



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

## Issued by the Chief Inspector

Name of designated centre:	Claddagh House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	19 March 2024
Centre ID:	OSV-0008085
Fieldwork ID:	MON-0034079

## About the designated centre

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

Claddagh House is in a quiet location, set back from the main road. Claddagh house is set in a tranquil area on a mature site. It is located 40 minutes to the city of Galway. Claddagh House provides a high support, residential service for children/young people with an Autism spectrum disorder, intellectual disabilities and physical & sensory needs. The centre provides full time support to a maximum of four service users at any one time and can accommodate either male or female. Claddagh House residential care services are provided to individuals under 18 years, with comprehensive transitioning and preparation for adulthood commencing at seventeen years of age.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 19 March 2024	09:30hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's compliance with the regulations and following an application to the Chief Inspector to renew registration of the centre. Claddagh house is a residential service which can accommodate up to four children and young adults up to the age of 18 years. At the time of inspection, there were three young persons living full-time in the centre. The inspection was facilitated by the person in charge and team leader. The inspector also had the opportunity to meet with staff members who were on duty, the director of services and the three young persons who were living in the centre.

On the morning of inspection, the three young persons had left to attend to their respective schools which they normally attended during the weekdays. Claddagh house is a dormer style two storey dwelling house which was fully refurbished in recent years. The house was generally found to be well maintained and visibly clean throughout. It was found to be spacious and bright with a variety of communal living spaces available, including a large kitchen/dining room, two separate living rooms and a sensory room located on the ground floor. The variety of spaces allowed for the young persons to spend time relaxing and dining in their preferred space which was important to them. There were an adequate number of toilet and showers provided on each floor, a separate bathroom had been allocated to each young person. Each had their own bedroom and some had en suite shower facilities. Two bedrooms were located on each floor. Two of the bedrooms and one of the living rooms were found to be personalised with the young persons own personal effects including photographs and other items of significance as well as being furnished and decorated in a homely style. The sensory room had been developed in consultation with the occupational therapist to provide a low-arousal sensory environment. It contained a ball pit as well as a variety of sensory lighting and light projectors. Children and young persons had access to a variety of toys, jigsaws, colourful blocks, games, art and craft materials which were stored in the sensory room. However, the main communal areas of the centre were bare with little decor or furnishings to provide a homely and stimulating environment for children and young persons. Children and young persons had access to a large secure outdoor area, which contained a lawn area, picnic bench, a variety of three swings and basketball hoops. However, at the time of inspection, the ground areas where the swings were located was wet and inaccessible due to the poor ground conditions. There were malodours evident in the rear garden areas and staff on duty confirmed that there had been ongoing issues in relation to the septic tank drainage system resulting in these odours. The person in charge and director of services confirmed that the provider had plans in place to carry out remedial works to the drainage systems and were waiting on ground conditions to improve so as to facilitate the heavy digging machinery required. The inspector discussed further enhancements to the outdoor play areas to ensure that play equipment and recreational facilities were accessible and appropriate. The person in charge outlined plans for the provision of a ground trampoline once the ground works around the septic tank had been

completed.

Children and young persons living in the centre had high support needs in managing their behaviours. Staff members spoken with were very knowledgeable around the children's and young person's assessed needs, their positive support plans and many had been working in the centre over an extended period of time. Two of young persons had 2:1 staffing supports and the third young person had 1:1 supports in place. However, staff informed the inspector that this young person was now assessed as requiring 2:1 supports particularly in relation to attending their preferred activities in the community. The person in charge confirmed that an application had been submitted to the HSE for additional resources so as provide this additional staff support. While staff and local management team tried to ensure that this young person was supported to partake in their chosen activities, there were times when this was not possible due to inadequate staffing resources.

The inspector met with the three young persons during the afternoon when they returned to the centre from school. Some of the young persons were unable to interact verbally with the inspector but all appeared to be happy and content as they arrived in the centre. They seemed to be relaxed and familiar in their environment as they went about their own routines. They were observed to move freely throughout their home. They interacted with staff in a familiar way through gestures, playful behaviour and smiling. Staff were observed to be attentive as they supported young persons, some with personal care, some with their evening meal and others with drinks and snacks. Staff were observed supporting one young person with their assistive communication device so that they could choose their preferred activity. The young person chose to go outside and play football with this staff member. Later in the afternoon, two of the young persons chose to go for a drive in their separate vehicles while the other young person chose to remain in the house and relax on the sofa listening to music.

Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for the young persons to meet with visitors in private if they wished. Staff spoken with confirmed that young persons regularly received visits from family members and some young persons visited their family on a regular weekly basis at home.

From conversations with staff, observations made while in the centre, photographs and information reviewed during the inspection, it appeared that young persons had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. Residents were supported to take part in a wide range of activities, including regular walks and drives. Some enjoyed going swimming, horse riding, visiting the play ground, visiting the local GAA pitch for walks or to play football, going out for snacks and treats and having take away meals. One young person liked to visit local churches and light candles. Some liked to spend time in the house, relaxing, listening to music, spending time in the sensory room and ball pit, spending time outside, making jigsaws, doing their laundry and tidying their bedroom.

In summary, the inspector observed that young persons were treated with dignity

and respect by staff. Their rights were promoted and a range of easy-to-read documents, posters and information was supplied in a suitable easy read picture format. Information including how to make a complaint, communication policy, staff roster, weekly menu plan and planned activities were clearly displayed. Most staff had recently completed training on human rights and spoke of how there was an enhanced focus on promoting and providing young persons with choices in all aspects of their lives. Staff continued to ensure that residents' preferences were met through daily consultation, monthly house meetings, the personal planning process and ongoing communication with young persons and their representatives.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the young persons lives.

## Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was well-managed and generally in compliance with the regulations reviewed. Some improvements were required to providing additional staffing supports for one young person, to addressing issues in relation to the septic tank, to some aspects of infection, prevention and control and fire safety management.

There had been a number of recent changes to the local management team. A new person in charge had recently been appointed and were still getting to know the service users. They were supported in their role by the staff team, team leader and the regional operations manager. The person in charge and team leader spoke of being well supported by the management team.

Staffing levels in the centre had been kept under review. There were currently a number of vacant positions, however, the roster was being filled using regular agency staff. Some of the agency staff had worked in the centre for over 12 months and knew the service users well. The person in charge advised that recruitment for the vacant posts was taking place, some staff had recently been recruited and were due to commence in their roles in the coming weeks. At the time of inspection, there were normally three staff on duty in the morning time during the weekdays, five staff on duty during the afternoon and evening with two staff on active duty at night-time. There were five staff on duty throughout the day and evening at the weekends. Two of young persons had 2:1 staffing supports and the person in charge confirmed that an application for additional resources had been sought from the Health Service Executive (HSE) in order to provide increased staff supports for the third service user.

A review of the staff roster indicated that there was a consistent staff team in place

to support the young persons with their assessed needs with some staff having worked in the centre for a number of years. Regular monthly staff meetings were taking place and staff reported that they received good support from the management team.

Staff training records reviewed indicated that staff including agency staff had completed mandatory training. The person in charge had systems in place to regularly review training needs and further training was scheduled as required. Additional training in various aspects of infection prevention and control, administration of medication, epilepsy care and human rights had been completed by most staff.

The provider had systems in place for reviewing the quality and safety of the service including six monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. Questionnaires returned as part of this consultation generally indicated complimentary feedback of the service. One family had commented that they had concern at the lack of staff at times to facilitate outings and activities. Another family commented that they were unaware of the complaints procedure. Improvements identified as a result of these reviews had been acted upon and others were in progress. The inspector noted that a copy of the complaints procedure had since been sent to this family and issues relating to staffing were actively being addressed.

There were systems in place to ensure regular reviews of areas such as medication management, infection, prevention and control, hand hygiene, fire safety, health and safety and general maintenance. The results of recent audits reviewed indicated good compliance. Maintenance issues and repairs works identified were logged on a computerised system. The inspector was informed that this system was generally working well and that outstanding works were due to be addressed, including repair works to the septic tank drainage system, the removal of half doors to the kitchen area which were no longer being used as a restrictive practice, repainting of some wall areas and works required to the utility room.

There was a complaints policy in place and the complaints procedure was available in an appropriate easy read format. There was one complaint logged during 2023. The inspector reviewed documentation relating to this complaint and was satisfied that it had been managed to date in line with the policy.

### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant



## Regulation 14: Persons in charge

There was a recently recruited person in charge who had the necessary experience and qualifications to carry out the role. The person in charge worked full-time in the centre. They were knowledgeable regarding their statutory responsibilities. They were still in the process of getting to know the service users, as well as the local systems and processes in place.

Judgment: Compliant

## Regulation 15: Staffing

Improvements required to staffing had been identified by the provider. Some new staff had recently been recruited and were due to commence in their roles and recruitment for other vacant posts was actively taking place. The increased support needs of one resident were well recognised and additional resources had been sought from the funding provider. However, the current lack of two-to-one staff supports impacted negatively on this resident at times, as they were not always able to attend planned activities that they enjoyed in the community when two staff were not available to support them.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling, safeguarding and Children First. Additional training in various aspects of infection prevention and control, administration of medication, epilepsy care, human rights and trauma informed training had been provided to staff in order to meet the specific support needs of some young persons.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had systems in place to ensure that this service was well managed and also had systems in place for reviewing the quality and safety of care and support in

the centre.

There was generally good compliance with the regulations reviewed on this inspection. The provider and the local management team had systems in place for reviewing the quality and safety of care. Improvements identified as a result of these reviews had been shared with staff and the provider had plans in place to address staffing resources and the septic tank drainage issue.

Some further oversight and improvement was required in relation to some aspects of infection, prevention and control, fire safety management and to further enhancements required to the decor in communal areas of the premises.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints when received were logged and managed appropriately in line with the centres complaints policy. There was one complaint received during 2023. Details of the complaint and actions taken to address the concerns were clearly recorded.

The complaints procedure had been discussed with service users at a recent house meeting. An easy read version of the procedure along with visuals had been used to inform the young persons on how to make a complaint.

Judgment: Compliant

## Quality and safety

The management team and staff strived to ensure that all young persons received an individualised, safe and good quality service. The young persons appeared to be comfortable in their environments and with staff supporting them. The provider had

resources in place to ensure that they generally got out and engaged in activities that they enjoyed on a regular basis. However, as discussed under the capacity and capability section of this report, adequate staffing supports were not consistently provided for one young person who required 2:1 support which impacted negatively at times upon the quality of the service provided. The provider had also identified other improvements required to the septic tank drainage system and remedial ground works had yet to be addressed.

An assessment of need of the health, personal and social care needs had been completed for all service users. Staff spoken with were familiar with, and knowledgeable regarding these assessed support needs. The inspector reviewed a sample of files and noted that a range of risk assessments had been completed, care and support plans were in place for all identified issues including specific health care needs. Care plans were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Young persons' had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Files reviewed showed that young persons had an annual medical review. Each young person had an up-to-date hospital passport and communication support plan which included important and useful specific information, in the event of they requiring hospital admission. There was evidence of regular multidisciplinary reviews involving health professionals including behaviour support specialists involved in each young person care. Healthy lifestyles continued to be promoted and agreed in consultation with families, the dietitian and behaviour support specialist.

Personal plans were developed in consultation with young persons, family members and staff, which set out personal goals for the coming year. Review meetings took place regularly at which, young persons' personal goals and support needs for the coming year were discussed and progress reviewed. It was clear that the young persons were supported to progress and achieve their chosen goals however, it was noted that there were difficulties at times in facilitating some activities for one young person due to current staffing levels. There were many photographs displayed demonstrating young persons partaking in a variety of activities in pursuit of their goals.

All staff had received training in supporting young persons manage their behaviour. Young persons who required support had comprehensive behaviour support plans in place. Staff spoken with advised that ongoing supports and training were provided by the behaviour support specialist. Staff demonstrated their knowledge of how to support the young persons manage their behaviour and were aware of the proactive and reactive strategies outlined in their support plans. The inspector observed staff effectively and positively supporting young person's needs during the day.

The person in charge outlined how they continued to promote a restraint free environment. All restrictive practices in use had been recently reviewed and some restrictions in use had been discontinued. For example, the restriction on access to the kitchen was no longer being used and the removal of the half door in place was

scheduled for removal. All restrictions in use were risk assessed and there was evidence of multidisciplinary input into the decision taken to use the restrictions including a clear rationale and protocol outlined for their use. All restrictions in use were subject to regular review by the organisations human rights committee.

Safeguarding of young persons continued to be promoted through staff training and regular review by management of incidents that occurred. While some safeguarding risks had been identified, safeguarding protocols were in place and were being managed in the centre. There were no active safeguarding concerns at the time of inspection.

There were systems in place for the management and on-going review risk in the centre. The inspector reviewed the risk register which was maintained on a computerised system, it had been recently reviewed and was reflective of risk in the centre. Staff spoken with were aware of specific risks relating to residents' care and support, of the additional control measures that they were required to implement, on foot of these risks being identified.

While the provider had systems in place to control the spread of infection in the centre, the centre and equipment was noted to be visibly clean, some improvements were required to further enhance infection, prevention and control. Further clarity and guidance was required for staff in relation to floor cleaning systems. The storage of some personal protective equipment required review. The laundry areas were well equipped and maintained in a clean and organised condition.

The provider had fire safety management systems in place, however, further clarity was required by staff on the workings of the fire alarm system. Improvements were also required to fire drill records to accurately reflect the time taken to safely evacuate all persons from the building. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. Daily, weekly and monthly fire safety checks continued to take place. All staff had completed fire safety training with the exception of the recently appointed person in charge, however, this training was scheduled for the 3 April 2024.

## Regulation 10: Communication

Young persons had individualised communication support plans in place and staff spoken with aware of the individual communication supports required. Some residents were supported to use assistive technology to support their individual communication needs. The occupational therapist had recently completed guidance and training for staff on the use of this specific communication device. The inspector observed a young person using this device effectively to communicate their choice regarding a preferred activity.

Judgment: Compliant

## Regulation 11: Visits

Young persons were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space to meet with visitors in private if they wished. Some young persons received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

## Regulation 13: General welfare and development

All young persons had the opportunity to access education and all attended different schools during the weekdays. Staff reported that all young persons enjoyed attending their respective schools.

The young persons were supported to engage regularly in meaningful activities, each having access to their own transport. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was close to a range of amenities and facilities in the local area and nearby city. Staff spoken with, files and records reviewed indicated that the young persons enjoyed a range of activities both in the house and out in the community. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

## Regulation 17: Premises

The house was spacious and laid out to meet the needs of the young persons living there. The centre was found to be generally well-maintained, warm and visibly clean throughout. There was a variety of communal spaces available which allowed each young person to have their own space which was important to them. A sensory room that contained a ball pit as well as a variety of sensory lighting and light projectors provided a low-arousal sensory environment. While some of the bedrooms were very personalised and provided a homely atmosphere, the main communal areas of the centre were bare with little decor, soft furnishings or sensory lighting. The management team agreed that these areas could be enhanced to provide a more homely and stimulating environment for children and young persons.

There were on-going issues relating to the effective workings of the septic tank

drainage system. At the time of inspection, there were malodours evident in the garden area and in some rooms where the windows had been opened. The person in charge and director of services confirmed that the provider had plans in place to carry out remedial works to the drainage systems and were waiting on ground conditions to improve so as to facilitate the heavy digging machinery required to address the issue.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All residents had a recently updated personal emergency evacuation plan in place. All incidents were reviewed regularly by the local management team and discussed with staff to ensure learning and improvement to practice. There were regular reviews of health and safety including fire safety checks. It was evident that issues identified were promptly addressed or there was a plan in place to address identified issues, for example, issues relating to staffing and the septic tank drainage system.

Judgment: Compliant

### Regulation 27: Protection against infection

While the provider had systems in place to control the spread of infection in the centre, some improvements were required to further enhance infection, prevention and control. Further clarity and guidance was required for staff in relation to floor cleaning systems. Staff spoken with lacked clarity and were inconsistent in describing these systems and there was no clear guidance provided for staff in the policy. While there were some flat mops available, there were insufficient supplies available to ensure effective infection, prevention and control. The inspector noted supplies of personal protective equipment stored on handrails adjacent to toilets contrary to good infection prevention and control practice. A torn and defective floor crash mat was not conducive to effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Some improvements were required to ensure effective fire safety systems were in place. Further clarity was required by staff on the workings of the fire alarm system. During a walkabout of the centre on the morning of inspection, staff spoken with were unclear as to what information was displayed on the fire alarm panel in the event of fire. There was no corresponding floor plan of the building to guide staff as to the number and location of fire zones. However, during the course of the inspection, staff sought clarity on the number and location of zones and provided a layout floor plan adjacent to the fire panel to guide staff in the event of a fire. While regular fire drills were carried out involving all staff and young persons, improvements were required to accurately reflect the time taken to safely evacuate all persons from the building. The inspector expressed concern at the length of time recorded in some recent fire drill records reviewed. The local management team explained that the times elapsed as recorded were not reflective of the time taken to safely evacuate all persons, however, no rationale was included to explain this in the fire drill records.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Young persons' health, personal and social care needs were regularly assessed and support plans were developed, where required. The inspector reviewed a sample of files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Young persons were supported to identify and achieve personal goals. Annual meetings were held with young persons and their family representatives where appropriate and regular reviews took place to track progress of identified goals.

Judgment: Compliant

### Regulation 6: Health care

Staff continued to ensure that all young persons had access to the health-care that they needed. Those with specific medical conditions continued to be closely monitored. Young persons had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of young persons' files indicated that they had been regularly reviewed by their GP, psychiatrist, behaviour support specialist, occupational therapist, speech and language therapist, dietitian and dentist.

Judgment: Compliant

## Regulation 7: Positive behavioural support

All staff had received training in supporting young persons manage their behaviour. Those who required support had access to regular psychiatry, behaviour support review and had updated positive behaviour support plans in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. Restrictions in place were regularly reviewed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. All staff had completed training in Children's First and the Child safeguarding statement was displayed. Safeguarding protocols were in place for identified potential risks however, there were no active safeguarding concerns at the time of inspection. Safeguarding was regularly discussed with staff including at the monthly team meetings.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the young person's rights were respected and that they were supported to exercise choice and control in their daily lives. Staff had completed training on human rights and spoke about how they had focused on promoting and supporting young persons with better choices, through the use of choice boards and assistive technology devices. The right to have choice in all aspects of their lives was discussed with service users at a recent house meeting. There was a range of easy-to-read documents, posters and information supplied in a suitable easy read picture format. Information including how to make a complaint, communication policy, day and night staff roster, weekly menu plan and planned activities were clearly displayed.

Young persons had access to televisions and the Internet, some had access to mobile telephones and information technology devices. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit religious place of worship. Staff continued to ensure that young persons' preferences were met through daily consultation, monthly house



meetings, the personal planning process and ongoing communication with young persons and their representatives. The inspector observed that young persons were treated with dignity and respect by staff throughout the inspection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Claddagh House OSV-0008085

Inspection ID: MON-0034079

Date of inspection: 19/03/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Resilience Healthcare has a dedicated talent acquisition team that diligently supports the recruitment process. Employing a continuous recruitment approach, they conduct ongoing media and digital campaigns. In the week of March 11th, three interviews were conducted, with all candidates found suitable for positions at Claddagh House. Contracts of employment were extended and accepted by these successful candidates. The compliance process is underway, and employment will commence upon its completion, adhering to Resilience's policies. Onboarding is scheduled to commence according to standard procedures, with successful applicants expected to start their employment within 5-7 weeks. Additionally, one staff member is set to begin on April 1st, 2024. Interviews for international applicants have begun, with candidates assessed by the PIC and team leader on March 27th, 2024. These candidates are deemed suitable, qualified, and highly experienced, with their employment at Resilience anticipated for May or June 2024. In the meantime, the service will continue to utilise agency staff, ensuring continuity of care for individuals.</p> <p>The provider continues to seek and progress the application for additional funding for the provision of 2:1 for a service user with the HSE. Service users activities are being completed in line with residents’ wishes. PIC and team leader of Claddagh continue to advocate on behalf of service user to Social Worker, HSE, family and school in order to reach a resolution on same.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On Monday, March 25th, 2024, the fire service provider from Millmount conducted a comprehensive training session at the centre. This training encompassed instructing all staff members on the operation of the fire panel. Additionally, they updated the zones</p>	

within the building to encompass all rooms, with specific names assigned to each room. These updates are now reflected on the fire plans prominently displayed throughout the centre. Millmount also confirmed that in the event of a fire, the fire alarm panel will clearly indicate the zone and room where the fire is located, facilitating swift action during emergencies.

Improvements regarding the timing of fire drills have been implemented and communicated to the team, including the staff fire warden. These adjustments ensure an accurate representation of the time required to evacuate all service users and staff from the centre in case of emergencies. This topic was discussed during the March team meeting and will continue to be addressed in future team meetings.

One cleaning system is now in place for Claddagh, a flat mop system with adequate supplies in place for effective infection prevention and control.

Crash mats which were deemed unsuitable have now been disposed of and intact effective crash mats remain in place which are in line with effective Infection prevention and control.

Supplies of personal protective equipment stored on handrails adjacent to toilets have now been removed and are based on a 'need to use' basis and stored appropriately outside of the bathroom setting.

All staff are trained in infection prevention and control and are now using the new mop system and PPE using corresponding SOP's to guide in their use.

Advice sought from OT and STL departments on the use and suitability of murals and soft furnishings based on the needs and ID of each service user. Weighted blankets and soft furnishings have been purchased and displayed around the home to provide a more homely feel. A local artist has been chosen in order to create an age appropriate mural and pictures in the home that would be tailored to the age range of the teenagers in our care.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: A septic tank inspection was conducted on March 29th, with no detectable odour noted. Nonetheless, the property director is currently gathering all relevant information regarding past maintenance and repairs to pinpoint the underlying cause. This comprehensive review aims to develop a plan for necessary works. The estimated completion timeframe for these works is set for May 2024.

A full clean of the septic tank was completed by Dino-rod on the 11.4.24. Currently we are awaiting a full report on the issue at hand in an effort to action this appropriately.

This has been identified as a top priority, and the necessary works will be carried out once it becomes feasible for heavy machinery to access the garden area.

Advice sought from OT and STL departments on the use and suitability of murals and soft furnishings based on the needs and ID of each service user. Weighted blankets and soft furnishings have been purchased and displayed around the home to provide a more homely feel. A local artist has been chosen in order to create an age appropriate mural

and pictures in the home that would be tailored to the age range of the teenagers in our care.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
One cleaning system is now in place for Claddagh, a flat mop system with adequate supplies in place for effective infection prevention and control.

Crash mats which were deemed unsuitable have now been disposed of and intact effective crash mats remain in place which are in line with effective Infection prevention and control.

Supplies of personal protective equipment stored on handrails adjacent to toilets have now been removed and are based on a 'need to use' basis and stored appropriately outside of the bathroom setting.

All staff are trained in infection prevention and control and are now using the new mop system and PPE using corresponding SOP's to guide in their use.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
On Monday, March 25th, 2024, the fire service provider from Millmount conducted a comprehensive training session at the centre. This training encompassed instructing all staff members on the operation of the fire panel. Additionally, they updated the zones within the building to encompass all rooms, with specific names assigned to each room. These updates are now reflected on the fire plans prominently displayed throughout the centre. Millmount also confirmed that in the event of a fire, the fire alarm panel will clearly indicate the zone and room where the fire is located, facilitating swift action during emergencies.

Improvements regarding the timing of fire drills have been implemented and communicated to the team, including the staff fire warden. These adjustments ensure an accurate representation of the time required to evacuate all service users and staff from the centre in case of emergencies. This topic was discussed during the March team meeting and will continue to be addressed in future team meetings. If there is an issue with fire evacuation time risk assessments and PEEPs will be updated to reflect this.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/06/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	15/04/2024

	suitably decorated.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2024
Regulation 28(4)(a)	The registered provider shall	Substantially Compliant	Yellow	31/03/2024



	make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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