

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
<b>Centre ID:</b>	OSV-0004928
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Clann Mór Residential and Respite Ltd
<b>Provider Nominee:</b>	Martine Healy
<b>Lead inspector:</b>	Jude O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 February 2016 10:50 To: 23 February 2016 17:55

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of this centre and had been carried out to monitor compliance with the regulations and standards.

In the main, the centre was largely compliant with the requirements of the Health Act 2007, as amended and related regulations and standards; although a small number of improvements were identified to ensure full compliance. These improvements related to fire safety, governance and management of the centre, medication management and personal plans.

The centre consisted of four two-storey houses. Two of the houses were semi-detached; another was located close by in an adjoining street while the last one was in a neighbouring village, approximately a twenty minutes drive away.

The inspector found that all four houses had been well maintained and decorated. A high level of personalisation to resident's tastes was evident in communal spaces and bedrooms. Pictures, art and items of personal interest were openly displayed and residents said that staff supported them in achieving their personal goals. Residents described close ties to the local community and attended a range of social activities in accordance with their preferences and assessed needs.

The inspection was unannounced and residents facilitated the inspection in two of the houses. The inspector spoke to eleven residents and four staff. All residents were complimentary about the care provided, the staff and their experience of life in the centre. Adequate safeguarding arrangements were in place and residents and staff were knowledgeable on what constituted abuse and what to do if they had concerns.

While the person in charge was unavailable on the day of inspection, the team leader was available and was assessed as competent and knowledgeable regarding the operation of the centre and the regulations and standards. However, improvements were required in relation to governance and management of the centre. The regulations require that the provider or their nominee carry out unannounced visits to the centre on a six monthly basis. While the team leader had carried out one unannounced visit to two of the houses, the report was undated and there was no plan in place to address the identified concerns. Further, an annual review of the quality and safety of care in the designated centre had not been carried out as required by regulations.

Systems were in place in relation to health and safety and risk management (including risk registers and individual risk assessments). However, while a range of fire fighting equipment was available, the centre was not fully compliant with the regulations in that fire doors were not always in place as required and the centre lacked an integrated fire alarm system.

Each resident was found to have a personal plan which reflected their likes, dislikes and assessed needs. While residents told the inspector that they were involved in the development and review of their plans, the opportunity for residents (or their representative where applicable) to co-sign plans with their key worker had not always been taken.

A new medication management folder had been introduced in November 2015. Staff training had also been provided on the safe administration of medicines and monthly audits were undertaken to ensure the safe ordering, prescribing, storing and administration of medicines to residents. While the standard of medication management was in the main satisfactory, the documentation needed to be revised to ensure the route of administration of medication was documented.

**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 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Individualised personal plans were in place for each resident. These are held securely in the staff office within each of the houses. Residents were aware of their personal plans and told the inspector that they met their key worker regularly to plan and review their health and social care needs.

One resident took the inspector through their personal plan. This had been highly personalised with pictures, artwork, certificates of achievement and other activities the resident participates in. Discussion with the resident and review of the plan confirmed that it was reflective of their likes, dislikes and life within and outside the centre.

From the sample of three personal plans reviewed, the inspector observed that there was a high standard of record keeping and that reviews were up to date. An annual review of each resident's personal plan takes place which is attended by the resident, family members and staff from the residential centre, the day centre and where relevant other members of the multi-disciplinary team. However, while these (and on-going reviews) had been signed off by key workers, there was limited evidence of residents' (or where applicable their representatives) signatures to confirm their involvement in the process.

Discussion with residents confirmed that there is an active and varied social care programme in place whereby residents are supported to attend a range of activities within the local and wider community that is reflective of assessed needs and preferences. This included for example; various clubs, the local library, a local institute of technology, bowling, concerts and trips to the cinema.

Actions taken by staff were consistent with meeting the assessed health and social care needs of residents with multi-disciplinary involvement where required. Following a recent incident in the centre, one resident had been referred to psychology services. The referral had been actioned and followed up by staff in a timely manner.

On a monthly basis, the team leader audits all personal plans. Staff told the inspector that in the event reviews had not taken place as planned, this was brought to the attention of the relevant key worker and a note to this effect made in the communication book within each house.

From the documentation reviewed, the inspector confirmed that records required by regulations to be kept in a designated centre in respect of each resident's personal plan were in place.

**Judgment:**  
Substantially 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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

In the main, the policies and procedures in place promoted and protected the health and safety of residents, visitors and staff although some improvement was required to fully comply with regulations in relation to fire safety.

While systems were in place across the designated centre to protect residents from fire, a number of non compliances were identified. Within each of the houses, there were fire extinguishers, smoke detectors, break glass points (containing a key) and fire blankets in the kitchen and the equipment inspected had been regularly serviced. However, although each house had emergency lighting, there was an absence of fire doors where required and no integrated fire alarm system was in place.

A dedicated evacuation plan was visible throughout the centre and residents who spoke to the inspector were familiar with what to do and where to assemble in the event of having to evacuate the centre. Escape routes were found to be clear and unobstructed.

Fire drills involving residents and staff took place on a quarterly or more frequent basis. Each resident had a personal emergency evacuation plan which contained their picture, a description of their physical characteristics, any limitations in their levels of

understanding of what to do in the event of fire, the evacuation aids to be used and assistance required in the event of having to evacuate the centre.

The training records reviewed confirmed that staff had received training on risk management and fire safety. Training on fire safety also formed part of induction training.

A satisfactory approach had been adopted to risk management. There was a dedicated policy and site specific risk register in place. Weekly health and safety (including fire) checks had been carried out and staff maintained a record of all incidents and accidents. There was also a corporate risk register in place although this was not reviewed during this inspection.

Individual risk assessments had been completed for each resident and were contained within personal plans. Discussion with residents and staff and review of risk assessments confirmed these were reflective of individual circumstances and were updated regularly.

Adequate systems were in place in relation to infection control. In the kitchen, colour-coded chopping boards were used and health and safety instructions on infection prevention and safe food were openly displayed on the fridge and notice board. A colour coded system had also been adopted for mops and chemicals were stored securely.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the policies and procedures in place within the centre promoted the safety, protection and welfare of residents. These included policies and procedures in relation to prevention, protection and response to abuse, the provision of personal intimate care, the provision of behavioural support and the use of restrictive procedures.

Residents told the inspector that they felt safe and secure within the centre as a result of caring staff and the burglar alarm system. Staff were observed to treat residents with warmth and respect and took time in listening to and responding to residents needs.

Discussion with residents confirmed that they possessed a level of knowledge and understanding around self care and protection and felt able to approach staff if they had any concerns. An easy read policy on safeguarding and protection was seen to be available within the centre.

Discussion with staff confirmed that they had attended recent training on safeguarding and were knowledgeable about what to do in the event of an allegation, suspicion or disclosure of abuse.

During the inspection, the inspector followed up on a recent notification received by the Authority involving a resident and a family member. The inspector was assured that the actions taken by staff were appropriate and that the resident had been safeguarded as a consequence.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

This was the centre's first inspection by the Authority.

#### **Findings:**

The evidence reviewed confirmed that residents are supported on an individual basis to achieve and enjoy the best possible health.

The sample of personal plans reviewed verified that residents were receiving care in accordance with assessed needs. Through their medical practitioner and/or day-care service, residents had access to a range of medical and allied healthcare services that included for example speech and language therapy, podiatry, physiotherapy, dietetics, psychology and psychiatry. Residents also accessed local community dental services.

Discussion with residents and staff confirmed that residents are supported to purchase food of their choice, to plan weekly menus and assist in preparing meals. The menus reviewed were varied and contained a selection of meat, fish, vegetables, fruit and desert. Residents told the inspector that they took turns in preparing the evening meal and doing the dishes afterwards.

Staff told the inspector that advice from a dietician had been sourced to support menu planning for residents with diabetes. Discussion with residents and review of personal plans confirmed that with staff support, residents were enabled to be self caring in monitoring blood glucose levels. Personal plans were reflective of residents' assessed needs and staff interventions in regards to diabetes.

**Judgment:**  
Compliant

### **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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that there were appropriate written operational policies and procedures relating to the ordering, prescribing, storage and administration of medicines to residents. The team leader advised that a new policy had been drafted and was to be introduced shortly across the organisation.

Discussion with staff and residents and observation of documentation confirmed that a standardised system was in place for medication management. Within each personal plan, a new medication management folder had been introduced in November 2015 that contained a picture of the resident, a copy of the prescription sheet, the medication administration record and details of the different medications prescribed (including a picture and description of each).

The sample of medication administration records reviewed confirmed that the medications administered were identified on the prescription sheet, had been appropriately signed off by the staff member and administered at the prescribed time. However, the route of administration (including crushing where required) had not been included on the prescription sheet or accompanying documentation.

The team leader advised the inspector that each resident had been assessed to determine if they could take responsibility for their own medication. While no residents were self-administering, she advised that following assessment, one did retain the medication within their room (to be administered by staff) and that another resident carried their medication when going on leave (medication administered by a family member when on leave).

A review of staff training records confirmed that all staff in the centre had completed recent training on the safe administration of medications.

A contract was in place with a local community pharmacist that ensures the timely delivery of medications including out of hours arrangements. Adequate arrangements were also in place regarding the disposal of unused or out of date medications.

A British National Formulary (BNF) was available in each house to support staff when administering medication.

**Judgment:**  
Substantially 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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that in the main, there were good governance and management systems in place within the centre although some improvement was required to fully comply with Regulation 23; Governance and Management.

A clearly defined management structure was in place which identified the lines of accountability and authority in the centre. Staff and residents were knowledgeable of the structure and out of hours arrangements ensured that a member of the management team was contactable if required.

Staff told the inspector that monthly staff meetings take place within each house after residents have left for day-care. These are attended by the team leader and person in charge. A note of a recent staff meeting confirmed that the issues discussed were relevant to the operation and management of the centre.

The person in charge on the day of this inspection was the team leader. She was knowledgeable about the operation of the centre, the standards and her statutory responsibilities under the regulations as a person participating in the management of the centre. From discussion with staff and a review of the documentation (for example,

personal plans, notes of meetings, unannounced visits to two houses), the team leader was very involved in the operation of the centre and took responsibility for a number of areas that included staff supervision, audit, and chairing meetings.

The team leader informed the inspector that she audits personal plans and medication management on a monthly basis. The sample of personal plans reviewed confirmed that audits were taking place and the inspector observed that improvements had been made to record keeping as a consequence.

While the team leader had carried out one unannounced visit to two of the houses, the report was undated and there was no plan in place to address the identified concerns. Further, there had been no other unannounced visits carried out and none had taken place for the other two houses within the centre.

At the time of this inspection, an annual review of the quality and safety of care in the designated centre had not been carried out as required by regulations.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found on the day of this inspection that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of care.

An actual and planned staff duty rota was in place and the inspector was told by the team leader and a community facilitator that additional staff are rostered to support the out of hours social care programme. The duty rota reviewed by the inspector confirmed that additional staff had been rostered as required.

The inspector reviewed the records of staff training. A comprehensive training programme was in place that met the needs of residents. An up to date record had been maintained of training attended and when next training was due. Examples of training

included fire safety, manual handling, first aid, adult protection, epilepsy management, risk management, safe administration of medication and oxygen therapy. The training provided in the centre reflects the statement of purpose.

The inspector spoke with four staff members who were knowledgeable of the needs of each resident within their care. They were also aware of the Authority and the regulations and standards.

Residents consulted with spoke positively about all staff and said they felt well cared for and safe within the centre. Interactions between staff and residents were respectful and staff were observed responding to residents needs in a timely manner.

The sample of four staff files reviewed by the inspector had been maintained in accordance with Schedule 2 of the regulations.

Arrangements for ongoing supervision and performance management were in place and staff had access to an external employee assist programme if required.

Staff consulted with said they felt well supported by management and that appropriate levels of supervision and training were in place.

**Judgment:**  
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:***

Jude O'Neill  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Clann Mór Residential and Respite Ltd
<b>Centre ID:</b>	OSV-0004928
<b>Date of Inspection:</b>	23 February 2016
<b>Date of response:</b>	5 April 2016

### 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 05: Social Care Needs

**Theme:** Effective Services

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

There was insufficient evidence through signature or other means that each resident or where appropriate his or her representative had been involved in the on-going review of personal plans.

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

**1. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are 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.

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

Documentation relating to Personal Care Plan (PCP) reviews have been updated to include a section where the resident signs off on each review. Staff teams have been informed of this process, and the documentation, and residents have subsequently begun to sign off on PCP reviews.

**Proposed Timescale:** 29/02/2016

**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:**

There were inadequate fire safety management systems in place within the centre in terms of the absence of fire doors and an integrated fire alarm system.

**2. 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:**

Fire doors and an integrated fire alarm system will be installed throughout the designated centre.

**Proposed Timescale:** 31/10/2016

**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:**

The route of administration had not been stated on the prescription.

**3. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The pharmacy responsible for dispensing medication to this designated centre has amended their documentation to include the route of administration.

**Proposed Timescale:** 29/02/2016

**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 registered provider had failed to ensure that an annual review is carried out of the quality and safety of care and support in the designated centre and that such care and support is in accordance with the standards.

**4. 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:**

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

**Proposed Timescale:** 31/10/2016

**Theme:** Leadership, Governance and Management

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

The registered provider had failed to carry out an unannounced visit to the designated centre at least once every six months.

**5. 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:**

An initial unannounced visit will be carried out, to include a written report on the findings. Subsequent unannounced visits will be completed at least once every six months.

**Proposed Timescale:** 31/07/2016