



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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór Respite
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	20 August 2024
Centre ID:	OSV-0002099
Fieldwork ID:	MON-0036123

About the designated centre

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

Clann Mór Respite is a four bedroom dormer bungalow situated in a large town in Co. Meath. It is within walking distance to some community amenities and transport is also provided should residents wish to avail of this. The centre provides respite care to male and female adults who are assessed as requiring low support. The centre is registered to provide residential care for a maximum of five residents at any one time. One of the bedrooms could accommodate two residents in separate beds as some residents chose to share a bedroom whilst attending for respite. There was also an administration office located upstairs in the centre and in a separate building in the back garden. The staff compliment consists of a person in charge, community based support staff, a community facilitator and a team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 20 August 2024	10:00hrs to 18:30hrs	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 inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. Improvements were required in relation to fire containment systems and the design and layout of the designated centre.

The designated centre is a respite service for adults with an intellectual disability and provides services for 65 residents. The centre is a two-storey house in a town in Co. Meath, which can accommodate up to five respite users. The designated centre currently has two twin bedrooms which provides the option for residents to share when availing of respite. The inspector completed an observational walk around of the designated centre with the person in charge. The centre was found to be clean, tidy and spacious. The designated centre had three single bedrooms and two shared capacity rooms. The two twin rooms were not used at the same time during respite stays but to give residents a choice of an upstairs bedroom or downstairs bedroom if they chose to share during their stay. The twin-room was risk assessed for each residents' respite stay and the person in charge arranged with residents and families where possible to ensure that the shared capacity room was occupied by friends. The provider had identified the need for an additional room in the designated centre and had applied for funding to complete work in the centre. This will be discussed further under Regulation 23: Governance and Management and Regulation 17: Premises. The centre had one sitting room, dining and kitchen and a large back garden area. The inspector found the garden was well maintained with a large marquee where residents could sit with friends and enjoy meals. There was also a small "secret garden" area to the side of the garden where residents could sit and enjoy some quiet time.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from respite to activities during the afternoon of inspection. Staff were observed to interact warmly with residents. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector had the opportunity to meet with all four residents availing of respite during the course of the inspection. In addition, five resident questionnaires had been completed in relation to support in the centre prior to the inspection. Residents commented on how the staff in respite try to arrange their stays in a way that they will get to spend time with friends of their choice. Residents noted that the food is always great in respite. One resident commented that they feel "comfortable and safe" during their respite stay.

The inspector had the opportunity to sit with residents on their arrival to the

designated centre for their respite stay. Residents were eager to watch the remainder of the days Olympic games. One resident said they were waiting for the boxing medal match and had been watching the Olympics at home with family. The resident told the inspector that they were staying in respite for two weeks and that they had planned the stay while another member of their family was away on holidays. The resident told the inspector that the centre was close to a number of places they like to visit so they use the stay as an opportunity to meet up with friends, go for nice walks and sometimes a meal out.

One resident told the inspector that they had been coming to respite since the centre had opened but they had used the provider's other services for over fifteen years. The resident told the inspector that they felt very safe and happy when they came to respite, that the staff will always remember their news and what they like and do not like to do when they visit. The resident told the inspector that they only like to use one of the twin rooms in the centre when they have planned visits with two of their friends. The resident told the inspector that they enjoyed staying in respite but that weekend stays were always the most enjoyable as they did not have work to go to and could really relax.

One resident spoke to staff using signs, the inspector observed the resident laughing with staff while discussing their own achievements in the Special Olympics over the years. The resident told staff and the inspector that they like coming to respite for stays. The resident and staff informed the inspector that they like to go out for meals, to watch movies or watch sporting events.

One resident told the inspector that they had just recently started coming to respite. The resident was getting to know each staff and finding out things that they like to do when in respite. Support staff told the inspector that they had been trying different activities in the area to help the resident settle in and have a plan of liked activities to support each respite stay. The resident discussed that they had started with a few visits for a cup of tea before staying in respite.

The inspector found that residents were supported to take part in various activities and social outings during their respite stay. A sample of activities reviewed included cinema trips, visits to local restaurants and pubs, meeting with friends, shows and day trips to areas such as Belfast and Galway.

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 care provided to the residents.

Capacity and capability

This report outlines the findings of an announced inspection of the designated centre Clann Mór Respite. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. Overall, the inspection highlighted areas of good practice within the regulations and standards, however improvements were required in relation to Regulation 17: Premises and Regulation 28: Fire Precautions.

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

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, who was knowledgeable about the support needs of the residents availing of respite services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. The inspector found that staff were aware of each residents' individual communication needs and provided encouragement and support to each resident.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated 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.

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 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.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was reviewed by the Office of the Chief Inspector and contained all of the information as required by the

regulations.

Judgment: Compliant

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. Through interactions, the inspector found them to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

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 April, May, June and July and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Furthermore, the inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs. The inspector also identified that residents needs were regularly reviewed and when a resident presented with a changing need in order to access their respite stay this was reflected in the staffing of the centre.

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.

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. Staff had completed additional training in areas such as Lámh (a manual signing system), diabetes, restrictive practice and advocacy training.

Staff had access to regular supervision and staff meetings were occurring in the centre every six to eight weeks, The inspector found that residents views and opinions for the running of the designated centre and respite experience formed a large portion of the staff meetings.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the designated centre. The inspector saw that this contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good

quality care and support that was routinely monitored and evaluated.

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.

The inspector reviewed the six-monthly unannounced provider visit completed in June 2024 and found that recommendations actioned within the audit had been put in place clear time frames for completion. Although the provider was found to have identified areas for improvement the inspector found that some areas not been identified in relation to Regulation 17: Premises, which will be discussed further under regulation 17: premises.

The provider had identified through consultation with respite issuers that from the 65 residents availing of respite services only 16 of the residents wanted to avail of the shared room option when in respite. This had been a documented change since the lifting of COVID-19 control measures, with a number of residents reflecting that since the pandemic they do not wish to share a room. The provider had put a system in place to monitor residents who would like to share during stays with friends. The provider had completed a business case to their funding body in order to redesign the layout of one room to an office space in order to make way for an additional bedroom. The proposal was under review at the time of the inspection. The inspector will further discuss the shared room under Regulation 17: Premises.

The person in charge had implemented an auditing system that ensured a suite of audits including fire, safety, infection prevention and control (IPC), medicine management where regularly reviewed by the staff team to promote a culture of shared learning within the centre.

An annual review was completed for the designated centre which included the views of residents and their representatives.

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 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

The inspector reviewed a record of incidents that occurred in the centre over the last year and found 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

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. 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.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy. The inspector reviewed evidence of meetings held between the provider and residents who had made complaints. The inspector observed that this had been completed in line with the organisational policy and the provider had ensured the resident had access to an independent advocate and support person when required. The provider had also initiated full review of services by senior management in order to identify causes of complaints when deemed appropriate.

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.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector found areas of good practice in relation to a number of regulations, with improvements required under Regulation 17: Premises and Regulation 28: Fire Precautions.

The inspector found the designated centre to be clean, tidy and spacious, however work was required in relation to the layout and operation of a twin bedroom in the designated centre and replacement of furniture. The provider had completed a schedule of works for a number of outstanding premises issues in the designated centre and was awaiting approval of a business case submitted to the providers funding body.

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.

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. Staff were also knowledgeable of residents diets and the inspector observed that there was a fun environment created in the centre in relation to holidays and food enjoyment when on a respite break.

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.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The inspector found evidence of communication between the designated centre and relevant stake holders such as day service and family representatives in order to ensure development of positive behaviour support plans between respite visits.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. There were good systems in place for taking stock of residents' medication on their arrival, ensuring that they were correctly transcribed onto their medication administration record by nursing staff and these records were well kept. Where an error occurred, there were clear protocols in place to ensure the risk of recurrence was minimised.

The inspector found that the provider had fire management systems in place that promoted residents' safety in the designated centre. However, the inspector identified a number of concerns in relation to Regulation 28: Fire Precautions as highlighted in the relevant regulation. The inspector found on a manual review of all fire doors within the designated centre that five fire doors were not closing fully when released from the automatic closure. However, when each of the fire doors were closed manually they would fully close.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained comprehensive communication support plans and a communication profile which detailed how best to support the resident.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector observed a number of social stories being implemented for residents during the course of their respite stay. The inspector observed staff members communicating to one resident through Lámh during the course of the inspection.

The provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets and laptop devices, and there was Wi-Fi available in the centre. Residents were also supported to use video technology to keep in contact with loved ones during their respite stay.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk through of the designated centre and found for the

most part it was kept in a good state of repair and was clean and suitably decorated. The provider had identified that one bathroom in the designated centre required refurbishment. The bathroom was due for completion in August of 2024, however due to issues outside of the providers control these works were now scheduled for October 2024.

The inspector identified wear and tear to the two leather couches and a one seater chair in the sitting room of the designated centre. For example, one chair had a rip and scuff marks to the bottom of the seat, which took away from the homeliness of the designated centre.

As previously discussed residents had noted through feedback to the provider that since the lifting of a number of restrictions put in place during the pandemic 49 of the residents currently availing of respite services no longer wished to use the shared room with another peer. The provider had implemented a system to ensure that during those stays respite would accommodate four residents at one time. For the remaining 16 residents the provider reviewed which residents they would like to share with and had an adequate plan in place. The inspector found that the design and layout of the premises did not meet the assessed needs of all residents who wished to avail of respite services. The provider had completed a business case to their funding body and had a proposal to increase the bedrooms in the designated centre in order to ensure that all residents could have their own bedroom during their respite stay. The inspector found that the current design decreased residents opportunity to avail of respite.

Judgment: Substantially 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 one resident's 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.

The inspector observed residents involvement in food preparation such as assisting staff in making dinner and light snacks on arrival to the designated centre.

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.

Staff spoken to were aware of residents' support plans and guidance in relation to food and nutrition. Staff were knowledgeable of residents likes and dislikes and were aware of a number of residents goals for the coming year in relation to healthy

eating and access to local community groups such as weight watchers and slimming world.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide for the centre which was reviewed by the inspector and found to be accessible and contained information relating to the service. This information included the facilities available in the centre, the provider also updated residents and their families on a bi-yearly basis in relation to respite services.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. with the inspector reviewing the most recent update from June 2024. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned.

The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire drills from January, February, March and April, May, June and July which identified that the person in charge and the staff team were ensuring that each of the 65 residents availing of respite had the opportunity to participate in fire drills within the designated centre.

The inspector carried out a manual check on all fire doors within the designated centre and found that five doors including three bedroom, the kitchen and sitting room door were not closing fully. The provider had identified a concern in relation to the closing mechanism attached to the fire doors to the board of management. The current system in place for the closure of fire doors in the designated centre is an acoustic based door closure. This means that the doors will automatically close with loud noises in the environment. The provider had sourced funding from the board of management as the persistent closing of the doors due to noise levels in the centre was causing the doors to be misplaced from the closing seal when set off by the automatic detector. The inspector found that each of the fire doors in the designated centre would close manually and remain in place. The provider was waiting approval in order to upgrade the door closing mechanism for all fire doors in the centre. The provider gave assurances to the inspector on the day of inspection that the fire doors would stay in the closed position and not remain open on manual hold until the work was completed in order to uphold fire containment in the event of a fire.

Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings to remind them of the evacuation procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. One staff demonstrated to the inspector how medications were checked in at the beginning of the residents respite stay and the reconciliation completed at the end of each stay. The inspector observed staff counting the reviewing and calculating the medication to ensure the appropriate amount was available for the respite visit. The inspector also observed as the staff reviewed the medication against each residents individual prescription. The staff also discussed with the inspector how medication incidents were monitored and how shared learning was supported amongst the staff team.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed six assessments of needs for residents who availed of respite. The inspector found the assessments to be comprehensive with support plans in place for identified needs. The inspector observed that residents' files were subject to a six-monthly review by keyworkers.

The inspector identified that the designated centre had clear lines of communication with multidisciplinary professionals, residents day service and their support network in order to ensure that residents' assessments and personal plans were reflective of identified changes in assessed needs.

Person-centred plans were in place and contained information in relation to each person's key life events, their circle of support, their likes and dislikes and their hobbies. This was used to inform the activities / events that they would enjoy during their stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector reviewed three of these plans. The positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. They were reviewed regularly and were complemented by supporting risk assessments where needed.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Staff had completed training in restrictive practices and this was also an agenda topic on staff meetings held in the designated centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. The inspector reviewed three preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

Following a review of three residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clann Mór Respite OSV-0002099

Inspection ID: MON-0036123

Date of inspection: 06/08/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Respite Bathroom is scheduled for refurbishment in October 2024. Repair/replace two couches and one seater chair. Fifth bedroom required in Respite house.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door hinges to be replaced. All staff will be instructed to keep doors closed at all time, in particular the kitchen door (until hinges are replaced).	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2024
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	31/10/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2024