

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Clann Mór Residential 1
<b>Centre ID:</b>	OSV-0004928
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Clann Mór Residential and Respite Ltd
<b>Provider Nominee:</b>	Martine Healy
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
13 June 2017 11:00	13 June 2017 18:00
14 June 2017 09:30	14 June 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to Inspection:

This was an unannounced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) Clann Mor Residential and Respite Services.

The centre was last inspected in February 2016 and while some issues were identified at that time, it was found to be largely compliant.

Of the 18 outcomes assessed in this registration inspection 12 were found to be compliant with 5 outcomes being actioned for varying degrees on non-compliance.

Overall the inspector found that the service being provided to the residents was person centred and very much based on promoting the independence, dignity and rights of all residents residing there.

How we Gathered our Evidence:

The inspector met with three staff members and interviewed one of them about the service being provided to the residents. The person in charge and both persons participating in management (PPIMs) were also spoken with at length over the course of this two day registration process.

All were found to be responsive to the inspection process, engaged with the inspector in a professional manner and were knowledgeable of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector had the opportunity to meet, chat and have coffee with ten of the 13 residents over the course of the inspection process and all were extremely complimentary of the service being provided.

Comments from residents included 'I love this house', 'the staff are great', 'I am very happy here', 'I feel safe in my home' and 'it is great living here'. Residents were also happy to show the inspector around their home and it was observed that the houses were decorated to residents' likes and preferences and were homely and welcoming.

Policies and documents were also viewed as part of the process including a sample of residents' health and social care plans, complaints policy, contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the Service:

The service comprised of 4 individual houses supporting 13 residents. All houses were in Co. Meath and in close proximity to Kells and Navan. Public transport was readily available to residents and the centre also had the use of three people carriers which provided transport for residents to access local amenities such as churches, hotels, restaurants, hairdressers, pubs, cinema and shopping centres.

Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. Of the 18 outcomes assessed twelve were found to be complaint including Resident's Rights, Dignity and Consultation, Communication, Safeguarding, Healthcare Needs and Medication Management.

Premises, Use of Resources, General Welfare and Development and Notification of Incidents were also complaint.

However actions regarding Health, Safety and Risk Management, Contracts of Care, Governance and Management and Workforce were required in order to bring these outcomes in compliance.

These were further discussed in the main body of this report and in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that arrangements were in place to ensure the autonomy, rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre.

For example, there were policies and procedures available on 'Maximising Service Users Autonomy and Independence' and 'Involvement and Participation in Care' which endeavoured to promote and support the autonomy and independence of all residents in a culture of person centeredness.

One way in which this was achieved was through advocacy meetings and resident house meetings. The inspector viewed a sample of the minutes of the residents meetings and found that they made independent choices about what outings to organise and participate in, planned weekly menus and discussed any safety issues pertinent to the centre.

The inspector had an opportunity to have coffee and speak to ten of the residents over the course of this inspection. The residents informed the inspector that they loved their home and that they made their own decisions with regard to decorating their rooms, what social activities to engage in and menu planning for the week.

The inspector also observed that both management and staff were professional, warm and caring in their approach to the residents and all residents were very much at ease in the company and presence of all staff members on duty.

Of the family members spoken with, they were extremely complimentary of both management and staff and said that all staff went out of their way to ensure that the residents were both happy and safe in the house.

There was a policy available on the 'Provision of Advocacy Services' in the centre. The policy was to ensure that all residents had the right to access independent advocacy services if required in order to assist with decision making and to facilitate participation in the care they received.

Overall the inspector was satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate was made available to residents in the centre and residents were invited to attend a 'Service User Advocacy Group' every second month. The inspector also observed that residents were very good self advocates.

A complaints policy called 'Responding to Complaints' was available in the centre. The purpose of this policy was to welcome suggestions and complaints from all stakeholders so as to continually improve the care and support delivered to the residents.

It was observed that there systems in place to log, monitor and manage complaints however, there were no complaints outstanding at the time of this inspection. The complaints procedures were on display and an easy to read version was also available for residents to avail of

There was a 'Personal Hygiene and Intimate Care Policy available in the centre. The aim of the policy was to ensure that all personal care were supported in a culture that supported each residents' privacy, dignity and respect. Most residents were independent however, where required care plans were in place to support a resident with their personal care.

The inspector viewed a small sample of residents' personal finances. It was observed that monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances.

For example, all purchases were required to have a receipt and staff checked and signed off that each resident's finances could be accurately accounted after each transaction. Some residents were also supported to manage some of their finances independently where and when appropriate.

Overall, the inspector found that the rights, privacy and dignity of each resident living in this centre were promoted and protected, residents were in receipt of a good quality of service, residents felt safe in their home, staff treated residents with dignity and respect and family members were extremely complimentary of the service being provided.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a policy available in the centre on communication with the overall aim being to promote effective and efficient communication within the service and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The inspector observed that residents required little intervention or support in making their communication needs known. However, where required information held in the centre was provided in an easy to read version to suit the communication needs of some of the residents.

Residents also had ample access to radios, TV's, computers and newspapers.

Overall the inspector was satisfied that the systems in place to support the residents' communication requirements were effective. Family members also reported that staff spoke to the residents in a dignified and friendly manner. This was also observed by the inspector over the course of this two day inspection.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

There were guidelines/protocols in place which outlined that visitors were welcome to the centre at any reasonable time and from speaking with family members the inspector was assured that they felt welcome to visit the house and their relatives whenever they so wished.

From a sample of files viewed, the inspector observed that family members formed an essential and integral part of the planning process with each resident. Family members reported to the inspector that they were kept informed on how their family members were progressing in the centre.

Residents were also supported to keep in regular contact with family members and from speaking with family members, representatives and residents the inspector was assured that residents were supported and encouraged to maintain positive relationships with their loved ones.

The inspector observed that residents were also supported to develop and maintain personal relationships and links with their community. For example, they utilised the local shops, pubs and restaurants. Family members informed the inspector that the residents had a great social life and were always out and about

Transport was also provided so as residents could frequent the nearby towns of Kells and Navan to use the local shops and other local community based amenities.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for admitting residents to the centre, including polices for the transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre which were signed by residents and a family representative.

While the contracts of care stated the services to be provided, it was observed that the fees to be incurred by residents for such services were not detailed. This was brought to the attention of both PPIM's and the person in charge who assured the inspector that this would be rectified as a priority.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre however, some individualised plans required review so as to ensure they accurately reflected the timeframes in which residents goals were being actioned and achieved.

There was a 'Personal Care Plan Development' policy in place which was to ensure that each resident had a personal plan created for them which detailed their needs and outline the support required to maximise their personal development in accordance with their wished.

From a sample of files viewed, each resident had comprehensive health, personal and

social care plans in place and the inspector that the wellbeing and welfare provided was to a very good standard.

Plans were informative of each resident's likes, dislikes and interests and provided key information to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from a sample viewed by the inspector, it was observed that residents were being supported to go on holidays, concerts, social outings and engage educational courses of their choice.

One resident, who was an artist, was supported to display their painting in a local art exhibition of which they were very proud of. As part of their personal plan they were also supported to acquire their own private art studio of which they were delighted to show the inspector.

Another resident had recently been supported to achieve meaningful work experience in a local shop with the support of their day service.

However, some personal plans required review as at times it was unclear if a goal had been actioned or even achieved. For example, one resident had identified in February 2017 that they wished to attend a pantomime as part of their personal plan. While this goal had been documented, there was no evidence to inform the inspector if it had been actioned or achieved.

It was observed that residents accessed a range of activities during the day such as social outings, meals out and walks in the community.

Family members also reported that the residents had a great social life, they were always out and about and staff supported them to go on regular social outings, trips and nights away in hotels.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

There were appropriate facilities in place in each house that comprised the centre and the layout promoted residents' dignity, independence and wellbeing.

The centre comprised of a four houses in Co. Meath, all in close proximity to the nearby towns of Kells and Navan.

Three of the houses were in very close proximity to each other, providing support to nine of the residents. One was a four bedroomed two story house and the others were three bedroom two story houses. They all had a hallway, a comfortable very well furnished sitting room and a separate kitchen cum dining room.

There was a bathroom downstairs in each house and a bathroom/shower room available upstairs.

Each house had adequate laundering facilities external to the environment and in one back garden a resident had their own private art studio. All three houses had well maintained front and back gardens and there was ample private and on street parking available.

Residents were delighted to show the inspector their gardens and the flowers, plants and shrubs that they were growing and took care of. There was also adequate garden furniture for residents to avail of.

The third house, a short distance away was a four bedroom detached two story house in close proximity to Kells. Co. Meath. This house comprised of a spacious and very well furnished sitting room, a kitchen cum dining room, a separate second sitting room and a bathroom downstairs. Upstairs comprised of four individual bedrooms (one ensuite), a staff room and a spacious bathroom/shower room.

This house also had very well maintained front and back gardens, with garden furniture available to the residents and adequate private and on street parking.

All houses were warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were very much personalised to residents' individual taste and there was adequate storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had their own furniture in their bedrooms, such as TV's and music centres.

Overall, the inspector found that each house was very much a home, residents saw them as their home and they were personalised to residents individual likes and preferences.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and protected and there were a suite of health and safety policies and procedures in place. However, the process of how risk was being assessed required review across the centre and in some parts of the centre there was an absence of fire doors.

There was a risk management policy in place which was underpinned by the development, implementation and continuous improvement of effective risk management procedures throughout the centre. The inspector observed that in some parts of the centre risk was being managed in line with the residents' assessed needs.

For example, in 2016 one resident had a fall. A comprehensive falls risk assessment had been compiled for this resident and a review with an occupational therapist and physiotherapist had been facilitated. All recommendations coming from the reviews had been implemented.

However, the way in which risk was being managed required review in other parts of the centre. For example, some of the residents lived on a semi-independent basis. While they had staff support for a specified number of hours each day, there was no staff support at night time.

While this arrangement was seen to be working adequately for the residents, no risk assessments had been developed with regard to the possible hazards of independent living.

While a number of strategies was in place to keep residents safe, such as on-call systems, service user training and development, safety awareness training and a specialised alarm systems (for a resident with epilepsy), none of these interventions had been captured or recorded through the process of risk assessment. Therefore the provider had had demonstrated that the control measures in place were adequate to mitigate the identified risks for these residents.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been serviced by a consultancy company in 2016. There was also emergency lighting, smoke detectors and fire signage in place.

There were systems in place for staff to conduct daily, weekly and monthly checks on fire equipment and escape routes and the inspector found that this system, while effective, was under review by the PPIM so as to ensure consistency across the centre.

The inspector also observed that a fire panel from one unit to the next was not inter-connected as was required and actioned in the last inspection. Once this was brought to the attention of the person in charge she immediately set about addressing the issue and the inspector received written assurances that this work would be completed by 20 June 2017.

The process of installation of fire doors had commenced for two of the four houses that comprised the centre, however the two remaining houses had no fire doors installed and there were no immediate plans in place to address this issue. This issue has also been highlighted on the last inspection.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. A recent fire drill informed that there were issues regarding the evacuation of one resident, however it was observed that some personal emergency evacuation plans required updating and review.

There was also a missing person's policy in place. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home. However, the person in charge informed the inspector that there were no issues regarding a resident going missing from the centre.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspector that staff had training in the safeguarding of vulnerable adults.

There was a policy on and procedures in place for, safeguarding residents which staff that worked in the centre had training on. The aim of the policy was to ensure that residents were treated with dignity and respect and to provide them with adequate supervision and support in providing for the highest standards of care.

There was also a policy on 'Responding to Allegations of Abuse' which informed that all residents will be kept safe from abuse and appropriate action will be taken in the event of a suspicion and/or allegation of abuse. This was complimented by a 'Whistle Blowers' policy which stated that the service was committed to the highest standards of transparency and accountability to all stakeholders.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and procedures.

It was observed that the designated person's details were not on display in the centre however, the PPIM assured the inspector that this would be rectified as a priority. The inspector also observed that there were no recent safeguarding issues reported in the centre.

There was a policy in place for 'Managing the Needs of the Service Users'. This was to support a resident where a risk of self harm may be identified. While it was observed that this was a low to moderate risk (in some parts of the centre), there were adequate risk assessments in place to support the resident, a behavioural support plan and the availability of counselling sessions was also provided for.

There was also a policy on the use of restrictive practices in the centre however, there were no restriction in place or in use at the time of this inspection.

Some staff required refresher training in positive behavioural support however, this was discussed and actioned under Outcome 17: Workforce.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspector found that arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and persons participating in management demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social inclusion activities and social skills training experiences based on their interests and assessed needs.

There was a policy in place with regard to the process of person centred care so as to ensure to maximise each residents personal development in accordance with their

preferred wishes and assessed needs.

The inspector observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services such as swimming, relaxation, film clubs and shopping trips.

Some residents were also being supported to work in local shops and public houses of which they reported that they enjoyed them very much. Other residents had completed courses in local colleges in writing and art.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents liked to go to concerts, have meals out, go to the local pub and go for walks.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

As with the previous inspection the inspector found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The PPIM's on duty on the day of the inspection informed the inspector that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, speech and language therapists, occupational therapists, chiropodists, physiotherapists and opticians were arranged and facilitated annually or sooner if required.

Where required, positive mental health was also provided for. In this instance residents had access to regular counselling support in order to promote their overall mental health

and wellbeing.

The inspector also observed that residents with epilepsy were to be reviewed by a neurologist and specialised care plans were on file to support these residents. Hospital appointments were also supported and provided for as and when required.

The inspector observed that residents were supported to eat healthily, make healthy choices with regard to meals and engage in exercise programmes such as regular walks.

The inspector also found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis where required.

Menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly meetings. Mealtimes were also seen to be very relaxed and a positive social experience for residents in the centre.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the medicines management policies were satisfactory and that practices described by the health care assistant on duty were suitable and safe. The issue found in the last inspection had also been addressed.

The medicines management policy in place in the centre had been reviewed and updated as required. The overall aim of the policy was to ensure safe and effective ordering, storage, administration and disposal of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre which were recorded in each resident's individual files.

There was a system in place to record any drug errors. The inspector observed that if an

error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure.

A number of minor drug errors had occurred since January 2017 however, the inspector saw the PPIM had arranged for the whole team to attend a refresher in the safe administration of medication so as to reiterate and ensure the staff team were following correct medication procedures.

All p.r.n. medicines had strict in place for their use. However, it was observed that p.r.n. medicines were only in use for pain relief or other medical conditions and no resident took p.r.n. medicine for the modification of behaviour.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an*

*ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered. However, the process of internal auditing and unannounced visits to the centre had yet to commence.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse with a post graduate qualification in management. From speaking with the person in charge at length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre.

She was supported in her role by two persons participating in management. One was a qualified social care professional with an additional qualification in management and the other had a post graduate qualification in social studies, complemented by a degree in business and a qualification in management.

The person in charge and both PPIM's (person involved in management) were aware of their statutory obligations and responsibilities with regard to their roles of in the management of the centre and to their remit to the Health Act (2007) and Regulations.

The inspector found that appropriate management systems were in place for the absence of the person in charge as one of the PPIMs would assume this role.

It was found that both PPIM's were also aware of the needs of each resident and engaged in the operational governance and management of the centre on a regular basis.

There was also an on call system in place, where staff could contact a manager and/or doctor on call 24/7 in the event of any unforeseen circumstance. It was found that those residents who lived semi-independently were also aware of the on call system in place and how to utilise it.

An annual audit of the safety and care provided in the centre had just been completed for 2016 and presented to the inspector on the 2nd day of the inspection.

However, a system of internal auditing and unannounced visits had yet to commence in the centre. The person in charge and both PPIMs were aware of this and the inspector was assured that they had plans in place to address this issue. The inspector saw evidence that the process of unannounced visits would commence on Tuesday 20th June 2017.

The person in charge and both PPIMs was committed to their own professional development and engaged in all required staff training in the centre.

Throughout the course of the inspection the inspector observed that all the residents were familiar with the person in charge and both PPIMs and appeared very comfortable and content in their presence.

**Judgment:**

Non Compliant - Major

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

Inspectors were advised that in the absence of the centre manager there was a qualified person participating in management available to provide cover in the centre .

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

For example, where a resident (or group of residents) wanted to go to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that there were adequate equipment and appliances in the centre, such as mobility aids in order to support residents with their mobility needs.

The centre also had the use of a three vehicles for social outings. These vehicles were shared across the four houses that comprised the centre and the person in charge informed the inspector that an additional vehicle was soon to be secured.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents living in the centre. However, in some parts of the centre the staffing arrangements required review and some staff required refresher training in the management of challenging behaviour.

There was a team of community facilitators and health care assistants working in the centre. From a sample of files viewed it was observed that all staff had undergone extensive training so as to enhance their skills in supporting each resident.

Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and support required by the residents.

Feedback from all family members and residents was extremely complimentary about all staff working in the centre.

A minor issue regarding the availability of a second staff member to facilitate a resident on a social outing was identified in one of the houses that comprised the centre. The resident in question had arranged to go on an outing however, there was no taxi service available and no second staff member to drive the resident to the outing. This meant that the resident missed their night out.

Overall however, it was found that management and staff were very supportive of the residents needs and supported them in a caring, warm and dignified manner.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that systems were in place to maintain complete and accurate records in the centre. However, some of the paperwork required updating and/or review.

While the inspector found that records that related to residents and staff, were comprehensive and stored securely in the centre, it was observed over the course of this inspection that some health and social care plans required review and or updating as did the residents contracts of care.

It was also observed that the process of how risk was being recorded required review however, this issue was discussed in detail and actioned under Outcome 7: Health, Safety and Risk Management.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A residents' guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
<b>Centre ID:</b>	OSV-0004928
<b>Date of Inspection:</b>	13 June 2017 and 14 June 2017
<b>Date of response:</b>	14 July 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The fees to be incurred for services provided was not detailed on the residents contracts of care.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**

The contract of care will be revised to include details of the services to be provided for each resident and as appropriate, the fees to be charged and stating what the fee covers. This will be completed by July 31st 2017.

**Proposed Timescale:** 31/07/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some residents personal plans required review and/or updating to reflect what goals had been achieved and in what timeframes.

**2. Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**

All personal care plans are reviewed annually and include all stakeholders. 2017 PCP reviews will be completed by mid-October 2017. An audit of personal care plans is being done presently and will be completed by 31st August 2017. All identified needs and goals will be documented.

Proposed Timescale: Audit 31st August 2017 and PCP reviews 31st October 2017

**Proposed Timescale:** 31/10/2017

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The process of how risk was being managed in the centre required review and updating.

In some cases the provider had not used their own risk management process to assess if control measures which had been implemented were adequate to mitigate identified risks.

**3. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

Risk assessments will be revised and will identify the hazards and controls associated with independent living. All hazards and control measures associated with the risks will be documented. These will be completed by 14th August 2017.

New Fire Safety Registers have been sourced and will be identical across the 4 units of the designated centre.

**Proposed Timescale:** 14/08/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some parts of the centre did not have any fire doors installed

**4. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**

Installation of Integrated Fire Alarms completed in all units and interlinking of fire alarms in two homes as identified completed. Installation of fire doors has commenced and completed now in two units and the remaining two units will be completed by October 31st 2017.

Proposed Timescale: 27th October 2017

**Proposed Timescale:** 31/10/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

On the day of the inspection systems were not in place to ensure that the centre was being adequately audited

**5. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

The auditing schedule has commenced. The six monthly audit report will be completed and submitted by July 31st and at six monthly intervals thereafter.

Proposed Timescale: 31st July 2017 and ongoing

**Proposed Timescale:**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One resident missed a social outing as staffing arrangements required review.

**6. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

Staff have been advised to ensure that appropriate planning takes place in advance of social and other outings and that transport arrangements are made in advance including access to local bus service, use of service vehicles and availability of local taxi service.

**Proposed Timescale:** 14/07/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some staff required refresher training in the management of challenging behaviour

**7. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

All staff will undergo refresher training or new training, as appropriate, in the Management of Behaviour that Challenges. Behavioural Training Specialist has been

engaged

**Proposed Timescale:** 09/10/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The maintenance of contracts of care required review and updating to include costs to be incurred for services delivered.

**8. Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

**Please state the actions you have taken or are planning to take:**

All records as per Schedule 4 will be reviewed and updated including the Statement of Purpose, Complaints Register by August 31st 2017 and will be made available for inspection.

**Proposed Timescale:** 31/08/2017

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some residents specific individual healthcare plans required review and/or updating

**9. Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**

All records as per Schedule 3 will be revised and updated and these will be completed by 14th August 2017.

**Proposed Timescale:** 14/08/2017

