



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

Issued by the Chief Inspector

Name of designated centre:	Clanntara
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	20 April 2022
Centre ID:	OSV-0003373
Fieldwork ID:	MON-0027828

About the designated centre

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

The Health Service Executive runs this designated centre. The centre provides residential care for six adults who have intellectual disabilities. The centre comprises one bungalow dwelling located on the outskirts of a town in Co. Meath. Residents have their own bedroom, there are some en-suite facilities, shared bathrooms, reception area, sitting and living room, utility, kitchen, staff office and garden space. Staff are on duty both day and night to support the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 (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 20 April 2022	09:45hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to interact with all residents during the inspection. On arrival at the service, the inspector was introduced to some of the residents by the person in charge. The residents appeared happy and comfortable in their environment. Some of the residents relaxed and engaged in their preferred activities, such as reading the newspaper, knitting and completing jigsaws.

Some of the residents spoke with the inspector about their plans for the day. The residents were preparing to go out for lunch together. A resident spoke to the inspector about a recent hotel break they had completed, and another discussed how they had spent their Easter weekend.

Through discussions with the residents and the review of information, it was clear that residents were being supported to be active members of their local community. The residents were attending day service placements; this was important to all residents. Residents had completed questionnaires regarding their views on the service they were receiving. Residents expressed that they were happy with their home and the staff team supporting them. The inspector observed warm and friendly interactions between the residents and the staff team.

Residents were also supported to maintain links with their families. The inspector had the opportunity to speak to one resident's family member over the phone. They expressed that they were happy with the service. The provider had ensured that they had sought feedback from family members as part of the 2021 annual review. The inspector reviewed the input returned; four residents' family members expressed that they were happy with the service.

The inspector found that communal rooms such as the living rooms and kitchen areas were well maintained. There was a homely atmosphere with pictures of residents and some resident's artwork being displayed. The residents had also been supported to design their bedrooms to their preferred tastes. The inspector did find that there were parts of the residents' home that required repair or replacement. The issues also impacted infection prevention and control practices. This will be discussed in more detail in the Quality and Safety section of the report.

During the walk through the centre, it was also observed that there were issues with some of the existing fire containment measures. An urgent action was issued to the provider as a result of this. The matters will be discussed in more detail in the Quality and Safety section of this report.

While there were areas that required improvement, overall, the inspector found that there were systems focused on supporting and promoting positive outcomes for each resident.

The following two sections of the report present the findings of this inspection in

relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that there was a management structure in place, which was overseen and led by a person in charge. They were supported in their role by a member of the provider's senior management team and by a team of care assistants and a staff nurse.

The inspection found that the provider had completed the necessary reports and reviews regarding the safety and quality of care and support provided to the residents. The person in charge was also conducting monthly audits and findings from these audits were reviewed by the provider's senior management team. However, the inspector found that the audits had failed to identify all areas that required improvement. For example, the audits had not identified the fire containment issues or that there were several issues regarding infection prevention and control practices. The existing management and monitoring practices were therefore not effective and required improvement.

An appraisal of the staffing arrangements found that the provider had ensured that the skill mix, number and qualifications of the staff team were appropriate to meet the needs of the group of residents living in the centre. A sample of current and past staff rosters was reviewed, demonstrating that there was a consistent staff team in place. The person in charge had also obtained the required staff information as specified in Schedule 2 of the regulations.

The provider had prioritised staff training and development. The review of records demonstrated that the staff team had access to appropriate training. The staff team also received supervision from the person in charge in line with the provider's guidance.

In summary, the inspection found that the provider had developed a number of management arrangements and systems however, these arrangements required improvement to ensure that there were effective monitoring practices in place to maintain the safety and welfare of residents.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function.
However, improvements were required to ensure that the provider effectively monitored the service provided to the residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector of Social Services as per the regulations.

Judgment: Compliant

Quality and safety

The inspection found that the centre was being operated in a manner that promoted and respected residents' rights. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the broader community. However, as mentioned earlier there were a number of areas that required attention and improvement.

The inspector observed improvements were required to existing fire safety precautions. A fire door in the kitchen area was found to have been damaged and warped, and there were gaps between the door and the intumescent strips. That meant that the fire containment measures would not be effective in the event of a

fire. The inspector also observed that the intumescent strips of a hot press had been damaged and were not effective.

These findings resulted in the provider being issued an urgent action regarding fire containment issues. The provider submitted assurances that a Fire Officer completed a review the day after the inspection. An external company were then arranged to complete a further review on 25 April. This review took place on 26 April which found that the warped door required replacing and that the strips needed to be replaced on the hot door press. While the provider sources a replacement door, a range of additional precautions have been implemented to maintain the safety of the group of residents and those supporting them.

The inspector did find that the staff team had been provided with appropriate fire safety training and that fire drills were taking place regularly. A review of the drills identified that a resident had recently declined to engage in a night time simulated fire drill. On another night time simulated fire drill, the resident had been unable to open a heavy door when attempting to exit. A review of a sample of residents' emergency evacuation plans found that the provider had not identified how to best support the residents under night time evacuation circumstances. During the inspection, the person in charge adapted the plan. There were, however, improvements required to the review of evacuation process by the person in charge and the provider.

The inspector identified that parts of the residents' home were homely and well-maintained. This, however, was not consistent in all areas. There was enhanced cleaning required in three bathroom areas. There was damage observed to doors in residents' rooms from general wear and tear. There were also a number of rooms that required painting. The provider had identified this, and a funding request was submitted.

The inspection found that there was a need to improve the monitoring of infection prevention control practices and control measures adopted to ensure that residents were being appropriately safeguarded.

The inspector observed that audits of infection prevention and control practices were completed. However, it was found that these audits had not identified all required improvements. The inspector found that furniture surfaces in a number of areas, including residents' bedrooms, and a sitting room were badly damaged. The damage to the surfaces meant that the areas could not be appropriately cleaned. The surfaces of shower chairs and a handrail in a bathroom were also observed to be damaged and, in some cases rusting. The inspector also found mop buckets and mops left in two of the residents' en-suites.

The inspector notes that the provider had developed a contingency plan to guide staff in the event of an outbreak of infection. The staff team had also been provided with appropriate training, and there were cleaning schedules in place.

The risk management policy was in date and contained the relevant information as per the regulations. A review of a sample of residents' risk assessments found that they were resident specific and that they were under regular review. There was a

risk register in place and a system where incidents were reviewed by the person in charge and a member of the provider's senior management team.

Comprehensive assessments of the resident's health and social care needs had been completed. Care plans had been devised along with the development of person-centred plans for residents. The inspector reviewed a sample of these, and they were found to be wide-ranging and under regular review. The plans outlined the support required to maximise residents' personal development in accordance with their wishes.

The residents had been supported to identify and achieve person-centred goals. As mentioned earlier one of the residents had recently completed a hotel break. Another resident had attended a concert of their preference, and other residents were being supported to choose destinations for their summer breaks.

The review of information also demonstrated that residents had access to allied healthcare professionals when required. Some residents had regular contact with their general practitioner. There was also evidence of the provider's multi-disciplinary providing support to residents if needed.

The provider had ensured that suitable systems were in place to respond to safeguarding concerns. There was a well-established staff team that were aware of the residents' needs and that had received appropriate training concerning the safeguarding of residents.

The inspection found that there were systems to support each resident's individual needs. However, improvements were required across a number of areas, particularly fire precautions and infection prevention and control practices.

Regulation 13: General welfare and development

Residents had the opportunity to participate in activities in accordance with their interests, capacities and needs.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that all areas of the residents' home were suitably clean. There was painting required in many areas, and some repair works were needed to doors.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

There was a need to improve the existing infection prevention and control practices. The inspector found many issues that the provider had not identified during their infection prevention and control audits. The provider had, therefore, failed to adopt procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not ensured that adequate fire safety systems were in place. They had failed to employ effective fire containment measures. This placed residents and those supporting the residents at risk in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clanntara OSV-0003373

Inspection ID: MON-0027828

Date of inspection: 20/04/2022

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>An additional audit for reviewing in infection control and fire safety precautions has been put in place as of 20/04/2022 to ensure all aspects of the building, fixture and fittings are checked and any issues are identified and reported in a timely manner to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Cleaning checklists will now be audited by CNM2/PIC weekly to ensure cleaning procedures are implemented in line with the infection control policy of the centre.</p> <p>This will ensure the timely identification, reporting and rectifying of any issues from revised audits in place.</p> <p>An annual schedule of audits is in place and adhered to on a monthly basis and on-going monitoring of these audits takes place by the PPIM and PIC.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Arrangements have been made to have all areas of the house painted. This will be completed by 31/05/2022. The external contractor for fire protection has assessed all doors. Replacement smoke seals where required have been installed. New furniture has been ordered in line with residents' preferences to replace the existing furniture which does not comply with infection control requirements. A new fire door has been ordered and we are awaiting this to be fitted. The replacement Fire Door has an expected date of installation by the 30/06/2022.</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>An additional audit in infection control has been put in place as of 20/04/2022 to ensure all aspects of the building, fixture and fittings are checked and any issues identified and reported in a timely manner.</p> <p>Cleaning checklists will now be audited by CNM2/PIC weekly to ensure cleaning procedures are implemented in line with the infection control policy of the centre.</p> <p>Any equipment identified as corroded or not capable of being easily cleaned to include grab rails and showers chairs are being replaced. New furniture in line with residents' preference has been ordered to replace the existing furniture which does not comply with infection control requirements.</p> <p>Ongoing close monitoring of all infection control guidelines are being strictly adhered to. The storage of cleaning equipment has been reviewed and discussed with staff to ensure they are fully aware of the cleaning protocols and the infection prevention controls in place.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A Fire Officer from the HSE has been on site on 21/04/2022 and carried out a review of all fire doors within the building.</p> <p>Following inspection by the Fire Officer on 21/04/2022 it was also noted that a strip/smoke seal was missing from the upper part of office door and some small sealing was required to copper pipes in hot press ceiling. These findings were also added to the schedule of works from the site visit and have been completed.</p> <p>A contracted company completed a full assessment of all fire doors on 26/04/2022 and a report from this fire risk assessment was sent to the HSE fire Officer. This assessment noted that door number 15 leading into the kitchen will need to be replaced. This has been ordered with a wait time of 5 weeks for delivery.</p> <p>In the interim the PIC and PPIM have ensured that the below measures in place will ensure the safety of all residents and staff and to mitigate the risk in the event of a fire.</p> <ul style="list-style-type: none"> - L1 Fire alarm system in place - Staff are all fully trained in fire safety - Fire Extinguishers in place around the house - Multiple escape routes - Emergency lighting in place - PEEPS in place for all residents 	

CNM2/PIC has updated the risk register to include fire door number 15. A nightly checklist has been put in place to ensure 2 hourly checks of the kitchen/ utility area until the door is replaced. All electrical items in this area will be unplugged at night.

In relation to Door No.13 the contracted company completed the replacement of the smoke seal on 28/04/2022.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Not Compliant	Orange	10/06/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/06/2022