



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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór Respite
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0002099
Fieldwork ID:	MON-0029894

About the designated centre

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

Clann Mór Respite is a four bedroom dormer bungalow situated in a large town in Co. Meath. It is within walking distance to some community amenities and transport is also provided should residents wish to avail of this. The centre provides respite care to male and female adults who are assessed as requiring low support. The centre is registered to provide residential care for a maximum of five residents at any one time. One of the bedrooms could accommodate two residents in separate beds as some residents chose to share a bedroom whilst attending for respite. There was also an administration office located upstairs in the centre and in a separate building in the back garden. The staff compliment consists of community based support staff, a community facilitator and a team leader. The person in charge is employed as a service manager and has additional responsibilities for the provision of services in other designated centres under this provider. They are assisted in their role by the team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
------------------------------------------------	---

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
Wednesday 18 November 2020	10:30hrs to 15:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that residents who availed of respite in the centre enjoyed their stay and had their care needs met. There were governance and management systems in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. However, some areas for improvement are identified in later sections of this report.

As referred to above the centre comprised of a four bedroom house which provided respite for a total of five residents at any one time. This meant that at full capacity two of the residents would need to share a room. There was evidence that residents who shared were consulted with and shared with friends. As a consequence of COVID-19, the respite service had been closed from March 2020 to August 2020. However, since re-opening only one resident was facilitated to attend respite at any one time. Pre March 2020 there were 62 residents availing of respite in the centre. However, since reopening in August 2020, only seven residents were availing of the service with only one resident attending at any one time. Due to the ongoing pandemic, there were no plans to increase the number of residents attending at the time of inspection. The provider had identified the house as a potential isolation unit should any cases of COVID- 19 occur in its other two designated centres. There had been no cases of COVID-19 across the service at the time of this inspection.

The inspector met with one of the residents attending for respite on the morning of the inspection before she departed to return to her family home. This resident told the inspector that she really enjoyed her respite breaks and always looked forward to returning again. She told the inspector that the staff were 'the best' but that she did miss attending with her friends with the current respite arrangements. She indicated that she understood it was because of COVID-19 restrictions which had impacted many parts of her life. The resident appeared in good form and comfortable in the company of staff. She told the inspector that on admission she decided with staff what food she would like to eat at meal times and what activities she would like to do. The evening before the resident had gone for a long walk and had her hair blow dried and styled by staff. She also told the inspector that she enjoyed playing some board games and watching television with a staff member. A staff member was observed to be kind, caring and respectful to the resident. It was evident that the resident and staff member had a close relationship and were at ease with each other.

There was an atmosphere of friendliness in the centre. Numerous photos and photo albums of various residents who availed of respite were on display, including pictures of special events. There were also pieces of arts and crafts which some respite users and residents from other centres had completed on display. For example, paintings and art work. There were a good supply of arts and crafts materials, books and board games available in the centre.

The centre was found to be comfortable and homely. It was noted that the centre had been painted internally and externally in 2019 and was found to be in a good state of repair. The centre was located in a large town in county Meath, which was within walking distance of a range of shops and local amenities. The centre had adequate communal space for residents availing of respite with a good sized kitchen come dining area and a sitting room.

The centre had a good sized and well maintained garden for respite users use with sensory items displayed on the walls. It also included a serenity garden where calming music could be played and there were numerous areas to sit. Other areas included tables and chairs to dine outside, a basketball hoop, swing ball and football. It was reported that respite users and on occasions residents from the provider's other centres enjoyed spending time in the garden. There were two separate cabins in the back garden which were used for administrative office space. There were plans for one of the cabins and a garden area to be converted into a winter wonderland for residents for the upcoming Christmas season.

There was evidence that respite users and their representatives were consulted with and communicated with, about decisions regarding their care and the running of the centre. A respite checklist was completed by staff with residents on arrival to agree their choice of meals and activities. The inspector met briefly with the relative of the resident availing of respite on the day of inspection. This relative advised the inspector that his family were very happy with the care and support provided for their loved one, how the individual looked forward to coming for the stay and how much the family appreciated the service provided. Residents were spoken with as part of an audit in the centre in June 2020 and indicated that they were happy with the service being provided. A number of respite users attended an advocacy group with residents from other centres operated by the provider. This provided residents an opportunity for residents to advocate with and on behalf of each other. A coffee table information folder was readily accessible for residents with information on the complaints process and other useful information.

All visiting to the centre was restricted in line with national guidance for COVID-19. However, in general this did not impact those availing of a respite break as they tended not to have visitors during their break. Respite users were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting respite users' access to activities in the community. The respite user met with spoke about how the COVID-19 restrictions had impacted their life. Examples of activities that residents availing of a respite stay engaged in included, walks, drives, arts and crafts, board games and listening to music. The centre had its own vehicle although its use at the time inspection was minimal because of the 5km national restrictions in place.

The full complement of staff were in place at the time of inspection. A number of staff had been working in the centre for an extended period. This meant that there was consistency of care for residents availing of respite and enabled relationships

between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to the staff and the person in charge.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, some improvements were required to ensure the provider complied with the regulatory requirements in relation to monitoring of the service.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for residents availing of respite in the centre. The person in charge is a registered nurse in intellectual disabilities and holds a Masters Degree in Art, Community and Voluntary Services, a Diploma in Management and a Certificate in Social Justice and Leadership. She had more than 20 years management experience. She was in a full-time position but was also the director of the overall service. The person in charge position was an interim arrangement pending the appointment of a permanent person in charge. She was found to have a good knowledge of the requirements of the regulations and to be effectively involved in the governance and management arrangements for the centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a team leader and a community facilitator coordinator. Both of whom had delegated management responsibilities in the centre. The person in charge held regular formal meetings with the team leader and community facilitator. The person in charge reported to the Board of Directors and met formally with them on a monthly basis.

The provider had completed an annual review of the quality and safety of the service. However, there was limited evidence that the review provided for consultation with residents and their representatives as per the requirements of the regulations. The provider had completed visits to review the quality and safety of care on a six-monthly basis. However, a number of these had been completed by the team leader and consequently were not unannounced which is contrary to the requirements of the regulations. The team leader and community facilitator each completed a number of audits on a monthly basis. Areas covered included, healthcare plans, risk assessments, behaviour support plans, person-centred plans, medications, finance, fire safety, health and safety, restrictive practices and residents personal plans. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents availing of respite in the centre. At the time of inspection the full complement of staff were in place. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspectors reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and was found to be of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure the centre met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents availing of respite in the centre. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff had attended mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service. However, there was limited evidence that the review provided for consultation with residents and their representatives as per the requirements of the regulations. Visits to review the quality and safety of service were undertaken but completed by the team leader and consequently were not unannounced as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents availing of respite in the centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, some improvements were required to ensure that all residents availing of respite attended a fire drill on a regular basis and that personal plans were reviewed on an annual basis in line with the requirements of the regulations.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review for the residents availing of respite had not been completed in the last 12 months in line with the requirements of the regulations. Care plans reflected the assessed needs of the individual resident and were presented in a user-friendly format. They

outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy. Environmental and individual risk assessments for residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions were taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. In general there were a low number of incidents in the centre.

Suitable precautions were in place against the risk of fire. However, it was identified that a number of the residents availing of respite in the centre had not attended a fire drill for an extended period. In addition, there was no process in place to ensure that all residents did attend a fire drill on a regular basis. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the house visited. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas were clean. A cleaning schedule and checklist was in place which was overseen by the team leader. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals and on all entries and exits from the centre. A movement and or visitor log was maintained. A transmission risk assessment was completed for each staff member at the start of every shift and also for each resident before admission for respite. The families of all residents attending for respite were required to complete a daily temperature log for seven days pre-respite admission and to submit results to the centre. A COVID skills demonstration training was provided for residents on hand-washing, cough ettiquette and physical distancing. Disposable surgical face masks were being used by staff while in close contact with residents in the centre, in line with national guidance. At the time of inspection, there had been no confirmed cases of COVID-19 for staff or residents across the service. Since the centre reopened for respite at the end of August only one resident attended for respite at any one time.

There were measures in place to protect residents from being harmed or suffering from abuse. However, it was identified that intimate care plans, to guide staff in

meeting the residents needs, were not in place for a small number of residents identified to require same. There had been no allegations or suspicions of abuse in the preceding period. The provider had a safeguarding policy in place.

Regulation 17: Premises

The premises was observed to be comfortable, homely, clean and in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. A risk register and individual risk assessments for the residents availing of respite had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. At the time of inspection, there had been no confirmed cases of COVID-19 for staff or residents across the service.

Judgment: Compliant

Regulation 28: Fire precautions

Overall suitable precautions had been put in place against the risk of fire. However, a number of the residents availing of respite in the centre had not attended a fire drill for an extended period and there was no process in place to ensure that all residents did attend a fire drill on a regular basis.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review for each of the residents had not been completed in the last 12 months in line with the requirements of the regulations. For example, with the involvement of the residents' families and to review the effectiveness of the plan in place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Those availing of respite lived at home with their families for the majority of time and attended their own general practitioner (GP) but liaised with the centre pre-admission regarding their healthcare needs. Health care plans were available for residents identified to require same.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents availing of respite from being harmed or suffering from abuse. However, it was identified that intimate care plans, to guide staff in meeting the residents' needs, were not in place for a small number of residents identified to require same. There had been no allegations or suspicions of abuse in the preceding period.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Residents availing of respite were consulted with regarding their choice and preferences on each admission. A number of respite users attended an advocacy

group with residents from other centres operated by the provider. This provided residents an opportunity to advocate with and on behalf of each other.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clann Mór Respite OSV-0002099

Inspection ID: MON-0029894

Date of inspection: 18/11/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>From 2021, all Annual review of quality and safety will include consultation with residents and their representatives. Six monthly unannounced inspections will not be carried out by the Team Leader or PIC associated with the designated centre. They will be carried out by a delegated appropriate other.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Persons availing of respite from January 2021 will be involved in regular fire drills. The monthly fire drills will now take place weekly. A list of service users who take part in fire drills will be created. This will be reviewed monthly to ensure that service users attend a fire drill on a more regular basis.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
PCP Annual reviews include family, day service and Clann Mór personnel. Service users have an annual PCP in the day service in which Clann Mór is included. We do two six monthly reviews. We will complete an annual review with consultation with Service user, family and day service going forward as per Regulation 5 Individual assessment and personal plan.

Regulation 8: Protection	Substantially Compliant
--------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 8: Protection:
All individual service user documentation will be reviewed to ensure that where required intimate care plans are created.

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	30/11/2020

	concerns regarding the standard of care and support.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	04/01/2021
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	30/06/2021

	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.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	05/01/2021