



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

Name of designated centre:	Carra Mor
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	28 November 2018
Centre ID:	OSV-0004887
Fieldwork ID:	MON-0021924

About the designated centre

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

Carra Mor centre provides full-time residential care and support to six adults with an intellectual disability and additional health conditions. Support is provided with the aim to meet residents' assessed needs while ensuring that they are made as comfortable as possible. Carra Mor centre is located in a residential area of a city, and within walking distance to local amenities such as shops and cafes. It is a large bungalow house with its own grounds. The centre comprises of six accessible bedrooms with attached en-suite facilities. Residents also have access to a communal bathrooms with a Jacuzzi bath. Communal facilities also include a kitchen/dining facility, sitting rooms, office and sensory room. Residents also have access to garden facilities to the front and rear of the centre. Residents are supported by a team of nursing, social care and care staff, with a minimum of three staff being available to meet residents' needs during the day and at evening times. At night-time, residents' care needs are supported by two staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

To prepare for this inspection the inspector or 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
28 November 2018	10:20hrs to 17:10hrs	Catherine Glynn	Lead

Views of people who use the service

At the time of inspection the centre was at full occupancy, the inspector met with five of the six residents accommodated in the centre. The inspector spoke with one resident who indicated that they were happy and satisfied with the care and support they received there. Due to other residents' communication needs, they did not speak with the inspector. However, the inspector observed that residents were comfortable, relaxed, and happy in the company of staff, and in their environment.

Capacity and capability

Improvements were found in regards to the quality and safety of care provided to residents during this inspection. All actions from the previous inspection had been addressed and as a result, consistent standards of care were provided to all residents.

The governance arrangements in this centre had brought about further improvements to the quality of care provided to residents in this centre. The provider was ensuring that these improvements were maintained, by conducting regular reviews and audits of the care provided to residents. All internal audits were supported by an action plan and the person in charge continued to drive improvements by addressing all actions within the agreed time lines. The person in charge was also reviewing practices within the centre on a regular basis with the staff team. The inspector also met with three staff members who were found to have a good knowledge of residents' needs and care practices in the centre such as risk management, health needs and medications.

The provider had ensured that there was a competent workforce employed by providing both mandatory and refresher training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern. The person in charge also supported and supervised staff on a regular basis to ensure that consistent standards of care were maintained in the service.

Residents were safeguarded through good recruitment practices as the provider was ensuring that all schedule 2 documentation was received prior to staff working in the centre, and was available for review by the inspector. The person in charge maintained an accurate staff rota which indicated that residents received continuity of care from both regular and relief staff employed by the provider.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration, was submitted to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of the person in charge was full time and the person who filled this role was suitably qualified and experienced. The person in charge was not based in the centre but attended on a weekly basis and was known to staff and residents. The person in charge was very knowledgeable regarding the individual care and support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed, which were updated to reflect actual rosters, and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked at the centre had received mandatory training and a range of other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were governance, leadership and management arrangements in place to govern the centre to ensure the provision of a good quality and safe service to residents. There was a clear management structure, and there were systems in place, such as audits and management meetings, to ensure that the service provided to residents was safe and as described in the statement of purpose. Six monthly audits of the service were carried out by representatives of the provider, and an annual review, which included the views of residents and their representatives, had been completed and supplied to the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the information required by schedule 1 of the regulations. The statement of purpose was being reviewed annually by the management team.

Judgment: Substantially compliant

Regulation 30: Volunteers

The provider had ensured that volunteers were recruited in-line with local and national policy. On review of staff files, the inspector found that it met the

requirements of regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Records of all incidents occurring in the centre were being maintained, and notifications of most adverse incidents and quarterly returns had been appropriately made within required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints in the designated centre.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre had ensured that the quality and safety of care delivered to residents was maintained to a good standard.

Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported. weekly house meetings were held where residents' views and preferences were discussed with staff. The inspector noticed that staff also discussed views and preferences with residents on an ongoing basis in the centre.

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Staff had a good understanding of these systems, including identifying and responding to alleged abuse.

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis. Positive risk taking was also encouraged to promote residents'

independence.

The provider also had systems in place for recording and responding to adverse events in the centre which ensured that the safety of residents was monitored at all times. The person in charge had a good understanding of the system and had addressed all adverse events in a prompt manner.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of the fire fighting equipment, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were carried out. All bedrooms had fire doors for the containment of fire and smoke.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. All residents had access to a general practitioner and attended annual health care checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged. Plans of care for good health were developed for residents' which identified their specific care needs. This ensured that residents' requirements for good health were identified, and that plans were in place to ensure that this care was appropriately delivered.

Regulation 10: Communication

Residents' communication needs were well met. Residents had communication assessments completed, which, guided all staff supporting residents. This included information, in user friendly format, residents ability and how they chose or preferred to communicate. Objects of reference were also utilised, as well as pictures.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and

interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean and suitably equipped.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements kept residents safe from harm and reflected changes in individuals' needs and interventions to ensure continuity of care.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Residents' medication was securely stored at the centre and all staff had received training in medication administration. The suitability of residents to administer their own medication had been assessed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs and preferences. Annual personal planning meetings which included the resident or their representatives, were being held. Residents' personal goals and plans, both social, health and developmental, were decided at these meetings and these were made available to residents. In addition, the aging needs of residents was assessed and supports were in place in line with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required and supported were subject to regular review and reflected current health care professionals' recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours that challenge. Behaviour support plans had been developed when required with input from a psychologist. These plans were being implemented and the occurrences of incidents arising from behaviours that challenge had reduced considerably. All staff had attended training in relation to the management of behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in 'client protection', and there was an

up-to-date safeguarding policy to guide staff. The management team were very clear about what constituted abuse and demonstrated the proactive measures would be taken in response to a suspicion of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Carra Mor OSV-0004887

Inspection ID: MON-0021924

Date of inspection: 28/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.</p> <p>This will include as per schedule 1, section 5: any separate facilities for day care and section 6 (management and staffing): The total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required in regulations 14 and 15.</p> <ul style="list-style-type: none"> • The Person in Charge shall amend the statement of purpose in section 12: Management and Governance under staffing for Carra Mor to include a separate staff whole time equivalent for the day service facility within the designated centre. 	

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/01/2019