



Office of the Chief Inspector

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

Name of designated centre:	Clann Mór 2
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	21 November 2018
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0025662

About the designated centre

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

Clann Mór 2 comprises of three community houses located in large towns in Co. Meath. Two of the houses are terraced bungalows located within a short walk of each other. The other house is a large detached bungalow located approximately 25 kilometres away. The three houses support nine male and female adults who in line with the Statement of Purpose for the centre are assessed as requiring low support. Some residents have health care needs and are supported by staff as required in meeting their needs. All staff are community support workers who have been provided with training in order to meet the needs of the residents. Community facilitators are also employed who have some delegated managerial responsibilities in the centre. All of the houses are closed during the day Monday to Friday while residents are in day services (with the exception of one unit which remains open every Friday) Transport is provided in the centre. All of the houses are within walking distance to local towns.

The following information outlines some additional data on this centre.

Current registration end date:	10/01/2022
Number of residents on the date of inspection:	9

How we inspect

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
21 November 2018	09:30hrs to 12:40hrs	Anna Doyle	Lead

Views of people who use the service

All of the residents(with the exception of one) were attending day services at the time of the inspection. The resident who was present was engaged in their own morning routine during the time of the inspection. The inspector met this resident however did not discuss their views on the quality of care provided in the centre.

Capacity and capability

This inspection was conducted to follow up on the actions from the last inspection conducted in August 2018 in order to inform a decision to renew the registration of this centre. The person in charge who had been appointed since the last inspection was also interviewed during this inspection. The inspector only visited one unit of this designated centre on this occasion.

Overall the inspector found that significant improvements had been made or were in progress in relation to the governance and management structures in this centre since the last inspection. This included the appointment of a new person in charge. A new team leader had also been recruited who was due to start in December 2018. This team leader would assist the person in charge in their role. Community facilitators (who had some supervisory roles in the centre) were now assigned some supernumerary hours in each unit in order to fulfill their role and had been provided with training in management skills.

The person in charge was a qualified social care professional who had completed management training. They had significant years of experience working in the disability sector. They demonstrated a good knowledge of the regulations and knew the residents in the centre well as they had been employed in this service previously. They hold the position of the person in charge for another centre under this provider. However, the inspector found that the improvements in the governance and management arrangements as already outlined in this report would ensure effective oversight of this centre.

There were also improvements to the arrangements in place to ensure that the services provided were monitored and reviewed. For example, all audits completed, now had an associated action plan to ensure that areas of improvement were followed up. The inspector reviewed a sample of actions and found that they had been followed up and completed.

Staff meetings were held more regularly in the centre and staff met outlined how a new schedule had been developed for staffing meetings for the year. Staff met also informed the inspector that a staff meeting had been held recently where residents care plans had been discussed. Another team meeting was also scheduled for the week after the inspection.

Staff informed the inspector that they were able to raise concerns to the person in charge and gave an example to the inspector of one issue they had recently raised. The inspector was satisfied that this was under consideration at the time of the inspection as the person in charge had raised it as an improvement initiative they were introducing to support staff.

Changes had also been made to the staffing levels in the centre in order to support the needs of two residents. This had involved employing additional staff to ensure that residents could stay off their day service every Friday in one unit. Staff spoken to outlined additional training that had been provided since the last inspection. This included updated training on the use of oxygen and positive behaviour support. The training records viewed demonstrated that all staff had completed this training.

The admissions policy had been reviewed to ensure that it included the requirement to consider the need to protect residents from abuse by their peers.

The inspector was also provided with a contract of care that had been revised since the last inspection. However, this contract did not fully outline the services provided to residents in the centre.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had completed management training. They had significant years of experience working in the disability sector. They demonstrated a good knowledge of the regulations and knew the residents in the centre well as they had been employed in this service previously.

Judgment: Compliant

Regulation 15: Staffing

Additional staff had been employed to ensure that residents could remain off their day service every Friday.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with additional training in positive behaviour support and the administration of one prescribed medication in order to meet the needs of the

residents.
Judgment: Compliant
Regulation 21: Records
A copy of complaints was now maintained in the centre and a copy of the actual roster was available on the computer in the centre.
Judgment: Compliant
Regulation 23: Governance and management
<p>The governance and management systems in place had improved since the last inspection. This included the appointment of a new person in charge and a team leader who was due to commence in the centre in December 2018.</p> <p>Community facilitators (who had some supervisory roles in the centre) were now assigned some supernumerary hours in each unit in order to fulfill their role and had been provided with training in management skills.</p> <p>All audits completed now had an associated action plan to ensure that areas of improvement were followed up.</p> <p>Staff meetings were held more regularly in the centre</p>
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The revised contract of care did not fully outline the services provided to residents in the centre.
Judgment: Substantially compliant
Quality and safety
The inspector found that most of the actions from the last inspection had been

followed up and some were still in progress at the time of this inspection (this was in line with the time frames outlined in the providers compliance plan). Some improvements were still required to ensure that residents were supported with their communication needs and fire safety arrangements.

At the time of this inspection the provider was still in the process of developing a comprehensive assessment of need for residents.

Money management plans were now in place for residents. A new system had started to ensure that residents who had received vouchers as gifts had this recorded and monitored by staff.

The risk management policy had been updated to ensure that it met the requirements of the regulations. The risk register had also been updated to include controls in place to mitigate risks.

At the time of the last inspection two areas of improvement were required in fire safety. One action had been addressed at the time of that inspection in relation to residents being aware of the fire procedures in place. The inspector found that fire safety had also been introduced as part of the residents meetings in the centre to increase their awareness in this area. The other action had not been implemented at the time of this inspection.

Regulation 10: Communication

A communication support plan in place for one resident was not specific to the individual communication needs of the resident.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Money management plans were now in place for residents. A new system had started to ensure that residents who had received vouchers as gifts had this recorded and monitored

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy had been updated to ensure that it met the requirements of the regulations. The risk register had also been updated to include

controls in place to mitigate risks.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety checks were not being completed in the centre in line with current standards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

From a sample of plans viewed residents had support plans in place in line with their assessed needs. At the time of this inspection the provider was still in the process of developing a comprehensive assessment of need for residents along with a system to effectively review the residents supports considered the support and care needs of residents.

Judgment: Substantially compliant

Regulation 8: Protection

Intimate care plans had been developed for residents who required support in this area. From a sample viewed, the inspector found that residents' personal preferences were taken into account in these plans.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0025662

Date of inspection: 21/11/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contract of care is being updated to include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and where appropriate the fees to be charged.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The communication folder is in the process of being updated to include graphic/clearer/appropriate images.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Weekly checklists have been devised as per the code of practice for fire safety in community dwelling houses (Sept'17).</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A new service user needs assessment has been developed. Each resident has a positive behavioral support plan (where appropriate), which has been formulated with the assistance of an allied health professional. All personal plans are reviewed on an annual basis.</p>	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	02/01/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	25/01/2019

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.	Substantially Compliant		25/01/2019
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