



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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 2
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0004929
Fieldwork ID:	MON-0035641

About the designated centre

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

This service comprises of three community houses located in Co. Meath. It provides care and support to nine adults with intellectual disabilities. Two of the houses are terraced bungalows located within a short walk of each other. These bungalows consist of a large sitting room, a kitchen cum dining room, three bedrooms (one being en-suite) and a large communal bathroom. Each resident has their own bedroom, which are decorated to their individual style and preference.

The other house is a large detached two-story bungalow located approximately 25 kilometres away. This house comprises of a large fully furnished sitting room, a kitchen cum dining room, five bedrooms (three downstairs and two upstairs) and a communal bathroom on each floor. There are private well maintained garden areas to the front and the rear of the property, with adequate private and on-street parking available. The house is staffed by the person in charge, community facilitators and community based support staff. The aim of the centre is to enable people with disabilities to live meaningful lives of their choosing in their local communities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 17 July 2024	08:30hrs to 18:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Clann Mór 2. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. 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. Overall, the inspection demonstrated high levels of compliance with the regulations and standards, however improvements were required in regulation 23: governance and management and regulation 28: fire precautions.

The designated centre is divided into three houses and has the capacity for a maximum of 9 residents, at the time of the inspection there was no vacancies in the centre. The inspector visited all three houses during the course of the inspection and met with all residents. In addition, all residents living in the designated centre had completed the questionnaires in relation to support in the centre prior to the inspection. Overall, the information in these questionnaires presented that residents were happy living in their home, which was further founded by the inspector on discussion with residents. The first house the inspector visited is located in a housing estate that is a short walk to a large town in County Meath. The house is a large detached dormer bungalow which comprises of four residents bedrooms, three bathrooms, sitting room, kitchen and dinning area and a large garden which wrapped around the house. Each resident had their own bedroom which was designed to reflect each residents personal interests and tastes. For example, one resident had a keen interest in reading and staff had assisted the resident to decorate their room with books and a large comfortable reading chair. Another resident was an avid writer and had pen pals that they wrote to regularly, with the assistance of staff the resident had set up a writing desk in their bedroom where they had access to stationary and a space to write and keep letters received. The resident told the inspector that writing to their friends was very special part of who they were. The house was decorated with paintings from friends and pictures of events and milestone birthdays. The provider had completed a number of works in the house including the renovation of one of the bathrooms to an accessible shower room. The provider had planned additional upgrades to the decor which will be further discussed under regulation 17: premises.

On arrival to the first house, the inspector had the opportunity to meet with two residents before they went out to day services. The person in charge had arranged with the inspector prior to inspection a suitable time to commence the inspection so that all residents would have an opportunity to speak to the inspector and still avail of all planned activities of choice. Both residents were chatting with staff and enjoying their breakfast. The support staff gave residents time throughout the day the opportunity to speak to the inspector without staff present if they wished, which all residents availed of. The inspector observed kind and encouraging interactions

between staff and residents throughout the course of the day. Staff were seen to encourage residents to advocate on behalf of their wishes in relation to day service, lifestyle choices and retirement plans.

One resident told the inspector that they had recently moved into the house. They discussed how they were initially very "apprehensive about such a big move" however the resident discussed that peers and staff in Clann Mór 2 had made an immediate impression on them. The resident told the inspector that they loved their home prior to moving, however they had lived in a very remote area and had limited access to community and friends outside of pre-set plans with day service or local clubs. The resident told the inspector that they visited two of the three houses that make up Clann Mór 2 and that as soon as they walked into this house they told their family to bring their belongings as they did not want to leave. The resident told the inspector they visited a few more times and met with residents before they moved in. Both residents laughed with the inspector while telling the story of how they had worked five minutes away from each other growing up but had only met for the first time during the visits. Both residents spoke about how well all four residents got on together and how they often enjoy going for meals or to the cinema together.

One resident informed the inspector that they had advocated on behalf of other residents and locals to the local council in order to have better footpaths and walkways in the local town. The resident also spoke about how they had met national government politicians and even during that meeting had discussed issues of concern in their local area. The inspector was later shown a picture of the resident meeting this politician through their year in pictures (a picture book developed by staff for all residents) and also a framed picture in the house. The resident spoke about how they like to help in the house by reviewing bills, cooking meals and helping with garden maintenance. The resident spoke to the inspector about their current day service and how they had tried a few day services over the last few years to try and find the right mix of ages. The resident told the inspector that the staff had been very encouraging and supportive while they tried different places and that they were happy with their current service.

The inspector spoke to two other residents in the house on return from appointments. One resident told the inspector that they loved their home and would not like to leave. The resident spoke to the inspector about how a number of changes had been done to the centre so that they could have greater access to all areas of the house. The resident told the inspector that they have started using more mobility aids over the last few years but that they have had great support in the house and they feel very safe.

One resident told the inspector that the staff are very helpful and had helped them to attend more activities that they like to do in the community. The resident spoke of the enjoyment they got from knitting and showed the inspector a handmade blanket they were currently working on. The residents told the inspector that the management team of the centre would visit regularly and that there was always a nice event planned where everyone could get together. One resident spoke of their excitement for an on going garden competition that was being held as part of the summer activities for the provider. The resident showed the inspector some pictures

of the work on the garden that had happened for the competition.

The inspector visited the second and third home on the afternoon of the inspection which were located in a neighbouring town and were in the same housing estate. The houses were both bungalows and comprised a sitting room with an office space, a kitchen, one bedroom with an en-suite, two further bedrooms and a large bathroom. Both properties had gardens to the rear. Both houses were found to be in a very good state of repair and had been decorated in line with each residents taste. Residents in both of the houses gave the inspector a tour of their home with each resident taking pride in showing the inspector how they had decorated their bedrooms and some of their treasured memorabilia which was on display.

The inspector spoke to two residents who were preparing dinner. The residents told the inspector that they have lived in their home for a number of years and had grown up in the local community. The residents told the inspector that in the evenings they will go for walks, meet friends and attend activities. The residents noted that some of their evening activities were on a summer break but they would return to them in due time.

The inspector spoke to three residents in one house who spoke about their plans for an upcoming holiday. One resident informed the inspector that they had recently moved into the centre and that the move had a positive impact on their wellbeing. The resident told the inspector that they had previously lived on their own and the company of peers in their new home had been very comforting.

Residents told the inspector that the staff were always helpful and that they had keyworkers who they would meet with regularly to plan activities and greater events such as birthday parties. Residents told the inspector that they all attended a local community group and would often go away with friends from the group for overnight stays and weekend breaks. Over the course of the afternoon the inspector observed residents contacting each other between the two neighbouring houses and going for walks together to the local town to visit the bank and complete some shopping.

Overall, the inspector found high levels of compliance with the regulations and standards with residents in receipt of a quality service which valued residents views on the running of the centre. The inspector acknowledges that the provider had implemented a number of systems in order to enhance compliance in regulation 23: governance and management and regulation 28: fire precautions, however further improvement were required in relation to resources and safe evacuation.

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 purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. However, further improvements were required to enhance the resources available to residents in line with their assessed needs, which will be discussed further under regulation 23.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other. The service manager had a clear understanding of the service to be provided to residents, and demonstrated effective governance and management of the centre as per their role and responsibilities.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and based in the centre to support their oversight of the centre. The person in charge had ensured that incidents and adverse events were notified to the Chief Inspector of Social Services in line with the requirements of Regulation 31: Notification of incidents.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner. The provider had implemented additional supports under regulation 23 in order to further enhance supports required to meet the assessed needs of residents, however further improvements were required to ensure that residents could access areas of the community in relation to recreation and medical needs.

Registration Regulation 5: Application for registration or renewal of registration
<p>The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.</p>
Judgment: Compliant
Regulation 14: Persons in charge
<p>The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>The qualifications and skill mix of staff were appropriate to the number and assessed needs of the residents living within the designated centre. The provider had reviewed the designated centres whole time staffing equivalence in line with identified changes in residents assessed needs. At the time of the inspection the provider had commenced a recruitment campaign aimed at increasing staffing resources between the hours of 9am and 11am when residents required more support for accessing day service, appointments and assisting residents in essential care. The provider had supported residents during this recruitment period by increased staffing during those identified times. This was completed through staff carrying out additional hours and relief hours. The inspector found that a high proportion of staff morning time duties was delivering transportation for residents to their chosen day centre . For example, one resident was traveling 30 kilometers each way to access day service provision. The resident had been offered an opportunity and trial in a day service closer to home, however the resident chose to remain with friends they had know since childhood in their current day service.</p> <p>Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from January, April, May and June and found that these reflected the staffing arrangements in the centre, including staff on</p>

duty during both day and night shifts.

Planned leave or absenteeism was mainly covered from within the permanent staff team, or familiar relief staff to ensure continuity of care and support for 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.

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 had completed additional training in areas such as epilepsy and safe administration of medication. The inspector observed a training matrix for the centre and found that the person in charge was reviewing training on a quarterly basis or through the process of identified changing needs for residents.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular formal and informal supervision as appropriate to their role. The person in charge had completed a schedule of supervision for the coming year.

Furthermore, the inspector found that staff meetings were occurring in the designated centre every six to eight weeks with the information from residents meeting being presented to staff to ensure that residents interests, choices and rights were at the forefront. The inspector reviewed team meetings from December 2023 to June 2024 and found that these meetings highlighted and addressed areas of concern for residents including transport and changing needs, development of accessible information and residents rights.

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

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced 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.

An annual review of the quality and safety of care had been completed for 2023, which consulted with residents, their family, and staff. In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visits report, incident and accident reviews, and health and safety, medication management, fire safety, and infection, prevention and control (IPC) audits.

The inspector reviewed the action plan from the provider's most recent six-monthly unannounced visit, carried out in May 2024, which identified a number of recommendations with time frames for completion.

However, the inspector found that the provider required a review of the systems in place to ensure that the centre was resourced appropriately to ensure the effective delivery of care and support in accordance with the statement of purpose. As previously discussed support staff were providing transport services to residents five days a week from the hours of 9am to 11am. The inspector found that this left a gap in the provision of care for residents requesting social activities or attending essential appointments. The inspector acknowledges that the provider had aimed to support residents by planned recruitment and had installed additional hours from the staff. The inspector found that the centre would benefit from greater transport resources in order to support each resident in the designated centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a written policy, prepared by the provider, on the referral, admissions, transition and discharge of residents.

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.

There were contracts of care in place for all residents. The inspector reviewed the four 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

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations and the inspector found it had been placed under regular review.

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 inspectors on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to. The inspector viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, provision of intimate care, admission of residents, behavioural support, the use of restrictive procedures and restraints, communication with residents, risk management, medication management, and complaints. The policies had been reviewed within the previous three years.

The inspector observed that policies and procedures were regularly reviewed at staff meetings and the content of policies were also discussed during staff meetings and with residents.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspector observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner. However, some improvements were required to the quality and safety of the service under regulation 28: fire precautions.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The inspector found that residents were supported to participate in activities in accordance with their interests and needs, such as day services, educational courses and community engagement. Residents were also supported to maintain important relationships. For example, family and friends could freely visit residents in the centre. The inspector also noted that residents were supported to visit friends and arrange overnight stays if there was distance to travel.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces.

Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

Residents were supported to make decisions about their care and support, and on the running of the centre. Residents participated in regular house meetings and meeting with their keyworker. The findings from residents house meetings were incorporated into the designated centres staff meetings in order to promote the wishes of residents for the running of the designated centre.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. The inspector observed two environmental restrictive practices in the centre. The restrictions were appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

The inspector found that the provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. However, the inspector observed the evacuation risk to one resident in the event of a fire occurring in the kitchen of one of the houses in the designated centre. This finding will be discussed in more detail under regulation 28.

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 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. The premises provided suitable communal facilities and private space for residents to spend time with their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have access to, and retain control of personal property and finances. There was evidence of improved oversight of residents' finances since the last inspection, with the inspector reviewing a suite of audits from the person in charge and an administrative accounts personnel.

The person in charge had ensured oversight amongst the staff team through shared

learning from documentation errors. The person in charge had conducted a finance meeting on the 20th of June 2024 to present the providers policy and procedure in relation to the management of residents finances and a number of documentation errors that had occurred over a two month period.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents attending college and personal interest classes in the local community. Residents were encouraged to maintain relationships with their families and friends.

A number of residents had plans in place in the designated centre that involved active retirement. The inspector observed a number of activities and community groups that had been trialled by residents with the support of staff as part of a discovery process into active retirement.

The inspector observed that residents participated in a number of activities in the local community including Arch clubs, cinema, bowling, meals out, football games, exercise programmes, knitting clubs, swimming and visiting family and friends.

One resident who had recently transferred to the designated centre had continued to attend their day service which was 30 kilometres from the centre. The resident was currently trialling a centre closer to the designated centre to research if this centre was more suitable, however the resident had discussed with staff that they would likely remain in their old day service as this was a big part of their previous community. The inspector observed that staff were assisting the resident to try new options and ensuring that they could make an informed decision about the future of their day service.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in each of the houses in the designated centre to be warm, welcoming and residents appeared to be very happy living in the centre with the support they received. The inspector was supported in a walk through of each of the houses in the centre with residents and the person in charge. The internal layout of the centre was found to meet the assessed needs of residents. With adaptations made to further support residents with changing needs as they arisen. The inspector has highlighted areas for improvement in the external layout

of the centre under regulation 28: fire precautions.

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.

Each of the houses had access to large garden areas at the rear of the properties, that provided outdoor seating areas for residents, flowers, lighting and an arrange of potted flowers. In addition, each of the houses had well-maintained sheds for additional storage. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

The inspector observed that the provider had carried out refurbishment of one house in the designated centre with an accessible bathroom. Further work was required in relation to the carpet on the stairs which the provider had actioned to be completed before year end of 2024.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre.

The provider had also made available a suite of accessible information for residents. The inspector found that the accessible information made available for resident was in line with requests made by residents through their regular house meetings. For example, residents had requested information pertaining to how a person can make a will and the support needed in order to complete this action. The provider had developed an easy read guide which staff had presented to residents at their request.

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. 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 inspector found evidence of monthly meetings between the person in charge and senior management where concerns in relation to the quality and care in the centre were escalated and met in a timely manner.

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 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

The inspector observed that residents had a significant role in the area of IPC in the designated centre, which each resident having identified roles in keeping the centre to high standards of cleanliness observed during the course of the inspection.

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.

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.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four residents' personal evacuation plans. Each plan detailed the supports residents

required when evacuating in the event of an emergency. However, on review of one residents personal evacuation plan the provider and person in charge had identified that the resident could only evacuate from one exit of the designated centre in the event of a fire. This evacuation point was noted to the back of the house which required the resident to evacuate through the kitchen area. The inspector observed that the second exit from the front door required residents to exit down four steps to lead to the garden area. The inspector discussed with the person in charge that in the event of a fire beginning in the kitchen would the resident be able to evacuate, the person in charge discussed the residents changing needs and their increased requirement for mobility aids. Scenario's had not been completed with the resident in relation to exiting the building through the front door exit due to the residents increased anxiety and their increased need for mobility aids which altered from a walking frame to cane. The person in charge had escalated the concern to the provider who in turn had highlighted this risk to the Health Service Executive (HSE) in May 2024. Due to changing needs of residents in the house the inspector noted that a ramp to the front exit of the house was essential to the management of safe evacuation for all resident in the designated centre should the fire exit door at the kitchen be unsafe for use. On the day of the inspection the person in charge had highlighted the concern in relation to the residents anxiety levels and support to exit the building.

The inspector observed that fire drills were being conducted within the designated centre, however there were gaps identified in the documentation completed during fire drills. For example, fire drills completed on the 27th of March and the 26th of June 2024 in one of the houses in the centre had not detailed the the time it had taken for residents to evacuate the house on the fire drill form. Furthermore, the forms did not state if staff support had been required or observational. The inspector could not be shown evidence that a fire drill had taken place which allowed for the lowest number of staffing to the highest number of residents in each of the houses in the designated centre as documentation used for detailing fire drills had not included staff support information.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, example five residents positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. The inspector also observed that through review residents had wellness support plans in place which detailed supports required by residents based on their current presentation.

The provider 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 spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were a number of restrictive practices in place in the designated centre, the inspector found that these restrictions were under regular review and reduced or removed when possible.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights.. Residents attended weekly meetings where they discussed activities, menus, the premises, and meaningful agenda topics based on the point of life that the resident felt they were in.

In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan activities for the coming weeks and months. The inspector reviewed a number of individualised photo books developed by residents which captured their plans of retirement, holidays and friendship.

Residents rights were further supported by staff who advocated for services on behalf of the residents. The inspector observed supports in place for residents in relation to making of a will, restrictive practices and having financial control.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially 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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clann Mór 2 OSV-0004929

Inspection ID: MON-0035641

Date of inspection: 17/07/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23(1)(a) – An intensive job promotional campaign is underway to ensure that the designated centre is resourced for the effective delivery of care and support. Clann Mór intends to employ a part time staff to help with transport between 9am and 11am every weekday. Temporary arrangements are in place where an existing member of staff is transporting residents to day service. This commenced on 14.08.24 and will continue until a part time staff is recruited.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider will review Fire Precautions – Fire, Health and Safety Register will be amended to include recording of more detail on fire drill, Staff and Resident initials after every fire drills. This and all aspects of fire drills, will be communicated at staff quarterly training on 06.09.24. At this meeting, Management will reinforce the importance of recording the time of evacuation and recording more detail for fire drill. 28(2)(a) Clann Mór will approach funder to provide funding for adequate means of escape regarding the front door exit of the house in Ashbourne. 28(2)(c) Clann Mór will approach funder to provide funding for adequate means of escape regarding the front door exit of the house in Ashbourne.	

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 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	18/10/2024
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	27/12/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Not Compliant	Orange	06/09/2024

	precautions.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	27/12/2024