

# eDeposit Ireland

## Clann Mór 2, OSV-0004929, 11 November 2020

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Clann Mór 2, OSV-0004929, 11 November 2020', [report], Health Information and Quality Authority, 2021-01-28, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-11 19:41:31
Link to Item	<a href="https://hdl.handle.net/20.500.14765/98860">https://hdl.handle.net/20.500.14765/98860</a>



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

## Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0029893

## 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. 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.**

Number of residents on the date of inspection:

9

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 11 November 2020	10:30hrs to 16:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in the house visited had a good quality of life in which their independence was promoted. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations.

As referred to above the centre comprised of three separate houses. For the purpose of this inspection the inspector visited one of the three houses and met with the three residents who were living there. These residents ranged in age from 49 to 52 years and had low support needs.

The inspector met with each of the residents individually and they told the inspector that they enjoyed living in the centre and got on well with each other and the staff team. The residents indicated to the inspector that the national restrictions for COVID-19 had impacted on their lives but that they were coping well. One of the residents proudly provided the inspector with a tour of their home. Each of the residents had their own room which had been personalised to their own taste. One of the residents was in the process of arranging to have their bedroom re-painted and had chosen paint colour and fabrics to be used. The residents met with, appeared in good form and comfortable in the company of staff. Residents were observed to complete their own laundry and ironing, enjoy listening to music and were enjoying arts and crafts. Residents spoken with outlined how each of the residents cooked meals for the house on identified days with the support of staff. A menu for the week and each residents identified cooking day was decided at a residents meeting once a week. Each of the residents indicated that they enjoyed cooking.

There was an atmosphere of friendliness in the house visited. One of the residents had an exercise bike in their bed room which she told the inspector she enjoyed using on a daily basis. Numerous photos of each of the residents were on display. There were also piece of arts and crafts which the residents had completed on display. These included decorated bottles, paintings and handcrafted greeting cards, The residents each spoke fondly of a bingo party which was held every Friday and was coordinated by the person in charge via a video conferencing medium and involved residents from the other two houses associated with this centre and another designated centre operated by the provider. These Bingo parties also included dance and talent competitions with prizes for the best participants.

Staff were observed to interact with residents in a kind, caring and respectful manner. For example, staff were observed to discuss with a resident their concern regarding their elderly parent whom they were unable to visit because of COVID-19 restrictions and the impact that this was having on the resident.

The house visited was found to be comfortable and homely. It was located on the

outskirts of a town in county Meath. It had a good sized and well maintained garden for residents to use. This included an outdoor seating area for residents. It was reported that residents enjoyed caring for the garden. The centre was compact but had adequate space for residents with good sized kitchen come dining area and a sitting room. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. It was noted that each of the three houses had been painted inside and out in 2019 and were found to be in a good state of repair.

There was some evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. All visiting to the centre was restricted in line with national guidance for COVID-19. A support plan had been put in place for individual residents in respect of COVID-19 and its impact on their life.

Residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Each of the residents were engaged in a formal day service programme. This had been closed for an extended period. However, it had recently recommenced on a restricted basis with each of the residents attending on reduced hours. Residents spoke to the inspector about how much they enjoyed their day service and their hopes that the service would resume fully. A weekly COVID activity schedule was in place for each of the residents which was led by the individual resident. Examples of activities that residents engaged in included, walks to local scenic areas, mass by video link, drives, arts and crafts, board games, listening to music, weekly social group and bingo session via a telecommunication video medium. Each of the houses had a vehicle for use by the residents.

The full complement of staff were in place at the time of inspection. The majority of staff had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to the staff met with and the person in charge.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. He had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a degree in applied social studies, a certificate in management and a certificate in counselling amongst other qualifications. He was in a full time position but was also responsible for one other designated centre, In addition, he was the identified service manager for the service. The person in charge position was an interim arrangement pending the appointment of a permanent person in charge. He was found to have a good knowledge of the requirements of the regulations and to be effectively involved in the governance and management arrangements for the centre. The person in charge reported that he felt supported in his role and had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a team leader and a community facilitator coordinator. Both of whom had delegated management responsibilities in the centre. The person in charge reported to the director of service. The person in charge and director of service held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. The team leader and community facilitator each completed a number of audits on a monthly basis. Areas covered included, healthcare plans, risk assessments, behaviour support plans, person centred plans, medications, finance, fire safety, health and safety, restrictive practices and residents personal plans. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection the full complement of staff were in place in each of the centre's three houses. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no

volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspectors reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and to be of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff in the house visited had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the house visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, some improvements were required so as to ensure that residents personal plans were reviewed on an annual basis in line with the requirements of the regulations.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support in the house visited. However, an annual personal plan review for each of the residents had not been completed in the last 12 months in line with the requirements of the regulations. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored via a monthly personal plan review form completed by staff.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place for each of the houses. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from

incidents and adverse events involving the residents. In general there were a low number of incidents in the centre.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the house visited. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas in the house visited were clean. A cleaning schedule and checklist was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals and on all entries and exits from the centre. A transmission risk assessment was completed for each staff member at the start of every shift. A COVID skills demonstration was completed by residents on a weekly basis they demonstrated their skills in handwashing, cough etiquette and social distancing. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre, in line with national guidance. At the time of inspection, there had been no confirmed cases of COVID-19 for staff or residents across the service. The provider had identified a separate house which was registered as a respite house which could be used as an isolation unit should it be required.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for each of the residents in the house visited and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

## Regulation 17: Premises

The premises was observed to be comfortable, homely and clean and in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. A risk register and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. At the time of inspection, there had been no confirmed cases of COVID-19 for staff or residents across the service.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review for each of the residents had not been completed in the last 12 months in line with the requirements of the regulations, i.e. with the involvement of the residents family and multi-disciplinary team to review the effectiveness of the plan in place.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents healthcare needs appeared to be met by the care provided in the centre. Specific healthcare plans were in place for residents assessed healthcare needs. Residents had regular access to their General Practitioner.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Plans in place for personal hygiene to guide staff in meeting residents intimate care needs.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents in house visited were active members in their household and consulted in decisions regarding the running of the house.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0029893

Date of inspection: 11/11/2020

## 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 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>Annual PCP reviews take place in Clann Mór each year. The Annual PCP review did not take place in September of this year, due to restrictions in residents own homes and non-availability of day service and multi-disciplinary teams.</p> <p>Residents were asked if they would like to have their annual PCP through Zoom. Each individual residents had a preference to have a face to face meeting for their PCP. All the documentation is prepared and all PCP's will take place by the end of January.</p> <p>At this meeting attendees will include the resident, resident representative (advocate, friend), their family member, their day service representative and a HSE representative, Clann Mór key worker and a member of the Clann Mór management team.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	22/01/2020
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and	Substantially Compliant	Yellow	22/01/2020

	where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	22/01/2020