control measures had on mitigating against these risks, for example, risks relating to fire safety and falls management.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put in place a number of measures to ensure the safety and welfare of all residents and staff. Regular temperature checking, use of PPE and hand hygiene were routinely practiced in this centre. Contingency plans were also in place to guide staff on what to do, should an outbreak of infection occur at this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, regular fire safety checks and up-to-date fire training for all staff members. Fire drills were occurring on a regular basis, demonstrating that staff could effectively support residents to evacuate the centre in a timely manner. Furthermore, multiple clear fire exits were available throughout the centre. Although there was a fire procedure available at the centre, it required further review to ensure it clearly guided staff on what to do, should a fire occur at this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to support the administration, prescribing and storage of all medicines at this centre. Although the provider had made improvements to this system since the last inspection, this inspection identified where additional improvements were required to the prescribing of as-required medicines, to ensure these clearly identified the maximum dose, route and indications for administration.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were subject to regular review and that arrangements were put in place to meet the needs of each resident.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensure suitable arrangements were put in place to ensure these residents received the care and support that they required. Residents also had access to a wide variety of allied health care professionals, as and when required. Although staff were very knowledgeable in the support required by residents with assessed health care needs, some improvement were required to personal plans to ensure these reflected the specific care and support that residents received from staff on a daily basis.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that this centre promoted positive behaviour support for all residents, giving due consideration to residents' assessed needs. Some environmental restrictive practices were in use at the time of this inspection and suitable arrangements were in place to ensure these restrictions were subject to

regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were very much promoted in this centre and the operations of the service was considerate to the needs, wishes and preferences of all residents. Staff engaged very respectfully with residents and arrangements were in place to ensure residents were involved as much as possible in the running of their home.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clanntara OSV-0003373

Inspection ID: MON-0033452

Date of inspection: 17/08/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risk assessments will be reviewed by the PIC and staff team to ensure that proportional control measures are in place and that these control measures are reflected in the risk rating.</p> <p>The staff team will be supported in risk assessment through training in the HSE Policy on Risk Management by the HSE Risk Advisor to include rating risk assessment and control measures to take account of the principles of positive risk enablement.</p> <p>Reviews of risk assessments and the impacts of control measures will reflect the changing needs, circumstances and capacity of each resident to ensure optimum quality of life and safety of care in assessing, managing and responding to risk.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Regional Fire Officer has completed a walk around/audit on the layout of the centre. The centre's fire procedures will be updated and revised based on the expert advice of this assessment. The revised fire procedures will include clear guidance for staff on the immediate actions and response required should a fire occur in the center.</p>	

One resident's PEEPs has been updated with more detail in relation to their night time fire evacuation requirements.

An intercom will also be sourced for one resident to support their individual fire evacuation needs based on risk assessment.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All Kardex's have been reviewed including PRN medications to ensure the maximum dose, route and indications for use are clearly legible and identifiable on the Kardex's for each resident in particular PRN's prescribed for pain relief and any emergency medicines.

The Kardex's have been reviewed and updated by the nurse team in conjunction with each resident's GP.

Audits will be carried out on all Kardexes to ensure all required information is clearly legible and each Kardex contains all required information to ensure safe medication management and administration practices.

Any learning from audits will also be shared with all staff in the service.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The personal plans for residents and any associated protocols will be reviewed to ensure they accurately reflect the specific care and supports needs of each residents and they contain sufficiently detailed information to guide staff care practices and interventions.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/09/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	17/09/2021

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	17/09/2021