

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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 3
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0008312
Fieldwork ID:	MON-0038206

About the designated centre

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

Clann Mór 3 consists of three houses which are located in close proximity to each other near a large town in Co. Meath. The designated centre provides a full-time residential service to 10 adults with an intellectual disability. Two of the houses are located next door to each other and were newly registered in 2022. Houses are staffed by community facilitators and community based support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 4 September 2024	10:00hrs to 18:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The centre is home to ten residents and the inspector had the opportunity to meet with each resident during the course of the inspection. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The inspector found that the designated centre met, and in some cases exceeded the requirements of the regulations in key areas of service provision and was embracing the national standards in areas such individualised supports, communication and decision-making in accordance with the residents' abilities and preferences.

Clann Mór 3 designated centre consists of three houses which are located in close proximity to each other, near a large town in County Meath. The centre can accommodate a maximum of ten residents, there was no vacancies in the centre at the time of the inspection. The inspector visited all three of the houses that made up the designated centre. The inspector found each house was decorated in line with residents tastes and interests, with residents having their own bedrooms. Each centre had a large garden to the rear of the property, with residents expressing to the inspector their pride in their garden. Residents had spent time on each garden ensuring that each garden had an area to meet and entertain family and friends. Residents told the inspector that they had participated in a garden competition held by the provider, the centre had come second in the competition with the provider hanging a plaque in recognition in the gardens.

On arrival to the designated centre seven residents were attending their local day service, one resident was attending work experience in the local community and two residents were attending a shopping trip in Dublin City Centre. The inspector revisited each of the houses in the centre on residents return, the inspector was invited to have a cup of tea and chat with each of the residents in their home. One resident told the inspector that it is very important to them that their home looks well and is inviting for family and friends when they visit. The resident told the inspector that staff help them in ensuring their house is kept the way they like it and will often purchase new pieces of furniture or small pieces that will add more to their home

Two residents spoke to the inspector about their recent experiences in trying to find paid employment. One resident discussed that they had recently commenced work experience in a local charity shop. They were finding it very interesting and were appreciative of the support the shop had given them to gain greater experience. Another resident told the inspector that they had done some work experience in a

local pet shop and they had greatly enjoyed their work as they have a love for all animals. The resident discussed how staff in the centre had been supporting them and their peer to find paid employment in the local community. They were at the early stages as both residents were still undecided as to what type of work they would like to do as a full-time or paid employment. Residents told the inspector that they plan to meet with a employment consultancy firm next week with staff supporting them to attend.

One resident told the inspector that they had recently transitioned into the centre, the resident discussed that the transition had been difficult for them. The resident discussed that they had been very excited to move into the house as they already knew residents in the centre. However, they found the transition from home difficult and this had taken them by surprise as it was something they had always wanted. The resident told the inspector that the staff team had been extremely supportive to them and with time the transition became easier and they found their place in the house and how they wanted their home to be for them. The resident told the inspector that they are currently taking part in a project with the HSE in relation to compatibility assessments and transitions to designated centre for people with disabilities. The resident told the inspector that this had given them a great sense of purpose and pride as it would help organisations learn from their experience and some of the difficulties a resident can face when taking part in the admissions process.

One resident told the inspector that they love to take nice holidays and trips, with a planned holiday with friends in October. The resident told the inspector that they love their home and that the staff make an atmosphere in the house of fun and enjoyment. The resident told the inspector that they felt they have been very lucky during their time with Clann Mór; that staff and management have always been naturally kind and caring.

The inspector observed that the designated centre had aimed to enhance each residents communication style and needs. The centre had communication aids, visual aids to enhance residents experience and the inspector observed staff and residents communicating throughout the inspection using a variety of communication tools including Lámh and personalised signs for residents.

Residents told the inspector that they like to participate in a number of activities both in their home and in the local community. Residents told the inspector that they like to play board games, listen to music or sing Karaoke and watch football matches on the tv. Residents also told the inspector that they like to go for afternoon tea, shopping, visits to the cinema and local arch club.

In summary, residents were leading busy lives and had a multitude of plans to look forward to and were being supported to complete these plans by a competent staff team. They were aware of who to go to if they had any concerns or complaints. They lived in warm, clean and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to staffing, resident

compatibility and safeguarding.

The next two sections of the report present 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 service being delivered.

Capacity and capability

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team and service manager, who were knowledgeable about the support needs of the residents, and this was demonstrated through good-quality safe care and support. The person in charge and service manager met frequently, and there were effective systems for the management team to communicate and escalate any issues.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The person in charge provided support and formal supervision to staff working in the centre.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

There were contracts of care in place for all residents which clearly outlined the fees to be paid. The contracts were signed by residents or their family or representative.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector reviewed both the planned and actual rosters from March, April, May and June 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

There was a very low reliance on relief or agency staff in this centre, as demonstrated by a review of the roster, which showed for example that only three relief staff were required during May 2024. This was supporting continuity of care for the residents. The inspectors saw that residents were familiar with the staff on duty and that there were positive and meaningful interactions between staff and residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The inspector observed that the training matrix was reviewed quarterly by the person in charge.

There was a high level of compliance with mandatory and refresher training. All staff

were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care. The inspector found that all staff had training in residents chosen communication form and the inspector observed staff utilising forms of communication with residents throughout the inspection to further promote the individuals quality of care and support.

The person in charge provided support and formal supervision to staff. The person in charge had completed a schedule of supervision for the coming year. The inspector reviewed staff meetings and found that the meetings promoted shared learning from audits conducted in the centre and a review of incident and accidents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. Staff meeting minutes for April, May, June, July and August 2024 showed good attendance and topics on the agenda included roster management, safeguarding, house updates, infection prevention control (IPC), residents needs and staff training. The inspector observed evidence of shared learning from internal and external audits at staff meetings.

Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management, accident/incident tracker and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had prepared admission policies and procedures which were up-to-date. The statement of purpose outlined the admission procedure, decision-making processes and the multidisciplinary staff involved in supporting the resident and their family during the transition. The admission of residents was determined on the basis of an established and transparent criteria.

The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents. The person in charge and staff team had completed a review post admission to the centre for all residents post admission.

The provider and staff team had completed a review of each residents' assessed needs in the weeks following admission to the designated centre. The provider had met with residents post admission and identified recommendations from residents in relation to compatibility assessments completed prior to admission to designated centres.

Written agreements had been prepared for residents on the terms of their residence. The inspector reviewed five contracts of care and found that they were signed by the residents or their representatives. The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed in July 2024 and updated to reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day

of inspection. It was also available to residents and their representatives.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) of adverse events as required under the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place, which the inspector reviewed during the inspection. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.</p> <p>The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. The inspector observed that residents had been supported to make complaints in the designated centre. These complaints had been reviewed by the relevant complaints officer and had been highlighted to senior management. The inspector spoke to residents on the day of the inspection and they discussed that they met with management and were satisfied that their complaints were being met and that they had been kept up to date throughout the process.</p> <p>The inspector reviewed the complaints log and found there were no open complaints in the centre on the day of the inspection.</p>
Judgment: Compliant
Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The premises was well maintained and was observed to meet residents' individual and collective needs. The premises was found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. There was sufficient communal space, and well maintained gardens for residents to enjoy.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Staff were knowledgeable with regard to residents' eating and drinking support needs and implemented any recommendations from specialists in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

The inspector found that the provider had fire management systems in place that promoted residents' safety in the designated centre. However, during the course of a walk through of the designated centre the inspector identified two doors which were not functioning appropriately in the event of a fire.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Staff were in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection. The inspector observed staff using a number of communication systems during the course of the inspection, for example, Lámh (a manual signing system) and social stories.

Residents' files contained communication support plans and a communication profile which detailed how best to support the resident. The inspector saw that staff were familiar with residents' communication needs and care plans. The inspector found that the centre was designed in a manner that promoted each individual's communication style. For example, the centre had a number of accessible pictures for residents to identify areas where items were stored and residents had first and next boards. One resident had a communication conversation starter which enabled the resident to form open communication lines with visitors and guests giving an overview of items the resident likes to communicate to others as an "ice breaker" to communication.

Judgment: Compliant

Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Their artwork and personal mementos were displayed throughout their home which presented as individual to those who lived there.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of each house that made up the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Residents had their own bedrooms which were decorated to their individual style and preferences, and recognised their individuality. For example, their bedrooms included family photographs, pictures, soft furnishings and memorabilia. The inspector found all areas of the centre to be accessible to residents with an onus on communication and visual supports for residents in their home.

Each of the houses had well maintained garden areas to the year of the properties, that provided outdoor seating for residents to use if they wished to. Each garden had an individual theme, for example one garden in the centre was a fairy garden developed by residents and the staff team. The designated centre had a large BBQ area in each garden, residents discussed with the inspector that they had held a number of BBQ over the summer with family and friends. Each of the gardens were equipped with a gazebo which was fitted with fairy lights and small garden trinkets.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed two FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Residents had opportunities to be involved in food preparation in line with their wishes. For example, the inspector observed one resident preparing their own breakfast and another resident being supported by staff to prepare their lunch. The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Residents spoken with said that they had choice at mealtimes and had access to meals, refreshments and snacks at all reasonable hours. Residents were consulted with and encouraged to plan their menu, and could choose to participate in the preparation, cooking and serving of their meals as they wished.

The inspector observed that food and nutrition was a topic discussed at both

resident and staff meetings.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed September 2024, with updates in required section as identified by the person in charge and support staff.

The person in charge regularly reviewed risks presenting in the centre and in doing so effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. Through review of information the inspector noted that risks identified by the person in charge and provider were highlighted throughout all relevant documentation used to support the quality of care and support for residents. The inspector also found a high level of knowledge from support staff during a number of interactions over the course of the inspection.

Risk assessments were individualised and included a restrictive practice management, manual handling assessment, oxygen management, IPC, use of BBQ and emergency evacuation plans. Control measures to mitigate against these risks were proportionate to the level of risk presented. The inspector found that risk management procedures were regularly discussed at staff meetings to promote shared learning amongst the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The provider had completed a business case for one house in the designated centre to replace the current system fire door closure system in place which is an acoustic based door closure. The inspector carried out a manual check on all fire doors in the designated centre and found them to close appropriately.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed five resident's personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. During a walk through of one house in the centre one resident spoken with was knowledgeable of evacuation routes and what to do in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night-time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed five residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Communication
- Physical and Intimate Care
- Feeding, eating, drinking and swallowing
- Identified health care supports
- Wellbeing and mental health

The inspector also reviewed three residents' personal plans, which were in an accessible format and detailed their goals and aspirations for 2024, which were important and individual to each resident. For example, the goals included: volunteer and work experience towards employment, holiday plans, updating current technology systems and garden party for family and friends.

The person in charge and staff team had systems in place to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Photographs of residents participating in their chosen goals and how they celebrated were included in their personal plans.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

The inspector reviewed five residents' healthcare plans and went through both thoroughly with the person in charge. They included guidelines around resident's medical needs including epilepsy management, oral care, nutrition, bone health, and psychiatry.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant