

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
Centre ID:	OSV-0004929
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Clann Mór Residential and Respite Ltd
Provider Nominee:	Martine Healy
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 October 2015 09:00	27 October 2015 17:30
28 October 2015 09:00	28 October 2015 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centres first inspection as a designated centre and was in response to the provider’s application to register the centre.

The centre consisted of three units, two of which were nearby each other and a third in a different location. The three units were all in housing estates in close proximity to towns and public transport. Two of the units were bungalows whilst the third was a two storey detached house. The inspector found elements of the service were effective however improvements were identified to ensure compliance with the Health Act 2007 as amended.

The inspector found the premises were fit for purpose and met the needs of the residents at the time of inspection. They were nicely decorated and well maintained. Each resident had their own bedroom which were personalised to reflect the residents preferences. Staff spoken with during the inspection were knowledgeable, knew the residents needs and were seen to engage in a respectful manner with residents. The residents spoke positively about their experience at the centre and enjoyed living there in addition to feeling safe. Residents were found to be linked to their community and they attended day services. The inspector found there was adequate communication between the day services and the centre.

The arrangements in place for governance and management were found to be sufficient. The person in charge was knowledgeable and suitably skilled to fulfill his role. Persons participating in management also demonstrated competence and knowledge regarding the operations of the centre. Improvements were required in relation to management systems. An annual review and six monthly unannounced visits as set out in the Regulations had also not been completed.

Some systems were in place to oversee the health, safety and risk management, for example there was a risk register in place and firefighting equipment such as fire extinguishers. Improvements were required across the designated centre to ensure all residents were protected against the risk of fire.

Each resident was found to have a personal plan in place although improvements were required. A number of care plans developed were insufficiently detailed to ensure consistent care was provided. The inspector also found that some assessed needs of the residents were not being met. This is further outlined in Outcomes 5 and 11. The inspector also found that some parts of the designated centre were insufficiently resourced which contributed to residents needs not being met. These findings along with others are found in the body of the report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector found, that for the most part, the centre was operated in a manner that respected the rights, privacy and dignity of residents.

Residents were consulted in relation to the running of the designated centre. They met at a formalised residents meeting every month where items on a set agenda were discussed. They also were consulted with on a daily basis regarding plans for the day for example. The inspector found that resident's had choice regarding the activities they participated in both internal and external to the centre, choice regarding the times they got up at when they were off work and at weekends; during the inspection a resident was off work and had a lie on until 11.50am. Residents were also afforded choice regarding their food shopping and menu planning.

Each resident had their own bedroom and an opportunity to be by themselves should they wish. Bedrooms were found to be individualised and reflective of the resident's preferences and personality. A number of the residents had their own ensuites and where bathrooms were shared there were locks on the doors in addition to privacy curtains. Visitors were welcome at the centre. From a review of daily notes and from speaking with staff and residents it was apparent that residents frequently had visitors.

The designated centre had recently reviewed their complaints policy. There was also an accessible version available to residents. The centre maintained a log of complaints as part of the incidents and accidents. The inspector found all complaints, which were made, were not being recorded as complaints. For example the person in charge told the inspector about a complaint which was made in March 2015 by a resident however

this had not been logged as a complaint. From a review of the complaints it was also not evident that the satisfaction levels had been sought from the complainant once it was closed off or that the outcome had been communicated to the complainant.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Findings:

The centre had a policy on communication with residents. The inspector saw folders maintained in the designated centre regarding aspects of the service that residents could read. Information such as the resident's guide and the complaints procedure were maintained within. The residents had access to television, radio and the internet.

Some information at the centre was in a format accessible to all residents, for example there was a staff roster completed with photographs of the staff working at the centre. Improvements were required in this area as not all documentation relevant to residents was in an accessible format such as the contract of care and the resident's guide.

At the time of inspection there was no requirement for residents to have assistive aids or technology to assist them with their communication.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector found that residents had links with family, friends and their local community. From a review of resident's daily notes, speaking with staff and residents it was evident that relationships between friends and family members were maintained and supported. A number of residents often went home at weekends and during holiday periods to spend time with their family. Family members and friends also visited residents at their home. On inspection a resident told the inspector they had been out for dinner with their siblings and on return from their outing they came into the unit with the resident. The inspector also witnessed a resident receiving a call from a friend on the landline at the unit. Friends were also invited over to stay for dinner. This also occurred on the day of inspection.

Residents were linked to their local community. For example a number of residents used the gym and swimming pool nearby, the beauticians, hairdressers, attended the local pubs and restaurants and availed of the local shops. Resident's outings were noted in their daily diaries but also the residents told the inspector about the activities they participated in within their local community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):**Findings:**

The centre had policies and procedures in place to oversee admissions, transfers and discharges. The centre also had a contract for the provision of services in place.

The inspector reviewed the resident's contract for the provision of services. The centre had three documents relating to the provision of services, which were signed by the resident and/or their representative. The contract outlined what the resident could expect as part of their service provision. However, it was not entirely specific to residential services and outlined respite services. Each resident paid a weekly contribution, however this was not detailed in their contract. It was also not clear what was covered in return for the contribution and the breakdown of same.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):**Findings:**

The inspector found that each resident living at the centre had a personal plan in place which was safely secured in the staff office within the centre. From a review of the personal plans the inspector found that each personal plan was reviewed on a monthly basis by staff, mostly completed by the resident's key worker. Also within each personal plan there was a tracking sheet whereby any amendments to their plan such as recently attended appointments or changes to risks were noted at a high level on this document. Residents also had an annual review of their personal plan. Family members, the resident themselves, residential staff and their day service key worker were usually all present in addition to the person in charge and/or team leader. However, while residents had access to multidisciplinary support, it was not always evident from the personal plan if multidisciplinary support recommendations formed part of action plans developed. For example one resident was on a modified diet however it was not prescribed by a speech and language therapist. The residential team were also invited to the resident's annual review at their day service.

A number of care plans were found to be in place to support residents' needs however this was not reflective for all identified needs. The inspector saw a diabetic care plan in place for a resident. The plan was sufficiently detailed and was also completed with involvement from the resident's general practitioner. Intimate care plans were also seen to be in place for residents and were found to sufficiently detailed ensuring staff could support the residents in a respectful dignified manner in line with their needs and wishes. From a review of additional care plans the inspector found the detail within was insufficient to ensure staff were consistent in their care provision meeting all aspects of resident's identified needs. For example a resident who had multiple complex needs, which were all interlinked, had insufficient care plans in place to ensure his/her needs were being met. There was a care plan in place to meet one of his/her needs linked to weight management. However, this was unclear and insufficient at describing all elements of his/her need. The menu, seen on the fridge, was also not in line with

recommendations made by the resident's dietician. For two additional health needs the resident had, there were no care plans in place to support these. One of these needs was high cholesterol. There was no care plan in place for this nor was it linked to their weight management plan. From a review of the resident's personal plan the inspector found this resident's needs were not been met in full. The inspector found the lack of clarity around his/her needs contributed towards this in addition to staffing levels which is further outlined in Outcome 16. For another resident the inspector reviewed a dietary plan and found that the resident was on a modified textured diet as they had a history of difficulty swallowing. However, this plan of care had been developed without input from a dietician or related health professional. The inspector read that a referral would be made to a speech and language to assess their need in relation to this, however this had not occurred.

The inspector reviewed an epilepsy care plan for a resident and found that although it was descriptive of the type of seizures the resident experienced and included detail regarding the use of associated rescue medication; it failed to outline the point at which the resident may need medical attention, the frequency of their seizures or when their last seizure occurred and type of same. This same resident had been documented as having a significant weight loss in a five month period. However, staff had not noted this or acted on same. The resident was not on a weight management monitoring programme nor had they been identified as requiring same.

The inspector found that there was an absence of a care plan for a resident who was on a high alert anticoagulant medication, this required an immediate review. Staff were also unaware this was a high alert medication with potential fatal outcomes.

The inspector reviewed resident's goals and saw that goals had been identified and a number of which had been achieved. Goals varied in nature, some related to having better health, others were social goals while some were linked to the development of independent skills. The inspector found that where long-term goals had been identified they were lacking clear steps on how the resident would be supported to achieve these, who would specifically support them and when each step of achieving the goal would be achieved. Further detail was required to ensure residents reached their full potential with regards to development and his/her wishes.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:

The location, design and layout of the centre was suitable for its stated purpose and was found to meet residents needs, at the time of inspection, in a comfortable and homely way.

The centre was made up of three units. Two of these units were bungalows whilst the third was a detached two storey building. The units were found to meet the needs of the residents as at the time of inspection. The units were all within walking distance of a nearby town and close to public transport facilities. The living environments in the centre were found to be of sufficient size, complete with appropriate seating, for residents to spend time with their fellow residents and/or visitors. This was also true for the kitchen and dining areas which were of sufficient size and equipped to meet resident's needs in terms of meal preparation and dining.

The inspector found there were baths, showers and toilets of a suitable number and standard to meet the needs of the residents and where necessary adapted to meet their assessed needs such as the provision of grab rails and shower chairs. There was appropriate and accessible access to outdoor recreational areas which were found to be safe and well maintained.

Each resident had their own bedroom which was decorated in accordance with the residents' wishes. Some of the bedrooms were complete with ensembles. Residents were supported to maintain the centre with the assistance of staff. The inspector found that all three units were well maintained and clean at the time of inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector found there were policies and procedures in place to oversee health and safety and risk management. Although elements of these were effective further improvements were required to ensure compliance with the Health Act 2007 as amended.

The centre had a risk management policy in place in addition to a site specific risk register and a corporate risk register. Residents also had individual risk assessments completed and maintained in their personal plans. The inspector found the risk register was recently updated and included risks such as fire, infection control and risk of falls. Not all risks, as observed by the inspector, had been outlined. For example on occasion residents in one unit were left by themselves while staff assisted residents in a nearby unit. The potential risks associated with this had not been assessed or placed on the risk register. Also in one of the units there was no staff present at night-time. This had not been outlined on the risk register. The inspector found that risk assessments were reviewed. This was also true post incident, however risk assessments were not at all times updated to reflect the review. For example where an additional control had been outlined as part of a review the risk assessment was not updated.

Some systems were in place across the designated centre to protect residents from fire however non compliances were identified. Each unit had a fire certificate to state that all fire equipment had been serviced which was up to date. The centre had suitable evacuation plans which residents spoken with were aware of. The plan was also visible in the centre and there were clearly marked assembly points should the need to evacuate arise. The escape routes were found to be clear and unobstructed. Each unit was equipped with fire extinguishers, fire blankets in the kitchen and smoke detectors. The three units were found to have adequate emergency lighting on corridors. One of the units was equipped with fire doors and an integrated fire alarm system to give warning of fires. Two of the units were found to have inadequate measures in place to contain fire and there was also no integrated fire alarm system to give warning of fires. In the unit that was equipped with fire doors the fire seal on one door had peeled back making the door less effective in the event of a fire. Fire drills took place frequently and each resident had a personal emergency evacuation plan in place. The plans were not sufficiently detailed and failed to outline pertinent information about the resident such as their abilities and details regarding limitations they may be affected by such as hearing impairments and the subsequent need for their hearing aid. Should a full evacuation be required the service had identified a nearby hotel as a place for refuge. The hotel was aware that they would be fulfilling this role.

From a review of staff training records the inspector found that staff had received training in risk management, fire safety, first aid and manual handling.

The provider had a health and safety committee with robust procedures in place to govern same. An external consultant attended each meeting and then had responsibility to generate the minutes and actions. The centre also maintained a log of accident and incidents. Weekly health and safety checks were completed and the contents of the first aid box were frequently checked.

There were adequate systems in place to prevent infection. Colour coded chopping boards were in place, sufficient hand-washing facilities were available including appropriate signage. Mops were stored separately and were also colour coded. Chemicals were locked away in a press therefore minimising any adverse effects.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):**Findings:**

The inspector found that for the most part there were policies and procedures in place to safeguard and protect residents.

Policies and procedures were in place to ensure residents were safeguarded and protected from abuse. The authority had been notified of an allegation of abuse which the centre had investigated in line with their policies and procedures. On the day of inspection the centre did not have a safeguarding plan in place however post inspection this was forwarded on to the inspector. Residents at the centre told the inspector they felt safe living here, this was attributed to the care that staff gave them but also as they had a security alarm system fitted to the centre.

A number of residents at the centre had behaviour support plans in place. These plans were developed in conjunction with the residential staff, the day service staff and the person in charge. It was not evident at all times that specialist input had been received from allied health professionals in line with evidence based practice. The behaviour support plans also failed to identify the function of the behaviour or the reactive and proactive strategies. The inspector found that for some residents antecedent behaviour and consequences were recorded however it was unclear how these were being used to inform or develop the behavioural support plan

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>
<p>Findings: At the time of inspecting the inspector found that the provider had notified the Authority in accordance with the requirements of the regulations.</p> <p>The provider was also aware of their responsibility to do so under the Health Care Act 2007 as amended.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>
<p>Findings: Residents attended external day services and were supported by staff to attend same. The communication between the day service and residential service was found to be relevant and an appropriate level of detail was shared.</p> <p>The inspector found that residents attended activities external to the centre such as attending the local shopping centre, cinema or the Arch Club nearby. These activities were also seen documented in their daily notes. Activities which residents were involved in were found to aid their development such as music lessons. Residents were also supported within the centre with activities such as baking and preparing meals.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible</i></p>

health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:

Residents had access to healthcare services such as psychiatry, psychology and general practitioners. In addition, residents had some access to allied healthcare professionals such as physiotherapists. Residents attended some healthcare professionals privately or availed of them through their day service in conjunction with the residential service.

Although there was access to allied health professionals the inspector found where residents had been identified as requiring specialist input this had at times not been received. For example a resident had been identified as requiring input from a speech and language therapist but this had not been facilitated as a referral had not been made. The inspector found that residents healthcare needs were not met at all times. For example as outlined in Outcome 5 a resident who had multiple complex health needs did not have clear guidance in place or sufficient staffing resources to ensure their healthcare needs were being consistently met.

The inspector found that residents were supported to purchase their food and plan a weekly menu of their choosing. Residents had access to meals and refreshments as required and told the inspector they assisted in preparing their own meals and took turns to do so. The inspector found however that residents were not supported at all times to make food choices that were consistent with their individual dietary needs. This was as a result of insufficient staff being present at the centre to assist residents in line with their requirements as further outlined in Outcome 16.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector found appropriate policies and procedures in place for the administration, prescribing, disposal and storage of medication.

There was a uniform system for medication management across the designated centre. The system used was transparent and each medication was identifiable from a coloured picture adjacent to the name of the medication. The inspector observed a staff member administer medication which was found to be in line with the centre's procedure. The staff member was familiar with the medication the resident was prescribed. The administration record and prescription sheet were found to be in compliance with the Regulations and up-to-date prescriptions were in place for the sample of medications reviewed.

From a review of incidents and accidents the inspector found that some residents were self administering, however there was no evidence that appropriate assessments had been carried out. The inspector saw from a review of medication error documentation that a resident had self-administered the dose of one of their medications incorrectly. From a review of the medication error the inspector found the staff did not follow the error up with a general practitioner. The inspector also found that staff had not received training in the safe administration of medication. At the time of inspection the provider had arranged training for this area. This is further outlined in Outcome 17.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

The centre had a statement of purpose which had been recently updated in October 2015. It was found to accurately reflect the requirements as outlined in Schedule 1 and was specific to the designated centre. The inspector found that a copy was maintained in the designated centre. A copy was also kept in a folder accessible to all residents in each unit should they or their representatives wish to review it.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):**Findings:**

The inspector found there were some management systems in place with effective arrangements for governance and management. However improvements were required to comply with the Regulations.

The management team were linked in with the Board and participated in monthly meetings. The inspector met with a Board member on the day of inspection and found that they had good oversight of the centre and were kept informed by the person in charge and the director of service. The person in charge and the director of service were knowledgeable of the centre and informed of and involved in the operations of same. They met informally multiple times during each day however formally they met every fortnight with all persons participating in management attending. The residential team met every four weeks and minutes for these were reviewed. Set agendas were in place for both the management and the team meetings covering all aspects of relevant service delivery.

The centre had recently recruited a team leader who was familiarising themselves with the centre with plans to have greater operational input into areas such as staff supervision, chairing team meetings and developing areas such as personal plans. The inspector found that they were knowledgeable of the regulations in addition to the operations and management of the designated centre.

The person in charge was full time with the organisation and had oversight for two centres. At the time of inspection they were found to have sufficient oversight of the centre and had up-to-date knowledge of same. They had a qualification in management and had the necessary experience to fulfil their role. They had worked for the provider for three years. Staff and residents at the centre were familiar with the person in charge. The inspector found there was an on-call system in place which was facilitated by a team of community facilitators. They also had the additional support of management on-call should they require it. There were guidelines in place for the use of on-call and each call that was received was logged.

Some audits were being completed such as medication audits however there was no

audit schedule in place to ensure complete oversight of service delivery and accountability of same. The provider had also failed to complete an annual review of the quality and safety of care and support in the designated centre. Six monthly unannounced visits to the designated centre had also not taken place.

Staff had the option to attend supervision sessions and were also supported by an external employee assistance programme should they require it.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

Arrangements were in place if the person in charge was absent for a period of 28 days or more. The person in charge was aware of their responsibility under the Health Act 2007 as amended to notify the Authority of any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector found from a review of rosters, resident's personal plans and their associated outcomes that improvements were required regarding the allocation of

resources to ensure that the needs of service users were met.

Two of the units that were in close proximity of each other shared a staff team. One of the units, which had three residents, had no sleepover staff. A staff member worked a two hour shift from 07:00hours to 09:00hours in the morning. A second staff member was then rostered on from 16:00 - 22:00. The other unit nearby, where there were two residents, had a sleepover shift that commenced at 15:30 hours finishing at 10:00am the next morning. This staff member was available to three residents in the nearby unit if they required assistance after 22:00hours. The staff also had responsibilities to link in with a resident who lived in an apartment nearby in an outreach capacity.

As outlined in Outcome 11, from a review of the resident's needs in the unit where there were three residents, the inspector found the staffing levels were insufficient to ensure all needs of the resident's needs were met. The inspector found that one of the residents in particular had multiple complex needs which were not being met by the service. This was attributed to the low staff numbers but also as there was no support present for this resident post 22:00hours. This required a review to ensure staffing levels were in line with resident's assessed needs.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector reviewed the staff number and skill mix working at the centre and found improvements were required to comply with the Health Act 2007 as amended.

As outlined in Outcome 16, additional staff resources were required to ensure effective delivery of service that demonstrated resident's needs were being met. Whilst the inspector found staff had up-to-date training in manual handling, first aid, fire safety and adult protection, some gaps in training were found. For example staff working in a unit where rescue medication was prescribed for a resident with epilepsy were not all trained in administering same. No staff at the time of inspection had training in the safe administration of medication.

While staff turnover at the centre was low the inspector found that where staff had left, this at times had an impact on the continuity of care. For example a staff member, who was key worker to a resident, had been working on developing their ability to use services within their community independently. The inspector found that when the staff member left this skill was no longer being worked on and the resident was no longer engaging in this activity.

The inspector reviewed a sample of staff files and found they complied with the requirements of Schedule 2. There was a supervision system in place should staff wish to avail off it and staff also had the option of contacting an external employee assist programme should they wish. Staff spoken with on inspection were knowledgeable and were found to know the residents and their needs well. From a review of questionnaires completed by residents and their representatives staff were positively spoken about.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector reviewed documentation and records maintained at the centre and found for the most part they were in compliance with the requirements of the Regulations.

The inspector found that a copy of the Health Act 2007 as amended was maintained in the centre in addition to previous inspection reports, the statement of purpose and the resident's guide. The policies as outlined in Schedule 5 were also available at the centre. The inspector found that each resident had a personal plan in place however not all care plans and documentation within were dated or the author of the document identified.

The centre had appropriate insurance in place against injury to residents and against

other risks in the designated centre.

Improvements were required in relation to the directory of residents as it failed to identify times where residents were not at the centre for example where they had been admitted to the hospital.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
Centre ID:	OSV-0004929
Date of Inspection:	27 October 2015
Date of response:	26 November 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Complainants were not informed of the outcomes of complaints.

1. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Incident report form (where complaints are documented) will be reviewed and updated to include a checklist of items that need to be completed prior to close-out, including informing complainant of the outcome of their complaint, and also their right to appeal the outcome if they are not satisfied.

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Although there was a record of complaints the satisfaction level of the complainant was not sought.

All complaints were not at all times logged.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

Incident report form (where complaints are documented) will be reviewed and updated to include a checklist of items that need to be completed prior to close-out, including seeking the satisfaction level of the complainant as to the outcome of their complaint.

All expressions of dissatisfaction with the service will be logged as complaints.

Proposed Timescale: 31/01/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Documentation relevant to residents, such as the contract of care, was not in a format accessible to all residents.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:

The contract of care will be updated to a format that is accessible to all residents, taking into account their needs and wishes.

Proposed Timescale: 31/01/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report further detail was required in the contract of care.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

The contract of care will be split into two separate contracts of care, one for residential services, and one for respite services.

The residential contract of care will be updated to include details of the weekly contribution payable by residents, and what services they can expect to receive in return for their contribution.

Proposed Timescale: 31/01/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report personal plans did not at all times reflect the assessed needs of residents.

5. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:

For each resident, a separate and specific "mini" care plan will be developed for each assessed health/support need.

A care plan template, and guidelines for its use, has been developed and shared with the staff teams. On-site support has been provided to the staff teams to identify health/support needs for each resident, and document required supports on the care plan.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not were not available to residents in a format accessible to them.

6. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:

Personal care plans will be updated to a format that is accessible to all residents, and where appropriate, their representatives.

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Where goals had been identified they were not developed in a manner that ensured resident's personal development was maximised.

7. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:

The goals section of the personal care plan will be reviewed and updated to allow for recording of skills, learning and development associated with working towards and achieving goals.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

It was not evidenced that changes in needs as a result of care plan were done so with multidisciplinary input.

8. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

Multidisciplinary input will be sought for each resident where their assessed needs indicate that additional professional support, outside of that provided by the staff team, is required.

Proposed Timescale: 30/11/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Although there was a risk register in place all risks had not been identified.

Risk assessments had not all been update post review to reflect new controls for example.

9. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Risk registers will be reviewed and updated to include all risks for the designated centre.

Risk assessments will be updated on a monthly basis as part of the existing monthly personal care plan review process carried out by keyworkers.

Proposed Timescale: 30/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Personal emergency evacuation plans were insufficiently detailed.

10. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

Personal emergency evacuation plan (PEEP) forms will be reviewed and updated to include more specific information relating to the abilities, challenges and supports required by each resident in the event of an emergency evacuation situation.

"Go Bags" containing up to date PEEP forms for each resident will be created for each unit within the designated centre that can be used in the event of an emergency evacuation.

Proposed Timescale: 31/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Two of the three units did not have appropriate measures to contain fires.

Two of the three units did not have an integrated fire alarm system to give warning of a fire.

One of the fire doors was in need of repair.

11. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:

The installing of an integrated fire alarm system and fire doors will be fitted into the two non-compliant units. This will be actioned in the first half of 2016.

The damaged fire door strip will be repaired by the HSE (the property owners).

Proposed Timescale: 30/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff were supporting residents with behaviours that challenge, however the behaviour support plans were not sufficiently robust.

12. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

Where possible, specialist/multidisciplinary input will be sought in creating/reviewing behaviour support plans. Behaviour support plans will be updated to include the function of the behaviour, and proactive/reactive strategies to respond to the behaviour.

Proposed Timescale: 31/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Appropriate health care was not provided for all residents having regard to that resident's personal plan in particular relating to one resident with multiple healthcare needs.

13. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

For each resident, a separate and specific "mini" care plan will be developed for each assessed health/support need.

A care plan template, and guidelines for its use, has been developed and shared with the staff teams. On-site support has been provided to the staff teams to identify health/support needs for each resident, and document required supports on the care plan.

Support and health care will be provided for all residents based on the needs identified in their care plans.

Proposed Timescale: 30/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A referral had not been made to a speech and language therapist for a resident as

required.

14. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:

A referral to a speech and language therapist will be sought from the resident's doctor.

Proposed Timescale: 30/11/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Food supplied was not consistent with each resident's individual dietary needs.

15. Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

Please state the actions you have taken or are planning to take:

Weekly menus and meal planning will be updated to incorporate the specific dietary needs of individual residents.

Individual dietary care plans will be drawn up for all residents who require specific support in this area.

Proposed Timescale: 31/01/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents were self administering on the absence of a risk assessment and assessment of capacity being completed.

16. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:

The pharmacy and supervising pharmacist that dispenses all of the medication and associated paperwork for the designated centre will work with the organisation in the creation, implementation and ongoing review of a self-medication assessment (SMA) tool which will allow residents to take responsibility for their own medication, in accordance with their wishes, preferences and ability.

The SMA tool will incorporate a risk assessment process and an assessment of capacity process.

Proposed Timescale: 31/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre did not have a robust audit schedule ensuring oversight and accountability of all areas of service provision.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

An audit schedule will be developed, which will incorporate all areas of service provision.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre had not completed an annual review of the quality and safety of care.

18. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:

An annual review of the quality and safety of care and support will be scheduled and completed.

Proposed Timescale: 30/06/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Six monthly unannounced visits to the designated centre had not occurred.

19. Action Required:

Under Regulation 23 (2) (a) you are required to: 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 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 concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

Unannounced six monthly visits will be scheduled and completed, which will include a written report and action plan to address any concerns identified.

Proposed Timescale: 31/03/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staffing levels were insufficient to ensure residents' assessed needs were being met.

20. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

To comply with Regulation 23 (1) (a) we will ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Staffing rotas have been reviewed and some changes made and will be reviewed to ensure resident's needs are being met and to facilitate the effective delivery of care and support in accordance with the statement of purpose.

Proposed Timescale: Immediate review and action as required.

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents at all times did not receive continuity of care.

21. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:

The roster in this designated centre is currently being restructured to provide improved continuity for residents.

A handover system will be developed to ensure that there is continuity of care in the event of significant staffing changes in the designated centre, particularly in relation to personal care plans and goals (linked to Action 7 above).

Proposed Timescale: 31/01/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff had not received training in the safe administration of medication.

Two core staff at one of the units had not received training in the administration of rescue medication for epilepsy.

22. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff will be fully trained in the safe administration of medication.

In the relevant unit, the remaining core staff members will be trained in the administration of rescue medication for epilepsy.

Proposed Timescale: 31/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The directory of residents failed to identify times when a resident was not residing at the centre for example where they had been admitted to the hospital.

23. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:

The existing separate absence tracker has been amalgamated into the existing directory of residents.

Proposed Timescale: 30/11/2015