



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

Issued by the Chief Inspector

Name of designated centre:	Cranmor Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	28 September 2021
Centre ID:	OSV-0005005
Fieldwork ID:	MON-0034231

About the designated centre

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

Cranmór Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite for up to three male and female residents, who are under the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey dwelling located a few kilometres from Galway city, where residents have their own bedroom, en-suite, bathrooms, sitting rooms, kitchen and dining area, staff office, staff bedroom and sensory room. A large enclosed garden area is available to residents, with spacious play and recreational equipment available to them. Residents are supported by a staff team which included the person in charge, nurses and social care staff. Staff are available both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Tuesday 28 September 2021	08:45hrs to 13:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Prior to this inspection, the provider had submitted an application to renew the registration of this centre. The purpose of this inspection was to monitor compliance with the regulations. Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The centre comprised of a two-storey dwelling situated a few kilometres from Galway city. The centre was found to be well-maintained, was tastefully furnished and provided a spacious and comfortable living environment for residents during their respite stay. Communal rooms, such as the kitchen and dining area, had age-appropriate information displayed on notice boards, with pictorial references frequently used to support the communication needs of some residents. A fish tank was prominently displayed in one of the centre's sitting rooms and each sitting room had ample and comfortable seating for recreational use. In recent months, a partition door was installed in the main hallway, which allowed for residents to have their own separate living environment away from their peers, if they so wished. The person in charge said that this was a positive addition to the centre as some residents liked to have their own space for quiet time to watch television or to engage in their preferred activities. Throughout the centre, multiple photographs were displayed of the residents taking part in trips away and engaging in various activities, which gave the centre a lovely homely feel. Much effort was made by the staff and person in charge to make residents feel at home during their stay, with time allocated to each resident upon their arrival, to dress and decorate their bedroom as they wished. A sensory room was also available to the residents, containing fluorescent lighting and comfortable seating. A large enclosed garden area was also available at the rear of the centre, which contained swings, reflective mirrors, trampolines and spacious play areas.

Upon the inspector's arrival, the centre had a very relaxed and calm atmosphere, where the residents were being supported to go about their morning routines. The inspector had the opportunity to meet with three residents, who were preparing to leave for school. However, due to their communication needs, no resident spoke directly with the inspector about the care and support they receive. One resident, was relaxing on a chair beside a large window in the kitchen, waiting for their transport to collect them for school. While they waited, this resident was playing with therapeutic beads and they also accompanied the person in charge and inspector on a walk-around the centre. The second resident was being supported by a staff member with their personal care and breakfast before leaving for school. The inspector observed this staff member to engage very kindly with this resident and communicated with them in such a way as to encourage the resident to interact using words frequently expressed by them. Staff were very familiar with this resident's communication needs, stating that they generally used gestures and some certain words to communicate their wishes. When the inspector met with the third resident, they also were relaxing in their bedroom in preparation to leave for school.

The social aspect of each resident's care during their respite stay was an important focus of the service delivered at this centre. The person in charge told the inspector about the various activities that some residents liked to engage in and of how the centre's staffing and transport arrangements ensured each resident had optimum opportunities to engage in activities of their choice. Personal goal setting for residents was an important aspect of their care and the inspector was told about various goals that staff were supporting residents with. Since the easing of public health safety guidelines, staff were in the process of supporting residents to progress towards achieving further personal goals, with many residents working towards developing their personal and life skills.

Residents and their families were very much involved in the running of this service and residents' preferences were mainly obtained through their daily engagement with staff. Continuity of care was promoted, with many of the staff working in this centre, having supported these residents for quite some time. This had a positive impact for the residents as it ensured consistency of care and meant they were cared for by staff who knew them very well. Over the course of the inspection, the inspector found staff to be very knowledgeable of residents' assessed needs, particularly in the area of communication, and were observed to interact with the residents in a very kind and caring manner.

Overall, this service was found to promote person-centred care where residents' individual interests, capacities and preferences were considered by staff to ensure the residents spent their time as they wished when in the service. The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

Capacity and capability

Overall, the centre was found to be well-resourced and well-managed. Although the provider was found to be in compliance with many of the regulations inspected against, some improvement was required to aspects of risk management, fire safety and health care.

The person in charge was based full-time at the centre and she was found to have very good knowledge of residents' needs and of the operational needs of the service delivered to them. She was supported in her role by her staff team and line manager. This was the only designated centre operated by the provider in which she was responsible for, and adequate support arrangements were in place to ensure she had the capacity to effectively manage the service.

Due to the nature of this respite service, the centre's staffing arrangement was subject to regular review to ensure a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Nursing support was available to residents and an on-call system was in place, which provided additional support to staff, as and when required. When planning the staff rota, due

consideration was given to the assessed needs of the residents and where required, an additional night time staff member was put on duty. In addition to this, the provider was also responsive to the needs of residents requiring behavioural support, ensuring a two-to-one staff ratio was in place for these residents to support them with their behavioural and social care needs. Continuity of care was an important aspect of the centre's staffing arrangement, with many of the staff members having worked with these residents for quite some time. This meant that residents were always supported and cared for by staff who knew them and their assessed needs very well. At the time of inspection, the provider was in the process of recruiting additional staff for the service and in the interim, locum staff were available to support the centre's staffing arrangement. Effective training arrangements were in place, ensuring staff received regular training appropriate to their role. Furthermore, all staff were subject to regular supervision from their line manager.

The provider had ensured this centre was adequately resourced and that suitable persons were appointed to oversee and manage the service. Regular meetings were occurring between the person in charge and her staff team, which allowed for resident related care to be discussed. She was also in regular contact with her line manager to review operational related matters. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was based full-time at this centre and was supported in her role by her staff team and line manager in the running and management of the service.

Judgment: Compliant

Regulation 15: Staffing

The centre' staffing arrangement was subject to regular review, ensuring an

adequate number and skill-mix of staff were on duty both day and night to meet the assessed needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
Effective training arrangements were in place, ensuring all staff received the training they required appropriate to their role. Furthermore, all staff were subject to regular supervision from their line manager.
Judgment: Compliant
Regulation 23: Governance and management
The provider had ensured that this centre was adequately resourced and that effective monitoring systems were in place to ensure the quality and safety of care was subject to regular review. Where improvements were identified, time bound action plans were put in place to address these.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose available at this centre and it was subject to regular review to ensure it included all information as required by Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
Robust systems were in place to ensure all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.
Judgment: Compliant

Quality and safety

This centre was operated in a manner that was very respectful of residents' interests, capacities and developmental needs. Due to the nature of this respite service, residents' and their families involvement in the running of the centre very much influenced the many systems that the provider had put in place, to ensure each resident received the type of respite service that they required.

The centre is comprised of a two-storey dwelling located a few kilometres from Galway city. Here, residents had their own bedroom, en-suite facilities, bathrooms, two sitting rooms, large kitchen and dining area, sensory room, staff office and staff bedroom. A large enclosed garden area was also available to residents, which had multiple play areas and equipment for the residents to use as they wished. The person in charge told the inspector of the various re-decoration works that were planned for the centre and scheduled to occur in the near future. Overall, the centre was found to be spacious, clean and had a lovely warm and homely feel to it.

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. The identification of risk in this centre was largely attributed to by the centre's incident reporting system and by the regular presence of the person in charge, resulting in risks being quickly identified and responded to. However, some improvement was required to aspects of this system, particularly with regards to the assessment of risk. For example, although the provider had responded appropriately to a behavioural related incident which had occurred, associated risk assessments had not been updated to reflect this. Furthermore, even though the provider had robust measures in place to support residents who were identified at risk of absconsion, there was no specific protocol in place to guide staff on what to do, should a resident abscond from the centre. Over the course of this inspection, a number of risk assessments were reviewed by the inspector and although these, for the most part, were found to be of a good standard, some required additional review to ensure clarity in hazard identification, better identification of specific control measures and accuracy in risk rating.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and all staff had received up-to-date training in fire safety. Multiple fire exits were also available at the centre and a waking night time staffing arrangement was also in place, ensuring that should a fire occur at night, staff were available to quickly respond. Given the nature of this respite service, a second staff member was sometimes rostered at night, with due consideration given to the evacuation needs of some children. Regular fire drills were also occurring and the person in charge had a system in place to ensure each resident and staff member participated in a fire drill at least once a year. The outcome of the fire drills completed at the time of inspection gave assurances that staff could support residents to evacuate the centre in a timely manner. Although there was a fire procedure available at the centre, it required further review to ensure it gave additional clarity to staff on the specific response required, should a

fire occur in this centre, particularly with regards to the arrangements for accessing emergency medicines, should these be required.

Robust systems in place to ensure residents' needs were subject to regular re-assessment and clear personal plans were put in place to guide staff on the support residents required with these needs. The person in charge spoke at length with the inspector about the assessed needs of some residents and of the regular reviews and supports in place to care for these residents, particularly in the area of neurological care. Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required and residents also had access to a wide variety of allied health care professionals. Although staff were very knowledgeable and responsive to residents' health care needs, some minor improvement was required to the protocols in place for the administration of emergency medicines to ensure these accurately guided staff through this process.

Where residents required positive behavioural support, the provider ensured that adequate arrangements were in place to ensure these residents received the care and support they required. For example, for one resident, following a behavioural related incident at the centre, the provider put additional staffing resources in place to support this resident with their behavioural and social care needs. The effectiveness of these measures were subject to regular review by the person in charge and multi-disciplinary team, resulting in no further incident occurring. In response to the safety and behavioural related needs of some residents, a number of restrictive practices were in use at this centre and robust systems were in place to ensure each practice was subject to regular multi-disciplinary review.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured adequate arrangements were in place to ensure residents were supported to communicate their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two-story dwelling, which was well-maintained and provided residents with a comfortable space for their respite stay.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place for the identification, response, assessment and monitoring of risk in this centre. However, some improvement was required to aspects of this system. For example, risk assessments required review to ensure these gave clear hazard identification, the control measures put in place in response to the risk and accuracy in the risk rating to demonstrate the positive impact these control measures had on addressing the risk identified. In addition, where residents were identified at risk of absconsion, protocols were not in place to guide staff on what to do, should a resident abscond from the centre. Furthermore, in response to a behavioural related incident, associated risk assessments had not been updated to demonstrate the provider's response to this incident. Although the person in charge was closely monitoring risks relating to this centre's staffing levels, there was no risk assessment in place to support her in this process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all residents and staff. Contingency plans were in place, should an outbreak of infection occur at this centre. Similar plans were also in place, should the centre experience a reduction in staffing levels during an outbreak of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place which were subject to regular review. However, some improvement was required to the centre's fire procedure to ensure it gave clearer guidance to staff on what to do in the event of a fire, particularly with regards to the arrangement for accessing emergency medicines.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had adequate systems in place for the safe prescribing, administration

and storage of medicines at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection, the provider had made improvements to the arrangements in place to support residents to progress towards achieving their personal goals. Robust systems were in place to ensure residents' needs were regularly assessed and the personal plans were put in place to guide staff on supporting them with these assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support that they required. However, a review of protocols supporting the administration of emergency medicines was required to ensure these gave clearer guidance to staff.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behavioural support was appropriately provided to all residents with assessed behavioural support needs. Where restrictive practices were in use, these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate systems in place to support staff in the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre and residents were supported to engage in activities of interest to them. Residents' involvement in the running of this centre was paramount to the many systems put in place by the provider.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cranmor Respite Service OSV-0005005

Inspection ID: MON-0034231

Date of inspection: 28/09/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk Assessments will be reviewed to ensure that there is clear hazard identification, that all control measures that are in place to respond to the risk are identified and that the risk ratings will accurately demonstrate the positive impact the control measure have on addressing the risk identified. Absconding procedures will be put in place to guide staff what to do should a resident abscond from the centre. A risk assessment relating to staffing levels will be put in place</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire procedure will be reviewed to ensure it gives clearer guidance to staff on what to do in the event of a fire in the centre and will include arrangements for accessing emergency medication</p>	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

The protocols relating to administration of emergency medicines will be reviewed to ensure they give clearer guidance to staff

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 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	05/11/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	05/11/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having	Substantially Compliant	Yellow	05/11/2021

	regard to that resident's personal plan.			
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