



## Office of the Chief Inspector

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

Name of designated centre:	Clann Mór Residential 1
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	20 March 2019
Centre ID:	OSV-0004928
Fieldwork ID:	MON-0026278

## About the designated centre

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

Clann Mor Residential 1 comprises of four houses which are located in close proximity to two large towns in Co. Meath. The centre supports both male and female adults some of whom live semi independently and others who require staff support on a 24 hours basis. The staff team is primarily made up of health care assistants. Community employment workers are also in place who work under the supervision of staff in the centre. All residents have access to a day service and are encouraged to be involved in their local community.

**The following information outlines some additional data on this centre.**

Current registration end date:	28/08/2020
Number of residents on the date of inspection:	13

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
20 March 2019	10:50hrs to 20:00hrs	Jacqueline Joynt	Lead

## Views of people who use the service

On the day of inspection there were twelve residents residing in the four houses that made up the designated centre. One resident was temporarily residing in another facility recuperating from a recent illness. There were no residents in the first two houses visited by the inspector as they were attending their day service however, in the afternoon the inspector met with six residents in two different houses. A number of residents spoke in detail with the inspector and advised of what it was like to live in the centre.

The residents advised the inspector that they enjoyed living in the centre and that they were happy with their rooms and overall the layout and space in the centre.

Some of the residents showed the inspector around their bedrooms. The residents seemed happy and proud to show the inspector family photographs, memorabilia and personal items contained within their rooms.

The residents stated that they received help and support when required from the staff and that they liked their staff very much.

Residents said that they enjoyed the meals provided by the service and advised how they were all part of the meal planning and how they took it in turns to cook an evening meal for everyone.

Some residents went through their person care plans with the inspector. The residents talked excitedly about their upcoming goals and how they were supported by staff to achieve these goals.

Residents advised the inspector that they knew what to do should they need to make a complaint.

The residents seemed happy and comfortable in their environment and the inspector observed that there was an atmosphere of friendliness in the houses and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

## Capacity and capability

Overall, the care and support provided to the residents by staff was of good quality.

However, the inspector found that to fully ensure that residents received positive outcomes in their lives and the delivery of a safe and quality service, improvements were required to governance and management systems and in particular to the arrangements in place for oversight and monitoring of the centre. A number of actions from the last inspection were completed however, some remained outstanding or were partially completed.

A new person in charge was in place since the last inspection and a team leader had also been employed to support the person in charge carry out their role. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to be able to oversee the residential service and meet its stated purpose, aims and objectives.

Overall, the person in charge was familiar with the residents' needs and the supports required to meet those needs. However, the inspector found evidence to demonstrate that the arrangements in place for oversight and monitoring of the centre to ensure the effective governance, operational management and administration of the designated centre at all times was unsatisfactory and had resulted in a number of specific regulation requirements not being met.

Unannounced six monthly reviews and annual reviews were being carried out in line with regulation. There was an annual auditing schedule in place to evaluate and improve the provision of service and to achieve better outcomes for the residents however, the inspector found that many of the audits had not been completed in line with the schedule in place. The audits that had taken place in October 2018 had been reviewed by the team leader in December 2018 however, had not been reviewed by the person in charge. Furthermore, the inspector found that the documentation for the follow up actions from the audits was not always completed or reviewed by the appropriate person.

The inspector found that overall, staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. The inspector found that staff were familiar with the residents' needs and for the most part endeavoured to ensure that they were met in practice. The inspector observed kind, caring and respectful interactions between staff and residents throughout the afternoon and evening.

Since the last inspection staff training was provided to community facilitators to support them in their roles. The inspector found that training took place for all staff every three months which included an information sharing session where further training needs were identified by staff and management. One to one supervision meetings, which support staff perform their duties to the best of their ability, were taking place every six months. However, the inspector found that there was unsatisfactory oversight and day to day supervision in place for staff which had resulted in a number of poor practices occurring in the centre relating to the safety, rights and healthcare of residents.

### Regulation 14: Persons in charge

There was unsatisfactory monitoring and oversight arrangements in place for the person in charge to ensure the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff training actions from the previous inspection had been completed and six monthly one to one supervision meetings were now in place for staff. However, the inspector found that the current arrangements in place for the day to day supervision of staff had resulted in some negative outcomes for residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems in place could not ensure that the service provided was safe, appropriate to all the residents' needs, consistent and effectively monitored due to the oversight and monitoring arrangements in place.

The person in charges' work hours had not been included on the designated centre's roster.

The inspector found that the schedule of audits in place to ensure that service delivery was safe and effective was not always occurring as scheduled and that the follow on actions document was not always fully completed or reviewed by the appropriate person.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents

and their representatives.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents well-being and welfare was maintained to a good standard and that a person-centred culture was visible within the centre. The residents living in the centre received care and support which was of a good quality. A number of improvements had been made since the last inspection in the area of positive behaviour support, fire precautions, food and nutrition however, the inspector found that further improvements were required to ensure residents' healthcare, safety and rights were maintained at all times.

For the most part, the residents' personal plans reflected the residents' assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector looked at a sample of residents' personal plans and found them to be up-to-date and reviewed appropriately however, in relation to the documentation surrounding the residents' assessed needs, some work in this area remained outstanding.

Overall, appropriate healthcare was available to residents having regard to their personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. However, the inspector found that improvements were required to ensure access to allied healthcare professionals occurred in a timely manner. Furthermore, improvements were warranted to the recording and documentation of required healthcare related observations.

Where appropriate, residents were actively supported and encouraged to connect with family and to feel included in their local community. The residents were supported to engage in meaningful activities which promoted their personal development and independence. Overall, the inspector found that the residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations. Residents advised the inspector of their work, holiday and healthcare goals and how they were being supported and empowered by staff to plan and achieve them.

Residents were supported to be involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Residents took it in turns and shared responsibility for cooking a dinner for everyone on one night of the week. Some residents were involved in the maintenance of the houses' gardens and had added their own touch which included spring flowers and colourful garden ornamentation.

The inspector found that for the most part the design and layout of the premises ensured that the residents could enjoy living in an accessible, comfortable and homely environment. It was evident that each resident had been consulted in the design and layout of their bedroom which contained photographs and personal items that were of interest and precious to the resident. Overall, the centre was clean however, the inspector found that the house required some improvements relating to decorative and structural repairs. Furthermore, the inspector found that in three of the houses some of the furnishings and equipment located in communal spaces was not in line with the function of the room.

Improvements had been made to the area of risk management and in particular, the risk management policy currently included all regulatory requirements. However, the inspector found that further improvements were required so that all risks were included on the centre's risk register. Furthermore, improvements were required to the documentation of residents' individual risk assessment reviews.

The inspector found that improvements required from the previous inspection regarding fire precautions had been completed. The fire fighting equipment and fire alarm systems were appropriately serviced and checked and there were satisfactory systems in place for the prevention and detection of fire. Daily, weekly and monthly checks of doors, lights and evacuation routes ensured precautions implemented reflected current best practice. Furthermore, arrangements were in place for ensuring residents were aware of the evacuation procedure to follow.

## Regulation 17: Premises

Overall the centre was in good decorative and structural repair and many of the residents' rooms had been recently been painted however, other areas of the houses, internally and externally, required paintwork and some basic structural repair.

Some of the arrangements in place for drying residents' clothes was unsatisfactory; two of the houses' sitting rooms contained drying racks for clothes.

There was inappropriate and unsafe use of two electrical extension leads in one of the houses.

One of the houses did not fully meet the changing mobility needs of one resident and was restricting access to some areas; The residents bedroom was located upstairs which meant that they required the assistance of staff when going to and from their room. Furthermore, when out in the community the resident required the support of a walking aid however, the house did not have an accessible entrance for the resident to enter/exit with the aid on their own.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The action from the previous inspection had been completed; where residents had recommended specialised diets, appropriate plans were in place to guide residents and staff on how to implement and follow them.

Judgment: Compliant

### Regulation 26: Risk management procedures

Improvements had been made to risk management procedures since the last inspection however, a number of current and ongoing hazards had not being included on the risk register.

Residents' risk assessments had been reviewed and updated however, improvements were required to ensure the current controls in place were clearly documented.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

All actions from the previous inspection had been carried out. Suitable fire equipment was provided and serviced when required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

To ensure the effectiveness of the residents' personal plans the person in charge was currently updating and collating all residents' assessments of need to ensure all information could be accessed from one document. This work had been completed for residents' plans in one house however, was ongoing for plans in three of the other houses.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that where a resident required the services of an allied healthcare professional, access to the service had not been arranged in a timely manner by the provider.

There were some gaps evident in the maintenance of documentation; for example, the food and fluid intake record for one of the residents was found to be inconsistent with a number of gaps through-out.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The actions from the previous inspection had been completed. All plans sampled included positive behaviour plans to guide practice and were reviewed appropriately. Furthermore, environmental restrictions had been reviewed to ensure that they were used for the least duration.

Judgment: Compliant

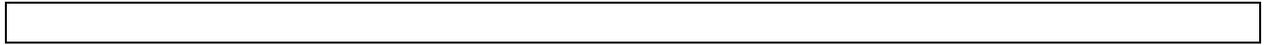
### Regulation 9: Residents' rights

Overall, the registered provided supported residents to know and exercise their rights however, on the day of inspection some improvements were required.

In two of the houses, the inspector found that documents, which contained personal identifiable information belonging to the residents, were not stored in a locked and secure cupboard. Furthermore, the staff office in one of the houses which contained residents' personal documentation was left unlocked.

The sitting rooms in two of the houses contained staff office equipment including a computer and printer and in one of the houses, next to the kitchen/dining room table, the same office equipment was in place. These items took from the homeliness of the rooms but also did not ensure that the residents' privacy and dignity was respected at all times.

Judgment: Substantially 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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Clann Mór Residential 1 OSV-0004928

Inspection ID: MON-0026278

Date of inspection: 20/03/2019

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Enhanced monitoring and oversight arrangements have been put in place for and with the Person in Charge to ensure the effective governance, operational management and administration of the designated centre. The PIC now has an improved specific planned and actual roster for oversight of each location in the designated centre. The PIC is supported with specific functions by the Team Leader This is noted on the rosters.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC now has an improved specific planned and actual roster for oversight of each location in the designated centre. This will ensure that there is more direct contact and supervision of staff. The PIC is supported with specific functions by the Team Leader There is upgraded daily communication and weekly rostered presence with all locations in the designated centre.</p> <p>There is also the use of new secure IT communication systems, allowing immediate one-off communication directly to other management team members in any of the locations and keeping operations and documentation up to date and organized.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The organisational structure within the Statement of Purpose has been amended to include the new titled roles of Residential Manager (PIC) and Team Leader. This clearly defined management structure in the designated centre and identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision.</p> <p>The PIC now has an improved specific planned and actual roster for oversight of each location in the designated centre. This will ensure that there is more direct contact and supervision of staff. The PIC is supported with specific functions by the Team Leader.</p> <p>A new schedule of audits have been implemented in compliance with regulations. These audits will be monitored and signed off and reviewed by the relevant person within the Management Team structure. Follow on actions will be monitored by Management Team to ensure compliance. Management Team members have a separate audit schedule.</p> <p>A new supervision format has been devised which focuses on the personal and professional responsibility for th</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There is a Mobility Risk Assessment in place for residents, as appropriate. Staff have been reminded to follow the relevant controls and recommendations. Review of OT assessment have been requested, as required.</p> <p>All locations are scheduled to be painted internally and externally. Additional basic structural repairs, as required will be carried out, as required.</p> <p>External clothes lines are in place in all locations. Tumble dryers are also in place in all locations.</p> <p>Additional power sockets are being provided in all houses, where required.</p> <p>Infection control training will be delivered to all staff by means of "National Standards for infection prevention and control in community services 2018" as guidance in 2019.</p>	
Regulation 26: Risk management	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  All risk registers are being reviewed to include current and ongoing hazards. Risk registers are to be monitored by PIC and Management team on a scheduled basis. Within resident's risk assessments, all current controls in place will be clearly documented. When risk assessments are reviewed, new information will be added and information that is no longer required will be recorded as no longer a risk.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  The PIC has updated, reviewed and collated all residents' assessments of need. This information will be accessible from one document.</p> <p>The annual PCP schedule of reviews is planned for 2019.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  A new, specific food and drink diary has been created. This will be used by all staff, where required. A dietician has been contracted to work individually with all residents in 2019.</p> <p>The company psychologist (externally contracted) has been contracted to work with all residents in Clann Mór in 2019. Residents who need psychological support will be supported to access this service.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

Staff teams have been clearly informed that all personal documentation is to be locked away at all times, when not in use. Training has been provided in GDPR guidelines and confidentiality. Any incidents that occur, in the future, will be dealt with through our incident management process.

Residents are included in all aspects of their care plan documentation and storage of same. There will be renewed consultation with residents, staff and management team. This will be on the agenda at forthcoming resident's house meetings, staff team meetings and at resident quarterly forum and advocacy group meeting.

Residents have been re advised that they have the right to, and will be supported to use computers. The dignity and respect of resident's is paramount within the service.

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	26/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/04/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	31/08/2019

	internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant		03/06/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/03/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant		06/05/2019

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant		06/05/2019
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	13/05/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Substantially Compliant		13/05/2019

	personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/10/2019
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	30/04/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/05/2019
Regulation 09(3)	The registered	Substantially	Yellow	17/06/2019

	provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Compliant		
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