



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

Issued by the Chief Inspector

Name of designated centre:	Crannóg Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0005006
Fieldwork ID:	MON-0034107

About the designated centre

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

Crannóg Respite Service can provide a respite service to children and young people of mixed gender from 3 to 18 years of age, and who have a severe to profound intellectual disability. Crannóg can provide a respite service for 19 nights a month, which includes two weekends. Respite care is provided on the basis of planned, recurrent, short stay placements. The service can accommodate up to four children per night. Crannóg is a large comfortable bungalow with a garden. The centre is decorated and equipped to suit the needs of children. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Children are supported by a staff team which includes the person in charge, nurses and care assistants. Staff are based in the centre when children are present and a nurse remains on duty at night to provide support and clinical care. There are also additional staff members based in the complex at night to provide extra support as required, or in the event of an emergency.

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
Wednesday 15 September 2021	11:00hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed attending for respite in this centre and that staff who supported them were kind and engaged in a warm and caring manner.

The inspector met with four staff members, including the person in charge on the day of inspection. The person in charge facilitated the inspection and they were found to have good knowledge of residents' needs and of the services in place to meet those needs. The person in charge explained that the centre was open 19 nights per month and that children received various levels of respite, which required on-going planning and coordination with residents' respective families.

The inspector met with two residents who were availing of respite on the day of inspection. Both residents had their own individual communication needs and they interacted with the inspector by smiling and using some verbal sounds. Both residents were enjoying interacting with staff and music, songs and laughter was in plentiful supply once residents attended the centre in the afternoon. The inspector observed story time, where three staff members sat on the floor with the residents, as one of the staff read a story with great enthusiasm. One resident smiled and clapped as the story was read and staff explained that this child loved being in the centre of activity and that they also loved the music which was playing in the background.

Both residents were very very relaxed throughout story time and it was clear that they enjoyed how staff interacted with them. When in the company of residents, staff spoke softly and in a warm manner. It was also evident that staff had a good understanding of residents' needs as they explained that activities, on occasion, were planned around meeting residents' individual needs. For example, some residents required enteral feeds and their activities were coordinated around their individual nutritional regime. Staff explained that they intended to go for a walk in the evening and maybe attend a playground, which the children enjoyed.

The centre was decorated in a child friendly manner, with windows decorated with paintings of characters from cartoons, children's books and fairy tales. There was various toys and arts and crafts material for children to play with and the centre had a warm and homely feel. The person in charge did acknowledge that the centre required modernisation and plans were in place to alter the function of some rooms and to also re-decorate the communal areas and individual bedrooms. The exterior of the premises also required general maintenance and the person in charge also indicated that this was due to be addressed.

The provider had introduced a newsletter at Christmas to keep families up-to-date with developments and achievements within the centre. This newsletter included pictures of residents doing various activities and also included what the future plans for the centre were. The provider had also sent residents' families a questionnaire as

part of the centre's annual review. The response from families was very positive, with some responses complimenting the staff team and of how residents looked forward to attending for respite. One family member did highlight that the centre would benefit by having their own transport and this will be discussed in the subsequent sections of the report.

Overall, the inspector found that residents liked attending for respite and that there were warm and pleasant interactions on the day of inspection. The inspector did highlight that some improvements were required with regards to health and social care and these will also be discussed in the following sections of this report.

Capacity and capability

The inspector found that the governance and management arrangements ensured that residents well-being and welfare was promoted. However, some improvements were required in regards to fire safety and an urgent action was issued to the provider on the day of inspection. Subsequent to the inspection, the provider submitted their response which gave assurances that these issues had been addressed. This inspection also highlighted that further improvements were also required in regards to health and social care. These issues will be discussed in the subsequent sections of this report.

The person in charge was in a full-time position and they were responsible for the overall management of the centre. They were found to have a good understanding of the service and of residents' individual care needs. They were also supported in their role by a senior manager. The provider had completed reviews and audits as required by the regulations and an action plan was developed to address some minor areas for improvement. The centre's annual review also took into account residents' representatives' thoughts on the service, with questionnaires issued as part of the review process and an overall positive response was received from both residents and their representatives. Although, the provider had completed all required reviews and audits, these monitoring systems failed to highlight the issues which were found on this inspection in relation to fire safety and health and social care. Improvements were required with regards to these monitoring systems to ensure their overall effectiveness in identifying where specific improvements may be required in the future within this service.

As mentioned earlier, the staff team who were supporting residents on the day of inspection were very pleasant and they interacted with residents in a very caring manner. A review of the rota indicated that residents were supported by a familiar staff team and additional training in regards to personal protective equipment (PPE), hand hygiene and infection prevention and control had been completed by all staff members which further promoted residents' safety.

Overall, the oversight of this centre ensured that that the welfare of residents was promoted. However, improvements to the centre's monitoring arrangements was

required, to ensure that these systems were effective in identifying and addressing the areas of concern which were highlighted as part of this inspection.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team. Staff who were on duty on the day of inspection were also kind and caring when interacting with residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they also attended regular team meetings which gave them an opportunity to discuss care practices.

Judgment: Compliant

Regulation 23: Governance and management

The provider did not have effective monitoring systems in place to ensure that the quality and safety of care would be maintained to a good standard at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was no active complaints on the day of inspection and information on how to

make a complaint was readily available in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All required policies were in place; however, some of these policies had not been reviewed within the required time lines.

Judgment: Substantially compliant

Quality and safety

The inspector found that the centre appeared like a pleasant place in which to have a respite break and that staff were caring and warm in their approach to care. However, as mentioned earlier, improvements were required in regards to fire safety and health and social care.

The provider had fire safety equipment and procedures in place which promoted fire safety in this centre. Fire doors were in place throughout, emergency lighting and a fire alarm system were installed and information was provided subsequent to the inspection which detailed that this equipment was serviced, as required. Staff were completing regular fire drills and each resident had an individual evacuation plan which detailed how they should be supported to leave the centre in the event of a fire. Although all information had been reviewed as required, evacuation drills and the residents' associated evacuation plans did not clearly detail that residents were evacuated in line with their manual handling needs. Fire safety also failed to demonstrate that residents could be evacuated, in a prompt manner, across all shifts, including night time. The inspector also found that there were deficits in fire safety checks which were not occurring in line with the provider's fire risk assessment. As a result, an urgent action was issued to address these issues within an agreed time-line. The provider had taken these issues seriously and a robust response was submitted to the office of the chief inspector, which included a time bound plan to address these fire safety concerns.

Residents who attended the centre appeared to enjoy themselves and their personal plans highlighted their interests in art, baking and gardening. Prior to national restrictions, residents were supported to have trips into Galway city, to local garden centres and to the cinema. Although, personal plans gave a good overview of residents' needs and how they preferred to have these met, improvements were required in personal planning. For example, annual review meetings had not occurred as required and where residents had identified previous goals in relation to

baking, gardening and going to the cinema, these had not been progressed or supported by an appropriate action plan. Improvements were also required in regards to accessing the local community as residents did not have direct access to transport and had to rely on using another designated centre's transport when it was not in use. The inspector found that these arrangements did impact on residents' ability to freely access local services. This issue was also highlighted by a family member when completing a questionnaire which was recently issued by the provider.

Residents' general healthcare needs were facilitated by their residents' families. Personal plans clearly indicated each resident's medical history and associated care plans had been formulated in response to medical needs such as epilepsy and nutrition. Detailed planning was also in place to support a resident who had additional respiratory and nutritional needs. This resident had a nutritional regime which was prescribed by a dietitian and it clearly outlined the prescribed feed and the associated rates and volume of feed which the resident required over a 24 hour period. The person in charge had a good understanding of this regime; however, improvements in this area were required. For example, additional information detailed that when the resident was 'off form' the feed may be reduced but there was no further guidance to describe how the resident would present if they were 'off form' or to what rate or volume the feed could be reduced to. There was documentation which outlined that the prescribed feed could be altered with the addition of water but this was not documented in the feeding regime which was issued by the dietitian. Furthermore, fluid balance records failed to demonstrate that the resident was getting their recommended fluid intake over a 24 hour period.

Overall, the inspector found that the centre was a very pleasant place in which to attend for respite. Residents who met with the inspector were happy and content and the staff who supported them were kind when chatting and interacting. There were areas for improvement identified on this inspection; however, improvements in these areas would build upon the positive and caring approach which was offered to children who availed of this respite service.

Regulation 17: Premises

The centre was decorated in a child friendly manner and the provider had plans in place for maintenance upgrades to the premises including decoration and reassignment of some room functions.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust risk management plans in place for issues such as infection prevention and control, falls and epilepsy which promoted residents' safety. A review of incidents also indicated that the provider was responsive to any issues which had occurred.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had detailed contingency plans in relation to COVID 19 and staff had received additional training in this area of infection prevention and control. The staff team were completing regular sign and symptom checks and an enhanced cleaning regime was implemented. There was also additional infection prevention and control measures in place to support a resident who required support with respiratory care.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had revised fire precautions subsequent to the inspection and a time bound plan was submitted to address the areas of concern which were found on this inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate locked storage and a review of medication prescriptions indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider failed to demonstrate that residents' annual reviews were completed as required. The provider also failed to ensure that residents were fully supported to achieve their personal goals and that they could freely access their local community.

Judgment: Not compliant

Regulation 6: Health care

The provider failed to demonstrate that all recommended feeding regimes had been reviewed and agreed with by a dietitian. Improvements were also required to healthcare planning to ensure that staff were fully guided on the rate and volume of enteral feed, where a resident was off baseline, to ensure that these residents received their recommended fluid intake.

Judgment: Not compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and there were no active safeguarding concerns on the day of inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Crannóg Respite Service OSV-0005006

Inspection ID: MON-0034107

Date of inspection: 15/09/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in charge on a quarterly basis will review all safety checks and documentation and take appropriate action should it be required.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>National policy committee was contacted in relation to the policies that were out of date. One policy- Access to Education Training has been updated since date of inspection and the remaining policies are in the process of being reviewed and updated.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

05(6)(b) & 05(6)(c)

The PIC will continue to progress plans for Crannog to have its own bus. Funding has been approved and the transport manager is actively seeking a bus to meet the needs of the service.

Personal plans for all children are to be reviewed with families. Goal records include time frames for achievement, progress updates and identified supports. Team meeting held on the 5th October communicated expectations of staff in personal plans and importance of implementing and reviewing goals.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Dietician contacted regarding review feeding regimes. Regimes to include guidance if individual becomes unwell- inclusive of rate and volume of feed. Dietician plans broken down over 24hour period and fluid balance chart updated to reflect changes. Fluid balances in correlation to recommended daily fluid intake to be monitored by PIC on a quarterly basis.

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)(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	31/10/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/12/2021
Regulation 05(6)(b)	The person in charge shall	Not Compliant	Orange	11/03/2022

	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.			
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.	Not Compliant	Orange	15/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	30/11/2021